

CF-24-10

Sent Via Email



February 1, 2024

Mary Medeiros
Clerk
City of Oshawa
50 Centre Street South
Oshawa, ON L1H 3Z7

Dear M. Medeiros:

**The Regional
Municipality of
Durham**

Corporate Services
Department –
Legislative Services
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**Alexander Harras
M.P.A.
Director of
Legislative Services
& Regional Clerk**

**RE: Family Physician Recruitment Program (2024-COW-3)-
Our File: P00**

Council of the Region of Durham, at its meeting held on January 31, 2024, adopted the following recommendations of the Committee of the Whole:

- A) That the recommendations contained within the Family Physician Recruitment Strategy (Attachment #1 to Report #2024-COW-3 of the Commissioners of Planning & Economic Development and Finance) be endorsed, being the creation of a Durham Region-wide program to attract and retain family medicine trainees and family physicians to Durham, and the hiring of a full-time permanent family physician recruiter by the Durham Ontario Health Team (DOHT);
- B) That the Commissioner of Finance be directed to identify a source for one-time funding of up to \$55,000 in the 2024 budget subject to an extension agreement between the Durham Economic Development Partnership, the Region and Area Municipalities, through the Clarington Board of Trade;
- C) That a total contribution from the Region and local municipalities of up to \$225,000 annually, beginning in 2025 (with annual escalation by CPI plus 2 per cent), be approved for the Physician Retention and Recruitment Strategy in three-year increments and conditional upon the program meeting established performance metrics, annual financial participation by the local area municipalities, and further subject to an annual update to Council and Council approval annually of the annual Business Plans and Budget, to the DOHT for the delivery of this program;

- D) That area municipalities be requested to participate in a reasonable cost-sharing arrangement, whereby the core funding for this program would be shared between the Region and the area municipalities annually, and report back to Regional Council at the appropriate time;
- E) That the Commissioner of Finance be authorized to execute any funding agreements, in a form satisfactory to the Regional Solicitor, necessary to implement these recommendations; and
- F) That Report #2024-COW-3 be provided to Durham Region's area municipalities and to the Durham Ontario Health Team.”

Please note recommendation D) of the Report, a copy of which is attached for your information.

Alexander Harras

Alexander Harras,
Director of Legislative Services & Regional Clerk

AH/sd

Enclosed

c: B. Bridgeman, Commissioner of Planning & Economic
Development
N. Taylor, Commissioner of Finance

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2564.



The Regional Municipality of Durham

Report

To: Committee of the Whole
From: Commissioners of Finance and Planning and Economic Development
Report: #2024-COW-3
Date: January 17, 2024

Subject:

Family Physician Recruitment Program

Recommendations:

That Committee of the Whole recommends to Regional Council:

- A) That the recommendations contained within the attached Family Physician Recruitment Strategy (Attachment #1) be endorsed, being the creation of a Durham Region-wide program to attract and retain family medicine trainees and family physicians to Durham, and the hiring of a full-time permanent family physician recruiter by the Durham Ontario Health Team (DOHT);
- B) That the Commissioner of Finance be directed to identify a source for one-time funding of up to \$55,000 in the 2024 budget subject to an extension agreement between the Durham Economic Development Partnership, the Region and Area Municipalities, through the Clarington Board of Trade;
- C) That a total contribution from the Region and local municipalities of up to \$225,000 annually, beginning in 2025 (with annual escalation by CPI plus 2 per cent), be approved for the Physician Retention and Recruitment Strategy in three-year increments and conditional upon the program meeting established performance metrics, annual financial participation by the local area municipalities, and further subject to an annual update to Council and Council approval annually of the annual Business Plans and Budget, to the DOHT for the delivery of this program;

-
- D) That Area Municipalities be requested to participate in a reasonable cost-sharing arrangement, whereby the core funding for this program would be shared between the Region and the Area Municipalities annually, and report back to Regional Council at the appropriate time;
- E) That the Commissioner of Finance be authorized to execute any funding agreements, in a form satisfactory to the Regional Solicitor, necessary to implement these recommendations; and
- F) That this report be provided to Durham Region's Area Municipalities and to the Durham Ontario Health Team.
-

Report:

1. Purpose

1.1 The purpose of this report is to:

- i. Provide Committee of the Whole and Council with a recently completed report entitled "Durham Family Physician Recruitment Strategy" prepared by the "Durham Physician Engagement Team", proposing the establishment of a new program focused on Family Physician Recruitment; and
- ii. Seek one-time funding in 2024 of \$55,000 and annual funding thereafter of \$225,000 beginning in 2025 with escalation of CPI plus 2 per cent annually.

2. Previous Reports and Decisions

2.1 There are no previous reports on this matter.

3. Background

3.1 The shortage of family physicians is a challenge across Canada, Ontario, and Durham Region. It is estimated that approximately 2.2 million Ontarians and over 6 million Canadians are without a family physician. Durham Region is currently facing a significant challenge: a substantial gap in primary care access attributed to a shortage of approximately 145 family physicians, and this deficit affects nearly 180,000 Durham residents. Each year over 1,500 babies born in Durham Region are discharged without a primary care physician. Furthermore, approximately 27 per cent of Durham's family physicians are over the age of 60 and nearing retirement from clinical practice. With the recent and anticipated growth in Durham, the supply of family physicians is unable to keep up with current and future demand. The

shortage of family physicians impacts residents' health and wellbeing and creates capacity issues for emergency and urgent care, resulting in overloads and long wait times and patient offload delay for Durham's ambulances.

- 3.2 A focus on family physician attraction is not new to Durham; there have been physician recruitment plans and strategies in the past by various area municipalities. However, since this is a nation-wide crisis, the approach needs to include a focus on addressing the root of the problem in the long term and not simply attracting existing family physicians away from other communities.
- 3.3 Addressing the root of the problem entails increasing the provincial supply of new family physicians. Overall responsibility for increasing workforce supply lies with the Province of Ontario, and alongside partners in the health and post-secondary sectors, the Province has been launching and creating new programs to increase supply.
- 3.4 One novel program looking to address the root of the problem is the new Queen's-Lakeridge MD Family Medicine training program which began this Fall. This program welcomes 20 new trainees each year, who will complete four years of medical school and then two years of family medicine residency. They will be based at Queen's Regional Medical Campus in Durham Region and will complete their six years of training in the Region's communities. Generally, the role of local government in supporting these programs can include programming to assist these trainees throughout their training, to create lasting bonds and connections between the trainees and communities throughout the Province, and to help these graduating trainees join or start a new practice. Through these activities, local governments can increase the likelihood that graduates will practice family medicine in Ontario upon completion of their training.
- 3.5 Other types of attraction programs have proven successful in other jurisdictions to attract new family physicians, including formal programs and staff that undertake marketing, outreach and promotion; direct recruitment; settlement services; local industry support; succession planning support; data analysis and research; and financial incentives and inducements.
- 3.6 In July, 2023, Durham Regional staff received a request from Dr. Tony Stone from Lakeridge Health for critically-needed support for the new family medicine trainees, and assistance to solve the shortage of family physicians in Durham. Durham's Economic Development and Tourism Division arranged a meeting of Regional and area municipal CAOs and senior economic development staff, where a group of

family medicine leaders across Durham including Dr. Stone, as well as Dr. Joel Kennedy from Lakeridge Health, Arun Bala from Queen's University, and Jill Cappa from Ontario Health delivered information about the new training program and made a request for municipal support.

- 3.7 The Economic Development and Tourism Division proposed to the Durham Economic Development Partnership (the DEDP, being the Economic Development staff from the Region and each area Municipality) that the cost to perform these services be shared between the Region and Area Municipalities. The Region retained the services of Sheila Hall, Executive Director of the Clarington Board of Trade, who has acquired particular expertise in the area of physician recruitment to perform two scopes of work: the first focused on the immediate opportunity with the Queen's-Lakeridge Health Program; the second focused on collaboratively drafting a strategy for a long-term Family Physician Retention and Recruitment Program.
- 3.8 The initial scopes were funded with financial commitments as follows: Durham Region: \$126,000; the Townships of Brock, Uxbridge, and Scugog: \$3,000 each; The Towns of Ajax and Whitby, City of Oshawa, and Municipality of Clarington: \$20,000 each. This initial scope of work will be complete by June, 2024.

4. Work Completed To-Date

Queen's-Lakeridge Health Family Medicine Program

- 4.1 Through the program referenced above, Sheila Hall was engaged to respond to the immediate opportunity of 20 medical students that arrived in Durham this past Fall by delivering a support and retention program. So far, the following work is underway:
- i. Assistance in finding housing and linking medical students with settlement services.
 - ii. Assisting the spouses of the medical students in finding jobs locally
 - iii. Organizing and hosting a series of welcome dinners with partners and subsequent individual follow ups to express that Durham is a welcoming community.
 - iv. Conducting one-on-one meetings with the medical students to identify individual support requirements (e.g. obtaining a library card, or access to transportation to/from school) and to provide an overview and welcoming introduction to the Region.

- v. Assigning a point person to assist with navigating Durham as their new home with quarterly check-ins.
- vi. Undertake activities to create connections in the community including negotiation with local tourism industries to gift certificates or discounts to local attractions.

Creating a Strategy for a Physician Retention and Recruitment Program

- 4.2 The Durham Physician Engagement Team, through Sheila Hall as the project lead, performed a jurisdictional scan, explored best practices, and provided recommendations for a permanent Family Physician Recruitment Program for Durham Region. The report of the Durham Physician Engagement Team is included as Attachment #1 and it makes the following recommendations:
1. *That the current leadership and structure of the Durham Physician Engagement Team (DPET) team remain in place to December 31, 2024, with the purpose of program and logistic development. Oversight will remain at the Clarington Board of Trade and that bridge funding be provided for the months of August through December 2024. Cost of Recommendation 1 is \$55,000 one-time funding.*
 2. *That the region contributes to the hiring of one (1) FTE professional regional physician recruiter housed with the Durham Ontario Health Team (DOHT) for a 10-year term, beginning in January 2025. Contribution will include attraction and retention programming and should be reviewed in 3-year increments to ensure the program meets established performance metrics. Cost of Recommendation 2 is \$225,000 per year with an annual escalation of cost at CPI +2%.*

5. Discussion

- 5.1 It is recommended that the strategy for establishing a new, permanent Family Physician Recruitment Program for the Region of Durham contained in the attached report is the best possible structure and scope for achieving long-term success in addressing the current shortage.
- 5.2 The Region of Durham provides direct health services to the community, including those by Public Health, and through Long-Term Care and Paramedic Services, and also contributes financially to such things as hospices and hospital capital infrastructure (although this is currently under review for a moratorium by Council through 2023-F-35). Having a strong primary care system benefits these Regional services, and resident wellness generally. For the reasons provided in the attached

report, and in-line with best practices, it would be beneficial to have one dedicated, full-time physician recruiter that delivers services to the local medical trainees through the Queen's-Lakeridge program as well as attracts new family physicians to the Region. Regional staff agree with the recommendations of the report that the optimal structure would be for this full-time position to be housed in the Durham OHT.

- 5.3 Many other jurisdictions offer financial incentives or inducements to secure multi-year commitments from family physicians to establish their practice in that municipality. These types of incentives were considered for Durham, but it was determined that our geographic location, vibrant communities, and quality of life, are sufficiently competitive and it is a matter of 'telling the story' through concerted marketing and recruitment efforts. Area Municipalities may choose to offer financial incentives independently; however, it is not recommended by Regional staff as this practice could result in undesirable internal competition within the Region.
- 5.4 Geographic scope was considered (i.e. whether to deliver recruitment services at the Area Municipal or Regional level), and the report is clear that best practices dictate a Regional approach for multiple reasons.
- 5.5 Many other municipalities across Ontario, as well as across Canada and indeed the world, engage in physician recruitment activities. As a municipal service, it can serve to improve long-term health and wellness of the community, reduce the overloading of urgent care services, and also address inequalities across diverse populations.
- 5.6 The success of this program will be monitored by staff in collaboration with the Durham Physician Recruitment Team and the Durham OHT. The first year will consist of program development and setting up of regular monitoring and reporting functions. KPIs will be established to track outreach, retention of learners, retention of existing physicians, and satisfaction with the recruitment process. Over time, changes in the number of family doctors to population will be tracked, with granularity by community.

6. Financial Implications

- 6.1 As noted in Paragraph 3.8, \$215,000 has been committed to-date for the services described in Section 4 above. The Region has committed \$126,000 of this amount, with the balance committed by area municipalities. These funds were reallocated

within the approved 2023 annual budget. The term of these previously procured services ends June 30, 2024.

- 6.2 The current leadership and structure of the Durham Physician Engagement Team needs to remain in place to the end of 2024 to complete program and logistic development. The Region will be responsible for one-time funding of up to \$55,000 in 2024 to support this work.
- 6.3 The Region and local municipalities would then contribute to the hiring of one (1) FTE professional regional physician recruiter employed by the Durham Ontario Health Team for a 10-year term beginning in January 2025. This would require annual funding of up to \$225,000 beginning in 2025, with escalation annually at the Consumer Price Index plus two percent. The contribution will include attraction and retention programming and will be reviewed in three-year increments to ensure the program meets established performance metrics. The Region will work with local municipalities to develop a cost-sharing formula for the municipal cost of this program.

7. Relationship to Strategic Plan

- 7.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:
 - i. Community Vitality Goal #2.2: Enhance community safety and well-being.
 - ii. Community Vitality Goal #2.3: Influence the social determinants of health to improve outcomes for vulnerable populations.
 - iii. Community Vitality Goal #2.5: Build a healthy, inclusive, age-friendly community where everyone feels a sense of belonging.
 - iv. Economic Prosperity Goal #3.1: Position Durham Region as the location of choice for business.
 - v. Economic Prosperity Goal #3.2: Leverage Durham's prime geography, social infrastructure, and strong partnerships to foster economic growth.

8. Conclusion

- 8.1 The acute shortage of family physicians is affecting many communities across Canada. In Durham, it is impacting Durham resident health and wellbeing, urgent care wait times, and Durham's ability to attract talent and investment. Many other municipalities have family physician recruitment programs, and action is needed in Durham to attract and retain family physicians.
- 8.2 It is recommended that the Region work with the local municipalities to develop a cost-sharing formula, and jointly contribute up to \$55,000 in 2024 and up to \$225,000 annually beginning in 2025 to create a new Family Physician Recruitment Program. The report included as Attachment #1 recommends a suitable governance structure and implementation that, in the opinion of staff, offers the best solution for the Region to begin to address the shortage of Family Physicians. This is not unprecedented as the Region supports dedicated offload nurses at Lakeridge Health and Mental Health nurses through DRPS.
- 8.3 Durham Region Health Department has reviewed this report and agrees with the recommendations.

9. Attachments

Attachment #1 Durham Family Physician Recruitment Strategy; by the Durham Physician Engagement Team

Respectfully submitted,

Original signed by

Brian Bridgeman, MCIP, RPP, PLE
Commissioner of Planning and Economic
Development

Original signed by

Nancy Taylor, BBA, CPA, CA
Commissioner of Finance

Recommended for Presentation to Committee

Original signed by

Elaine Baxter-Trahair

Chief Administrative Officer



Durham Family Physician Recruitment Strategy

December 2023

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Background and Urgent Need

Durham Region is currently facing a significant challenge: a substantial gap in primary care access attributed to a shortage of approximately 145 family physicians (*Table 1*). This deficit affects nearly 180,000 Durham residents (*Table 1*). This shortfall not only undermines community health but also threatens the region's economic stability as accessible healthcare becomes increasingly important for individuals and businesses. Similar challenges are faced by many communities across Ontario and many Ontario communities are actively developing or enhancing strategies to recruit and retain family physicians, intensifying the competition for these professionals across the province.

The Region of Durham and its area municipalities of Ajax, Brock, Clarington, Oshawa, Pickering, Scugog, Uxbridge and Whitby, are now exploring the development of its own long-term strategy for recruiting and retaining family physicians who will practice in, and serve, communities across the Region. This work is being led by a group called the Durham Physician Engagement Team (DPET). This team has developed the following recommendations for the Region to consider and implement, to achieve these goals.

Key Recommendations and Cost:

1. That the current leadership and structure of the Durham Physician Engagement Team (DPET) team remain in place to December 31, 2024, with the purpose of program and logistic development. Oversight will remain at the Clarington Board of Trade and that bridge funding be provided for the months of August through December 2024. Cost of Recommendation 1 is \$55,000 one-time funding.
2. That the region contributes to the hiring of one (1) FTE professional regional physician recruiter housed with the Durham Ontario Health Team (DOHT) for a 10-year term, beginning in January 2025. Contribution will include attraction and retention programming and should be reviewed in 3-year increments to ensure the program meets established performance metrics. Cost of Recommendation 2 is \$225,000 per year with an annual escalation of cost at CPI +2%.

The Governance

Governance is designed to leverage the unique capabilities of a wide range of stakeholders. An oversight Taskforce (the **Durham Physician Recruitment Oversight Taskforce** or "Taskforce"), which works in harmony but remains functionally distinct from the Durham OHT, will guide program initiatives, and evaluate success through key performance indicators. It is carefully curated to ensure a rich blend of perspectives and expertise. This **Taskforce** will consist of 10 members: 3 Regional Councillors nominated by the Regional Council and representing north Durham (Brock, Uxbridge, Scugog), west Durham (Pickering, Ajax, Whitby) and east Durham (Oshawa, Clarington) alongside 7 professionals and experts from the health sciences and community sectors to be chosen by staff based on skill set, health system and community knowledge.

Conclusion

The **Durham Physician Recruitment Program**, designed to be adaptable, hinges on hiring a regional physician recruiter and involves a triennial review of attraction and retention strategies, with input from key regional partners, ensuring customization to Durham's needs. The immediate launch is critical to build upon the establishment of the new Queens Lakeridge Campus ensuring an uninterrupted focus on filling the physician gap through 2024 and beyond. Equally important is developing strong programming to repatriate Canadian Physicians being trained abroad. The recommendations offer Durham a responsive, collaborative approach, merging local and external resources to make primary care accessible and holistic, enhancing the community's health and economic prosperity.

Durham Family Physician Recruitment Strategy

Physician Recruitment Strategy for Durham Region

1. Introduction

Access to primary care is the cornerstone of an effective healthcare system. Comprehensive care provided by family physicians plays a vital role in this system. Primary care providers are often the initial point of contact between patients and the healthcare system, encompassing illness prevention, health promotion, diagnosis, treatment, rehabilitation, and counseling. Extensive evidence demonstrates that access to primary care physicians improves health outcomes and reduces overall healthcare costs. Unfortunately, as previously mentioned, recent data indicates that approximately 2.2 million¹ Ontarians, and over 6 million Canadians, lack a family physician, and the situation is expected to worsen² in the coming years.

While the healthcare portfolio is the primary role and responsibility of Ontario Health and the Province of Ontario, there is a critical role for local communities to contribute to the success of physician retention and attraction. We can work with provincial officials in support of our shared objectives (i.e. recruiting and/or graduating sufficient family doctors to meet the needs of Ontario and all its residents). At the same time, we need to focus on the health care needs of Durham's residents.

Durham Region is experiencing rapid growth, and most family physicians in the region already have full patient rosters. Consequently, an increasing number of Durham residents are searching for family physicians. It is imperative for the community to collaborate and address the growing shortage of family physicians in Durham. A successful regional physician recruitment program will ensure that Durham's residents, including our most vulnerable populations, have proper access to primary healthcare services.

In Ontario, each family physician has an average patient load of 1,380³ patients. There are approximately 377 family physicians providing comprehensive care to residents in Durham. Data from the Ministry of Health suggests that up to 180,000 Durham residents lack access to a family physician, while others have physicians located at a distance, making access challenging. Furthermore, approximately 100 of Durham's family physicians are over the age of 60 and nearing retirement from clinical practice. The situation with access to family medicine is, indeed, cause for concern. Nonetheless, there are opportunities to grow the family physician complement in Durham, even in this highly challenging environment.

There is an opportunity to foster relationships with family medicine trainees who are already in Durham. The Queen's University satellite medical campus in Durham Region continues to grow in size and stature. Partnerships between Queen's University Faculty of Health Sciences, Lakeridge Health, and local physicians were established in 2012 with the 2-year family medicine training program called QBOL (Queen's – Bowmanville – Oshawa – Lakeridge Health)⁴.

In addition to this, Queen's and Lakeridge Health have developed a first-in-Canada, innovative medical education program⁵ for training family medicine trainees in our region which combines undergraduate and postgraduate training into a continuous program. Distinct features of this program include a specialized admission process tailored to identify students committed to pursuing comprehensive Family Medicine from the onset of their medical education. They benefit from an integrated, purpose-built

¹ [More than 2.2 million Ontarians Left without a Family Doctor](#) ontariofamilyphysicians.ca February 9, 2023

² [One in four Ontarians may be without a family doctor by 2026, analysis says](#) Globe and Mail, October 26, 2023

³ [Family Physician Supply Plan Update](#), City of Kingston, December 1, 2020

⁴ [Queen's-Bowmanville-Oshawa-Lakeridge \(QBOL\) Family Medicine Residency Program](#), Queen's University, 2023

⁵ [Queen's-Lakeridge Health MD Family Medicine Program](#), Queen's University 2023

curriculum and early exposure to diverse family medicine environments, starting in their first year. Collaborative engagements with communities are integral, facilitating immersive learning experiences. This ground-breaking cooperative initiative is setting a precedent for other provinces and medical schools to follow in addressing the scarcity of family physicians⁶. The first cohort in this new Queen's-Lakeridge Health program started in September 2023, and will be graduating in 2029.

Additionally, a few family physician groups in Durham have strong ties with the Faculty of Medicine at the University of Toronto, and Lakeridge Health has affiliation agreements with all medical schools in Ontario. Durham Region is uniquely positioned to become a leader in training family physicians within our own community.

Emphasizing engagement and support of locally trained family physicians will be crucial for successful recruitment in Durham. These trainees are already familiar with our region and its physicians, and a unified and coordinated community-led recruitment strategy can leverage these valuable partnerships. However, we must not overlook the recruitment potential of family medicine trainees from across Canada and Canadian trainees studying abroad who may also be interested in joining our Durham communities.

Finally, we cannot overlook the opportunity to recruit beyond our community, ensuring we work to attract family physicians from across Ontario, and those family medicine graduates from across Canada and internationally who are from Ontario and would like to return.

In this document, we will identify the unique needs of Durham and its municipal partners. Using available data and local insights, we will estimate the additional number of family doctors required in Durham. We will review strategies employed by other communities to attract physicians and identify best practices that Durham can adopt. Furthermore, we will examine the regulatory and governance frameworks necessary for a long-term recruitment plan. Recommendations will be developed to enhance the delivery of services for attracting and retaining family physicians, along with community healthcare delivery models. The document will also evaluate the structure needed to support marketing, research, direct recruitment, settlement services, succession planning support, and data management and analysis. Finally, we will compare incentive packages across similar communities and provide recommendations for financial resources required for the program.

2. Background

In March 2022⁷, the Ontario Government unveiled an ambitious plan for educational expansion, earmarking the addition of 160 undergraduate seats and 295 postgraduate positions over the next five years—a milestone representing the most significant growth in undergraduate and postgraduate medical education in over a decade. Queen's University's School of Medicine partnered with Lakeridge Health to create a regional campus in Oshawa, focusing on training comprehensive care family physicians⁸.

A Joint Steering Committee formed four Working Groups: *Admission, Curriculum, Community Engagement, and Faculty Engagement*. The Admission Working Group devised recommendations to identify distinctive traits for selecting future family physicians, while the Curriculum Working Group

⁶ [New SFU medical school will include dedicated family doctor program: minister](#), Vancouver Sun, September 20, 2023

⁷ [Ontario Training More Doctors as it Builds a More Resilient Health Care System](#), Government of Ontario, March 15, 2022

⁸ [Queen's University and Lakeridge Health Establish Collaboration to Address Physician Shortage](#), Lakeridge Health, May 2, 2022

innovated curricular models tailored to comprehensive care family physician training. In parallel, the Community Engagement Working Group crafted strategies to actively involve Durham Communities and provide crucial support to learners during their training years. Lastly, the Faculty Engagement Working Group established recommendations to engage Durham-based physicians in recruitment as faculty for the new medical school, complemented by plans for robust local faculty development. This collaborative endeavor is poised to shape the future of medical education and improve healthcare delivery in the region.

The inauguration of the Queen's Lakeridge Health Campus prompted the formation of the Durham Physician Engagement Team, dedicated to supporting learners at this innovative medical campus. Through the Durham Economic Development Partnership, the Region of Durham, Municipality of Clarington, City of Oshawa, Town of Whitby, Town of Ajax, City of Pickering, Township of Uxbridge, Brock Township, and the Town of Scugog, came together to collaboratively provide financial support to ensure the initial need of the first cohort were met and that resources were available to develop a long-term solution to this important initiative.

Initially, the team focused on addressing the immediate needs of the incoming 2023 cohort of family medicine students and residents. However, it is now imperative to develop a comprehensive medium- and long-term physician recruitment strategy to address physician retirements, population growth, and the needs of an aging population and other vulnerable groups, ensuring sustainable access to medical care. This strategy is also essential for the successful development and operation of the new tertiary care hospital in the Durham Region over the next decade.

The shortage of family physicians is not unique to Durham; competition for recruitment is growing across the province, with many other communities establishing or enhancing⁹ dedicated family physician recruitment programs. Niagara Region¹⁰ has had a successful physician recruitment program in place for over a decade. Durham cannot rely solely on ad hoc efforts to address this Health Human resource challenge. A coordinated, professional effort involving resources from across Durham Region is required, with readiness to welcome the nine postgraduate family medicine trainees completing their training in May 2024 and entering family practice.

2.1 Unique Needs and Challenges in Durham Region

Durham Region encompasses eight diverse municipalities; several unique needs and factors must be considered to effectively recruit family physicians:

1. **Diverse Community Needs:** Each municipality in Durham Region has its own unique demographic, socio-economic, and cultural characteristics. Understanding these varied community needs is crucial for matching the right physicians with the right areas.
2. **Urban vs. Rural Requirements:** The region includes both urban and rural areas. Rural areas might face more significant challenges in attracting physicians due to perceived remoteness and limited resources. Tailoring recruitment strategies to address these differences is essential.
3. **Indigenous Health Needs:** In order to meet the specific needs of Indigenous communities within the region, it's important to recruit and educate physicians who are knowledgeable and sensitive to specific health needs and cultural contexts.

⁹ [Brantford Council looking to solve physician shortage](#), Brant Beacon November 17, 2023

¹⁰ [Niagara Physician Recruitment Program](#), 2023

4. **Cultural Competence and Diversity:** With a diverse population, it's important to recruit physicians who are culturally competent and can cater to the health needs of various ethnic, racial, and cultural groups.
5. **Infrastructure and Facility Variations:** Different municipalities may have varying levels of healthcare infrastructure. Recruiters need to be aware of the facilities available in each area, including hospitals, clinics, and specialized healthcare services.
6. **Work-Life Balance Opportunities:** Prospective physicians often seek a balance between their professional and personal lives. Understanding and promoting the lifestyle benefits of each area, such as recreational activities, educational opportunities, and community involvement, can be attractive.
7. **Professional Development Opportunities:** Highlighting opportunities for continuous learning, professional growth, and career development within the region can be a key factor in attracting and retaining physicians.
8. **Collaborative Environment:** Promoting a collaborative and supportive professional work environment, including relationships with local healthcare networks and community organizations, can be appealing to potential recruits.
9. **Family Considerations:** Understanding and addressing the needs of physicians' families, such as access to quality education and spousal employment opportunities, can be crucial in their decision to relocate.
10. **Support for International Graduates:** If recruiting internationally trained physicians, support in navigating the licensing process in Ontario and adapting to the Canadian healthcare system would be important.

2.2. Family Physician Recruitment and Retention in Durham Region

2.2.1. Physician Recruitment Initiatives and Medical Trainees in Durham

In the past, some Durham communities, including Clarington, Oshawa, and Whitby, have made formalized community-focused efforts to attract new family physicians and enjoyed some success in doing so.

Currently, family physicians in Durham Region participate in training family medicine residents and already have familiarity with our region, patient population, physicians, and other affiliated healthcare professionals through Queen's University and the University of Toronto.

Additionally, all six of Ontario's medical schools collaborate with the Rural Ontario Medical Program¹¹ (ROMP), and directly with Lakeridge Health, to organize medical trainee placements in underserved rural communities, including Clarington, Port Perry, and Uxbridge.

2.3 Medical Training in Durham Region

2.3.1. Undergraduate Medical Trainees (Medical Students)

Undergraduate medical trainees on the path to earning their Doctor of Medicine (MD) degree undergo placements in hospital and community settings during their pre-clinical (years 1 & 2) and clinical clerkship or rotation (years 3 & 4) years in Durham Region. These trainees are not compensated during their training and typically graduate with substantial debt.

¹¹ [Rural Ontario Medical Program \(ROMP\)](#), 2023

2.3.2. Postgraduate Medical Trainees (Medical Residents)

Upon graduating with a MD degree, postgraduate medical trainees from all six Ontario universities receive specialty training in community and hospital settings. The training environment can significantly influence these trainees' eventual practice locations. Postgraduate trainees typically earn modest incomes during their residency period.

2.3.2.1. Queen's University School of Medicine

The Queen's University Family Medicine Training Programs in Durham Region, including the Queen's-Bowmanville-Oshawa-Lakeridge Health (QBOL) Family Medicine Program, have been training family physicians in Durham since 2012¹². Initially, the program graduated 8 residents per year, but it now graduates nine 2nd-year Family Medicine Residents annually. It is expected that this program will continue to grow.

The newly opened Queen's-Lakeridge Health MD Family Medicine Program¹³ (QLEP) is a progressive medical education model specifically designed to address the family physician shortage. This program aims to graduate practice-ready, community-focused, family physicians capable of providing comprehensive care in southeastern Ontario. The program has experienced rapid development and is based at the Queen's satellite medical campus at Lakeridge Health in Durham Region. It is anticipated that this program will graduate 20 medical trainees each year, with the first batch of 20 trainees having begun their training in September 2023.

The Queen's Lakeridge Health MD Family Medicine Program will grow exponentially over the next 6 years, to a capacity of 120 dedicated Family Medicine trainees in the program by 2028. Extensive collaboration and research efforts have gone into the development of these programs and partnerships.

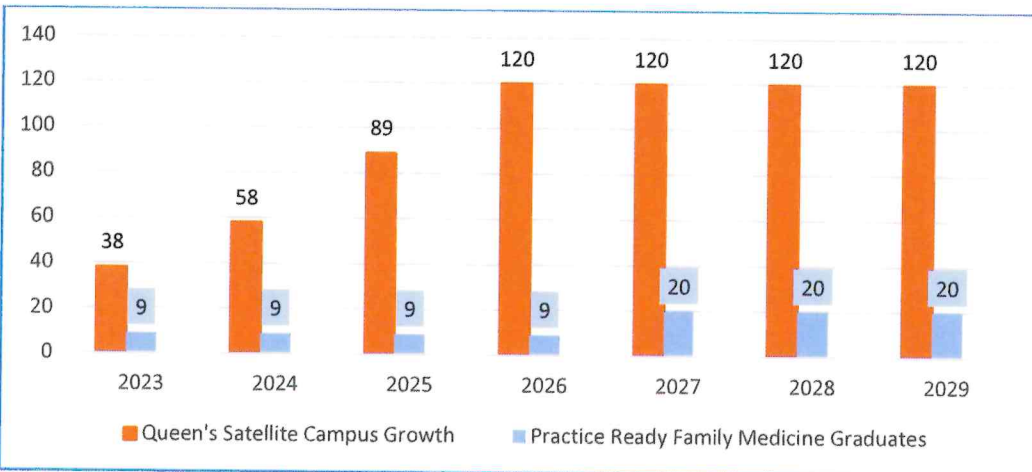


Figure 1: Number of Family Medicine Trainees related to Queen's University's Undergraduate and Postgraduate programs.

2.3.2.2. Other Family Medicine Trainees

The University of Toronto's School of Medicine also trains some family medicine residents in Durham, primarily in Uxbridge and Port Perry. Additionally, there are Family Medicine trainees from other

¹² [Residency program sought to allay family doctor shortage](#), The Sarnia Observer, December 31, 2018

¹³ [Family doctor shortage. Medical education reform can help address critical gaps, starting with a specialized program](#), The Conversation, October 2, 2023

universities who participate in 8-week placements through Ontario's ROMP program. These trainees represent potential new family physicians for the Durham community.

It is important to note that there is a significant number of Canadian family medicine trainees studying medicine abroad, many of whom hope to return to Ontario to practice. In 2011, almost 3,600 Canadians were studying medicine at schools in the United Kingdom, Australia, Poland, the Caribbean and elsewhere, in addition to the approximate 10,500 medical learners in Canada¹⁴. Ontario's physician regulator, the College of Physicians and Surgeons of Ontario (CPSO), recently made it easier for doctors who were trained in the U.S., Ireland, Australia, and Britain to get licensed in Ontario as jurisdictions around the country compete to remove licensing barriers to address chronic shortages in health care¹⁵. This presents an opportunity that should not be overlooked.

3. Where We Are Today

In summary, we are in a transitional phase with several medical training programs in place and significant growth expected in the coming years in our region. Immediate needs include supporting the current cohort of medical trainees and developing a comprehensive physician recruitment and retention program for Durham. The existing medical training programs and partnerships provide a unique opportunity to create a synergistic approach to recruitment, training, and retention of family physicians in Durham Region. Helping our medical trainees feel at home here in Durham is critical to our ability to recruit and retain these physicians for the long term.

4. Future Needs Assessment

A key component of developing an effective recruitment strategy is determining how many family physicians are needed to meet the current and future healthcare needs of Durham Region. Estimating the number of family physicians required involves considering various factors, including population growth, the aging demographic, and the number of physicians retiring from practice.

Table 1 Health Force Ontario Data 2023

Census Sub Division (CSD) Name	POPULATION (Health Card Holders)	Number of patients not rostered	% of patients without a family physician	Shortage of Family Physicians	Roster Ratio
Ajax	139,742	37,126	26.6%	27	1380 pts/Dr
Brock	9,852	3,499	35.5%	3	1380 pts/Dr
Clarington	103,709	21,829	21.0%	16	1380 pts/Dr
Oshawa	184,960	47,452	25.7%	34	1380 pts/Dr
Pickering	103,334	26,025	25.2%	19	1380 pts/Dr
Scugog	26,593	4,155	15.6%	3	1380 pts/Dr
Whitby	142,426	34,257	24.1%	25	1380 pts/Dr
Uxbridge	22,660	3,740	16.5%	18	793 pts/Dr
Durham Region	733,276	178,083	24.3%	144.34	-

Population = # Health Card Holders.

Rostered = Health Card Holders Rostered to a Physician Engagement Model (PEM) Family Physician somewhere in Ontario

Not Rostered = Population – Rostered

The average roster size of the PEM physicians is 793 patients/physician although provincial standards are about 1380 patients/physician.

¹⁴ [Too many Canadians studying medicine overseas](#), CBC News, February 22, 2011

¹⁵ [CPSO Removes Barriers for Internationally Educated Physicians](#), College of Physicians and Surgeons of Ontario, April 4, 2023

4.1. Population Growth

One of the significant drivers of the need for more family physicians in Durham Region is population growth. Durham Region has been experiencing steady population growth over the past several years, driven by a combination of natural population growth (births minus deaths) and net migration (people moving into the region). According to 2022 census data, the population of Durham Region is estimated to be approximately 751,500¹⁶ residents. This population is projected to continue growing in the coming years, driven by factors such as new residential developments, economic opportunities, and the overall attractiveness of the region.

4.2. Aging Population

Another critical factor to consider is the aging demographic within Durham Region¹⁷. As the population ages, there is an increased demand for healthcare services, including primary care provided by family physicians. The proportion of adults aged 65 and older within Durham ranges from 13.1% to 24.1%. Older adults often have more complex healthcare needs and require ongoing management of chronic conditions. Additionally, the retirement of older family physicians can further exacerbate the shortage of primary care providers, as younger physicians may need to take on a larger patient load.

4.3. Physician Retirement

The impending retirement of a significant number of family physicians in Durham Region is a pressing concern. About 100 of Durham's family doctors are aged 60 and above, nearing retirement, and their departure from clinical practice will create a larger gap in primary care services. If we do not plan for the replacement of these retiring physicians to ensure uninterrupted access to healthcare for patients, the number of patients without a family doctor will rise by nearly 14,000.

4.4. Jurisdictional Competition

The Region of Durham, amidst a province-wide competition for family physicians, must address shortages affecting its two-tier municipality structure spanning eight communities. The competition is intensified by well-established recruitment programs in many other Ontario communities.

An assessment of 12 communities revealed varying incentive packages to attract new physicians, with perks ranging from housing benefits to relocation expenses. On average, these incentives equate to about \$19,875 annually in exchange for an average 5-year commitment by the physician (Appendix 2). Furthermore, several communities have dedicated recruitment initiatives with varying budgets, staff structures, and organizational frameworks.

Strategies Employed by Various Municipalities for Physician Recruitment:

1. Recruitment Staff:

- *Woodstock, Hamilton, Niagara Region, Haliburton, Peterborough, City Kawartha Lakes: Employ a full-time physician recruiter.*
- *Saugeen, Kincardine (Bruce Power): Employs a 0.6 FTE Physician Recruitment Manager.*

2. Program Budget & Structure:

¹⁶ [Durham Monitoring of Growth Trends](#), File: D01-02-01 December 2, 2022

¹⁷ [2021 Census of Population – Regional Municipality of Durham Information Report](#), September 16, 2022

- *Prince Edward: \$150,000 budget, integrated in Family Health Team, supported by the county.*
- *Hamilton: \$180,000 budget, a collaboration involving the city, Hamilton Academy, and Chamber of Commerce, employs a full-time physician recruiter.*
- *Windsor: \$25,000 contribution to a medical program aiming to retain graduating doctors.*
- *Saugeen, Kincardine (Bruce Power): \$105,000 budget, employs a 0.6 FTE Physician Recruitment Manager.*
- *Peterborough: \$36,200 budget, operates a not-for-profit family health team, employs a full-time staff.*
- *City Kawartha Lakes: Operates through a separate charity organization, employs a full-time physician recruiter.*

3. Financial Incentives:

- *Quinte West: \$100,000 over 5 years, includes 100% rent coverage and a boat slip.*
- *Hastings: \$150,000 over 4 years, includes \$75,000 for relocation expenses.*
- *Kingston, Belleville, North Grenville, Prince Edward: \$100,000 - \$150,000 over 5-6 years.*
- *St. Thomas: \$33,000 over 4 years, includes moving expenses.*
- *Niagara Falls: \$50,000 over 5 years, includes \$5,000 for moving expenses.*
- *Haliburton: \$150,000 over 6 years.*
- *Wasaga Beach: \$65,000 over 5 years.*
- *Woodstock, Southern Georgian Bay: Offers moving expenses of \$4,000 - \$5,000.*

4. Collaborative Efforts:

- *Prince Edward: Program integrated within the Family Health Team and supported by the county.*
- *Hamilton: A collaborative effort of the city, Hamilton Academy, and the Chamber of Commerce.*
- *City Kawartha Lakes: Recruitment managed by a separate charity organization.*
- *Saugeen, Kincardine (Bruce Power): Recruitment managed possibly by the Municipality of Kincardine.*

It is worth noting that these collaborative efforts precede the advent of Ontario Health Teams.

5. Tailored Approaches:

- *Strategies tailored to the unique needs and resources of each community, with a mix of financial incentives, collaborative structures, and dedicated staffing to optimize physician recruitment and retention efforts.*

Each municipality is employing a mix of dedicated staff to optimize their physician recruitment and retention efforts, financial incentives, and structural collaborations, tailored to their unique community needs and resources.

The first step in successful recruitment programs is the establishment of dedicated staff and resources to develop, manage and implement competitive programming.

The importance of place for this work has been evaluated based on Readiness, Finance, Administration, Management, and Connection to Medical Learners and existing physicians.

The value of connection to Medical Learners cannot be overlooked. Strong engagement and support in navigating the community and healthcare systems will strongly influence decisions on where they will settle upon graduation. This said, medical learners are not the only audience. We also need to keep focus on repatriating Canadians training abroad and interest within the communities through medical clinics and hospital work.

The **Canadian Association of Physician Recruiters**¹⁸ is a national membership organization for physician recruitment professionals. With membership spanning across the country, this resource provides a broad view for structure. Most recruiters are stationed within hospitals or medical organizations. With the development of Ontario Health Teams, there is a growing trend to place recruitment efforts within these organizations as well.

For Durham to effectively attract and retain family physicians, it's imperative to collaboratively craft a competitive strategy leveraging recent unique opportunities in the region. This strategy tailored for Durham should integrate industry best practices and distinctly define roles for both the Region and lower-tiered municipalities.

4.5. Estimating the Additional Number of Family Physicians Required

To estimate the additional number of family physicians required in Durham Region, a detailed analysis of the current physician workforce, population demographics, and projected retirements is necessary. This analysis should consider factors such as the average patient load per physician, the distribution of physicians across different communities within Durham Region, and the expected growth in the number of residents.

Team-based collaborative care models involve interdisciplinary healthcare providers working together to deliver comprehensive and personalized patient care. In this approach, a diverse group of healthcare professionals, including doctors, nurses, nurse practitioners, pharmacists, social workers, and specialists, collaborate and share their expertise to address the unique needs of each patient. They communicate regularly and make collective decisions to ensure that care is coordinated, evidence-based, and patient-centered. This model fosters a culture of respect and shared responsibility among team members, which enhances the quality of care, improves health outcomes, and increases patient satisfaction. Through the integration of varied skills and knowledge, the team ensures that the patient's physical, mental, and social needs are met in a holistic manner. Team-based collaborative care models that involve multiple healthcare providers can help address the demand for primary care services more efficiently.

5. Physician Recruitment Strategies

Recruiting family physicians to practice in Durham Region requires a multifaceted approach that leverages various strategies and resources. Taking a dyad approach to this work will prove most effective pairing leadership from the Department of Family Medicine and the community of Durham. Successful recruitment efforts should be proactive, targeted, and tailored to the specific needs and preferences of physicians. Below are key physician recruitment strategies employed in other communities across Canada that can be successfully implemented in Durham Region:

¹⁸ [Canadian Association of Physician Recruiters](#), caspr.ca 2023

5.1. Marketing and Promotion

5.1.1. Develop a Strong Brand and Identity: Create a compelling and unique brand for Durham Region's physician recruitment program. This brand should highlight the region's attractions, quality of life, and the supportive academic and medical community. Note that Invest Durham, Durham Region's Economic Development Department and Tourism Department, has been building strong brand identities to promote the region's quality of place and creativity for the attraction of tourists and a talented workforce. This work could be leveraged.

5.1.2. Online Presence: Establish a comprehensive online presence, including a dedicated website that provides information about practicing in Durham Region. The website should feature testimonials from current physicians, opportunities at the academic institutions (Ontario Tech, Durham College, Queen's University, Trent University) and other healthcare training programs, details about local healthcare facilities, and resources for newcomers.

5.1.3. Social Media: Utilize social media platforms to showcase the region, share success stories of recruited physicians, and engage with potential candidates.

5.1.4. Targeted Marketing: Identify key recruitment markets and tailor marketing efforts to reach medical trainees, recent graduates, and practicing physicians in those markets. Consider attending medical conferences and events to connect with potential candidates in Ontario, Canada, and the UK to ensure community recognition through awareness generation activities.

5.2. Incentives and Support

5.2.1 Competitive Compensation: In Canada, community-specific attraction incentives¹⁹ are widely used, each presenting unique risks and opportunities²⁰. It's essential for these incentives to be strategically considered at a regional level, particularly in the Region of Durham. This approach aims to create uniformity in primary care access across Durham, minimizing internal competition. Key incentives to deliberate include salary enhancements, signing bonuses, office setup reimbursements, and student loan repayment schemes.

5.2.2. Relocation Assistance: Provide relocation assistance to help physicians and their families transition to Durham Region seamlessly. This may include support with housing, childcare, spousal employment support and other logistical aspects of moving. It will be important to develop strong relationships and leverage expertise with local resources in real estate, workforce, social supports, and immigration. Note that the Durham Local Immigration Partnership has developed strong, fundamental resources and community connections, in this regard, which could be leveraged.

5.2.3. Mentorship and Support Programs: Establish mentorship programs that pair new physicians with experienced practitioners in the region. This can help newcomers navigate the local healthcare system and integrate into the community.

¹⁹ [HealthForceOntario Northern and Rural Recruitment and Retention Initiative Guidelines](#), Ministry of Health and Long-Term Care, 2023

²⁰ [City of Welland offers \\$1 million in physician recruitment incentives to triage doctor shortage](#), myniagaraonline.com, June 28, 2023

5.2.4. Continuing Medical Education: Highlight opportunities for professional development and continuing medical education in Durham Region. Support physicians in pursuing additional certifications or specializations. Durham's esteemed academic institutions, including the ground-breaking Queen's Lakeridge Health Campus, specializing in Family Medicine, represent invaluable educational assets in our region.

5.3. Community Engagement

5.3.1. Physician-Led Recruitment: The involvement of local physicians in the recruitment process cannot be underestimated. When prospective physicians explore potential practice locations, it is important to provide insight into the lived experience of practice in community. Current practitioners can serve as ambassadors for the region and help foster connections and build meaningful relationships with potential recruits.

5.3.2. Community Integration: Promote the benefits of living and working in Durham Region. Proactively assist and provide settlement assistance including amenities, recreational opportunities, schools, post-secondary institutions, and cultural attractions that make the area an attractive place to settle down. Durham Tourism, the Chambers and Boards, and the local area municipalities' tourism groups will be valuable partners for this critical activity.

5.3.3. Partner with Educational Institutions: Strengthen partnerships with local medical schools, including Queen's University and the University of Toronto, to facilitate the transition of medical trainees into practicing physicians within Durham Region.

5.4. Data-Driven Approach

5.4.1. Data Collection: Establish a robust data collection and analysis system to track physician recruitment efforts, including the number of recruited physicians, retention rates, and demographic information.

5.4.2. Feedback Mechanism: Implement a feedback mechanism that allows recruited physicians to provide input on their experiences in Durham Region. Use this feedback to make continuous improvements to the recruitment program.

5.4.3. Market Research: Continuously conduct market research to identify trends in physician preferences and recruitment challenges. Stay updated on changes in the healthcare landscape.

6. Governance Framework

A well-defined governance framework is essential for the effective operation of the physician recruitment program in Durham Region. This framework should address ethical and administrative aspects of physician recruitment and retention. Key components of the framework include:

6.1. Regulatory Compliance

6.1.1. Incentives Contracts: Ensure that incentive contracts for recruited physicians comply with all relevant laws and regulations, including those related to compensation, working conditions, and professional standards, as well as the Ontario Municipal Act, 2001.

6.1.2. Immigration and Work Authorization: Address immigration and work authorization requirements for physicians recruited from outside Canada, including necessary permits or licensing requirements.

6.2. Ethical Standards

6.2.1. Fair Recruitment Practices: Establish guidelines for fair and equitable, inclusive, and ethical recruitment practices, including focusing on various community (including equity-deserving and marginalized communities) needs, transparency in the recruitment process, avoidance of conflicts of interest, and adherence to professional codes of conduct.

The integration of equity, diversity, inclusion, indigeneity, and accessibility in Durham Region's physician recruitment program is vital for fostering a healthcare system that truly reflects and serves its diverse community. Emphasizing these values ensures that the recruitment process not only attracts a wide range of talent but also resonates with the varied cultural and individual needs of the population. The development of this program will leverage the resources of Durham Region's Diversity, Equity, and Inclusion Division.

By prioritizing indigeneity, the program acknowledges and respects the unique health needs and perspectives of Indigenous communities, contributing to more culturally sensitive healthcare. Accessibility is crucial in removing barriers and creating an inclusive environment for both practitioners and patients with disabilities.

Overall, embracing these principles in physician recruitment leads to a more inclusive, competent, and effective healthcare workforce that can better address the multifaceted health concerns of the Durham region, ultimately leading to improved patient care and community well-being.

6.2.2. Patient Care Standards: Maintain high standards of patient care and ethical conduct among recruited physicians, emphasizing patient safety and quality of care.

6.3. Administrative Structure

6.3.1 Program Oversight: Create an administrative body or Taskforce responsible for overseeing the physician recruitment program. This body should include representatives from healthcare organizations, local government, and community stakeholders. It is recommended that a **Taskforce** be established consisting of 10 members: 3 Regional Councillors nominated by the Regional Council and representing north Durham (Brock, Uxbridge, Scugog), west Durham (Pickering, Ajax, Whitby) and east Durham (Oshawa, Clarington) alongside 7 professionals and experts from the health sciences and community sectors to be chosen by staff based on skill set, system and community knowledge.

Complimentary work is currently underway with common goals on building and sustaining a robust Primary Care/Family Medical community in the Region of Durham. The new Department of Community and Family Medicine at Lakeridge Health is building bridges for our Healthcare system, residents, and Family Physicians to collaborate and work together for strengthened community healthcare.

Ontario Health has recently prioritized primary care in its healthcare delivery planning. The Durham Ontario Health Team has been approved for the one of the 12 accelerated programs²¹ development and is composed of representation across the regional municipalities, healthcare agencies and the Primary care community in Durham Region. While the Durham Ontario Health Team is in its initial stages, an independent body should oversee the program on behalf of the Durham Region municipalities for the next few years.

The Durham Physician Engagement Team (DPET) has been established and focused on integrating the inaugural cohort of 20 students from the Queens Lakeridge Health MD Family Medicine Program into the community, fostering strong local connections. Moreover, the DPET team is also developing both short-term and long-term strategies aimed at enhancing physician recruitment in the Region of Durham. This initiative includes, but is not limited to, leveraging the Queens Lakeridge Health MD Family Medicine (QLEP) and Queen's Bowmanville Oshawa Lakeridge (QBOL) Family Medicine residency programs to build a robust physician recruitment framework. The DPET consists of a strategic mix of community, academia and healthcare including:

- Queens MD Campus in Oshawa: Arun Bala
- Lakeridge Health Academic Affairs: Heidi McHattie
- Chief of Family Medicine: Dr. Joel Kennedy
- Community Family Physician: Dr. Tony Stone
- Community Representative: Sheila Hall
- Ontario Health Representative: Jill Cappa
- Durham Region Liasson: Simon Gill

These collaborative efforts of the Durham Physician Engagement Team are likely to significantly enhance the recruitment of new family doctors in Durham. However, at present, there isn't a definitive immediate placement for these recruits. The DPET team developed, and currently maintains, robust connections with key stakeholders, including the Durham OHT, the Department of Community and Family Medicine at Lakeridge Health, the Queens Lakeridge Health Medical Campus, and a committed and passionate group of existing family physician leaders in Durham. These relationships are instrumental in supporting and advancing our recruitment objectives.

The Durham Ontario Health Team (OHT)²² is a collaborative group of organizations and patient, family and care partner advisors working in partnership to improve access and delivery of coordinated health services. The group is comprised of partners from across the care continuum, including primary care providers, hospitals, mental health and addiction services, social support services, home and community care support services, and long-term care.

To enhance the effectiveness of physician recruitment in Durham, the initial focus will be on strengthening the connection between the community and physicians. This will be further supported as a professional physician recruiter is hired and recruitment efforts intensify. It's crucial that the community recruiter and a physician-lead representative from the community collaborate closely in this process.

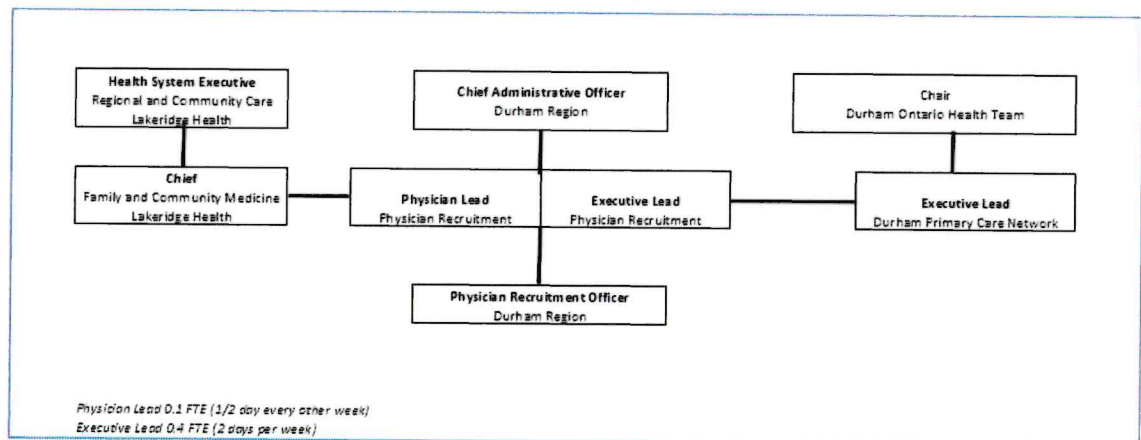
²¹ [Minister's Update: Accelerating Ontario Health Teams \(OHTs\)](#), RISE September 27, 2023

²² [Durham Ontario Health Team](#) doht.ca 2023

For optimal structuring of these efforts, a phased approach is advised. Presently, the Clarington Board of Trade has the resources to oversee the Physician Engagement Team until July 2024. The eventual goal is to integrate this initiative within the Durham Ontario Health Team in collaboration with Durham Primary Care Network structure. However, an immediate transition could present challenges as Durham OHT is yet to be incorporated and define its relationship with Primary Care Network Durham²³ (PCND) through a governance structure. Maintaining the current momentum and preserving the knowledge and background of ongoing work is essential, necessitating a phased collaborative and strategic approach.

Stage 1: The **Clarington Board of Trade** will continue as the administrative body until the end of 2024 or until the Durham Ontario Health Team completes steps to establish Primary Care Network Durham. During this time, work will be structured to ensure proximity to all medical learners with a focus on developing primary care partnerships and long-term strategies for collaborating with the community and physicians and enhancing family physician recruitment efforts.

Stage 2: The administration and oversight of Family Physician Recruitment efforts will transition to the **Durham Ontario Health Team** in collaboration with Primary Care Network Durham. This phase will ensure continued independent oversight and involve stakeholders from Family Medicine and the Durham community. The Durham OHT maintains strong relationships within community agencies, physician networks, healthcare institutions and government leadership in healthcare. This structure will allow for a balanced and independent approach to recruitment and retention for the Region of Durham community.



6.3.2. Accountability: Accountability for roles, financial management, and reporting will be with the administrative body in collaboration with the Durham Physician Engagement Team.

6.3.3. Evaluation and Reporting: Establish mechanisms for program evaluation and reporting to track progress, assess outcomes, and make data-driven decisions.

6.4. Resource Allocation

6.4.1. Budgeting: Implementing a Regional Physician Recruitment program will require both financial and in-kind resources. There will be a role for both regional and lower tier governments in Durham. With a

²³ [Primary Care Network Durham](https://primarycarenetworkdurham.ca) primarycarenetworkdurham.ca 2023

budget of \$225,000.00 per year funded by Durham Region, this program can be delivered with budget allocations as follows:

Salaries	\$120,000.00
Operational expenses	\$ 5,000.00
Marketing	\$ 15,000.00
Settlement/Local Activities	\$ 40,000.00
Travel and Events	\$ 20,000.00
Professional Stipend (Physician)	<u>\$ 25,000.00</u>
	<u>\$225,000.00</u>

In-kind contributions will be realized through location costs, general supplies and access to related programs and efforts across the Region.

It has been noted that recruitment of Family Physicians is extremely competitive and that most communities are offering significant signing incentives in return for a 5-year commitment to family practice. In our research, we recognized that many two-tier communities are offering incentives in very different ways, however we want to highlight the Niagara model. The regional programming for attraction and retention is supported at the regional level and, each municipality in the region is responsible for any attraction incentives.

Although there are no clear guidelines, there seems to be a standard practice to not out-bid or poach from each other. Durham Municipalities should be respectful and clear on this topic and share common parameters around incentives being offered. A crucial step is crafting a strategy that fosters mutual support, rather than competition, between these communities. If area municipal incentives are contemplated, it is recommended that there be a resolution of Regional Council stipulating the acceptable parameters for these incentives, to prevent inter-municipal competition.

6.4.2. Funding Sources:

Considering the critical need for family physician recruitment and retention in Durham Region, it is essential to emphasize the vital role of local governments' investment in this initiative. The delivery of key objectives outlined in Durham Region's Strategic Plan, particularly those concerning community health and wellness, hinges on the access to healthcare in the region. Therefore, the investment by local government is not just a matter of resource allocation; it is imperative to ensure that residents have access to essential primary healthcare services. This is increasingly important as the region faces a significant shortage of family physicians, impacting the health and economic stability of the community.

Furthermore, it is recommended that the funding for this crucial initiative be a shared responsibility between the Regional and area municipal governments. Such a collaborative financial approach underscores the collective commitment to enhancing community health and well-being. By pooling resources and efforts, both tiers of government can effectively address the challenges of physician shortages and ensure the availability of comprehensive healthcare services across Durham Region. This joint funding strategy also reflects a unified response to a common challenge, demonstrating a strong partnership in prioritizing the health needs of our community.

7. Monitoring and Evaluation

Continuous monitoring and evaluation are essential components of a successful physician recruitment program. Regularly assess the effectiveness of the program's strategies and initiatives, and make necessary adjustments based on data and feedback. Monitoring of Key Performance Indicators (KPIs) as outlined below, serve as the foundational metrics through which the effectiveness and impact of the project or initiative are gauged. Beyond these performance metrics, an insightful evaluation also considers the projected needs related to space and staffing. By anticipating these future requirements, this family physician recruitment program can better align its resources and planning to ensure the sustained success of goals and objectives.

7.1. Key Performance Indicators (KPIs)

Establish KPIs to measure the success of physician recruitment efforts. Examples of relevant KPIs include:

1. Number of recruited family physicians
2. Retention of family medicine learners in Durham
3. Retention rates of recruited family physicians
4. Physician satisfaction with the recruitment process
5. Patient attachment to and satisfaction with primary care services.

7.2. Data Collection and Analysis

Implement data collection mechanisms to gather information on physician recruitment, retention, and patient outcomes. Use this data to identify trends, strengths, weaknesses, and areas for improvement.

7.3. Stakeholder Feedback

Seek feedback from various stakeholders, including recruited physicians, patients, healthcare organizations, and the community. Use this feedback to make informed decisions and enhance the recruitment program.

7.4. Regular Reporting

Provide regular reports on the status and impact of physician recruitment efforts to relevant stakeholders, including local government authorities, healthcare organizations, and funding partners.

7.5. Continuous Improvement

Based on the findings from monitoring and evaluation, continually refine recruitment strategies, incentives, and support programs to optimize outcomes.

8. Conclusion

Developing an effective physician recruitment and retention strategy for Durham Region involves a comprehensive and collaborative approach that addresses the unique needs and challenges of the region. By conducting a thorough needs assessment, implementing targeted recruitment strategies, establishing a robust regulatory framework, and continuously monitoring and evaluating the program's effectiveness, Durham Region can attract and retain the family physicians needed to provide high-quality primary care services to its growing and diverse population. Additionally, forging partnerships with medical schools and other stakeholders will be instrumental in ensuring the long-term success of the recruitment program.

Appendix 1. Durham Physician Engagement Team Activity Report

Introduction

In July 2023, the Region of Durham, in collaboration with the Clarington Board of Trade (acting as the oversight organization), initiated a pivotal agreement to advance physician recruitment and bolster support for Medical Trainees in Durham. The result of this collaboration was the successful establishment of the New Queens Lakeridge Medical Campus, which opened its doors on August 28, 2023, ready to welcome its inaugural cohort of 20 students. This pioneering group has provided valuable insights, fortifying our preparedness for the 2024 cohort.

Support and Engagement

- To ensure a comprehensive understanding of our trainees' needs, we conducted surveys to emphasize the significance of their role within the Durham community.
- The Durham Physician Engagement Team orchestrated a dynamic and welcoming Orientation week, fostering connections among students and their future mentors in residency training.
- Our support initiative has been aptly branded as the "**Durham Physician Engagement Team**," and we maintain an unwavering commitment to consistent outreach to cater to trainees' evolving needs.

Information Hub

- Recognizing the importance of accessible information, we are diligently developing a centralized website to serve as a one-stop resource hub. This platform will provide doctors and trainees with comprehensive insights into the educational and community opportunities available within Durham.

Community Engagement

- Our efforts extend beyond the confines of the medical campus, as we have actively engaged with various local communities to share the mission of this initiative, underscore the benefits for the community, and garner local insights that will shape our future endeavors.

Short-Term Objectives (End of 2024)

1. Manage and provide support to the Medical Trainees in the 2023 QLEP and QBOL programs.
2. Create and secure funding for a family physician recruitment and retention program tailored to Durham region communities.
3. Establish resources and partnerships to facilitate the attraction and settlement of Family Physicians.
4. Strengthen partnerships with organizations such as ROMP and explore additional avenues for attracting medical talent.
5. Identify the optimal structure for housing Physician Recruitment initiatives.
6. Develop and allocate resources for support and incentives aimed at attracting and retaining physicians.
7. Define the roles and responsibilities of Regional and Local governments in the physician recruitment process.
8. Develop impactful marketing collateral to promote Durham as a preferred destination.
9. Maintain a comprehensive family physician database specific to the Durham region.

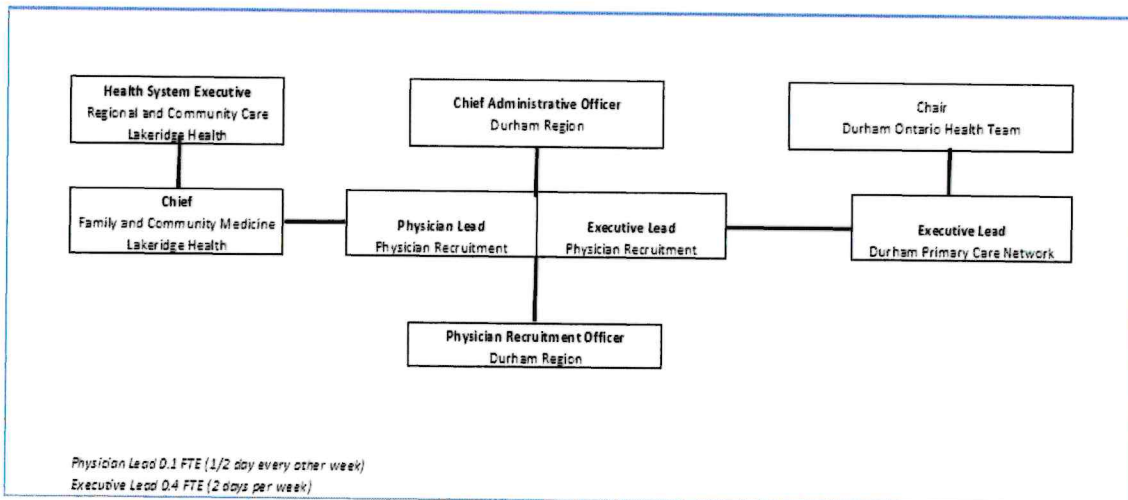
Long-Term Goals

1. Sustain and enhance our collaboration with the Queen's University Medical Education Programs, such as QLEP and QBOL programs.
2. Expand outreach efforts to internationally trained family physicians.
3. Initiate outreach to repatriate Canadian Family Physicians.
4. Cultivate strategic partnerships to fortify our recruitment and support efforts.
5. Advocate for healthcare workforce needs, particularly within the realm of Health Human Resources.

This strategic healthcare plan is emblematic of our unwavering commitment to fostering a robust healthcare ecosystem within Durham and ensuring it remains a welcoming and prosperous destination for medical professionals and trainees alike.

Appendix 2: Governance Framework and Timeline for 2024-2025 Work Plan

The physician recruitment program in Durham is governed through a multi-tiered structure. This **Taskforce** will consist of 10 members: 3 Regional Councillors nominated by the Regional Council and representing north Durham (Brock, Uxbridge, Scugog), west Durham (Pickering, Ajax, Whitby) and east Durham (Oshawa, Clarington) alongside 7 professionals and experts from the health sciences and community sectors to be chosen by staff based on skill set, health system and community knowledge and will provide overarching oversight. In the interim, the Durham Physician Engagement Team (DPET), known for effectively integrating medical students into the community and shaping physician recruitment strategies, will lead the program. This arrangement will continue until the Durham Ontario Health Team's (OHT) Primary Care Networks are operational. The immediate goal is to enhance the ties between the community and physicians, under the guidance of a professional recruiter and a physician leader. Currently, the Clarington Board of Trade oversees the Durham Physician Engagement Team (DPET) and will continue to do so until 2025. Post-2025, management responsibility will shift to the Durham Primary Care Network, operating under the Durham Ontario Health Team. This stepwise transition is designed to maintain momentum and consistency and foster active stakeholder participation, aligning with Durham's wider objectives of enhancing primary care and promoting collaborative.



2024-2025 Workplan

Year	Quarter	Primary Tasks	Subtasks
2024	Q1	Council Approval for Physician Recruitment Initiatives	Finalize the governance structure
2024	Q2	Launch Durham Physician Recruitment Initiative Website Launch and Online Presence Establishment	Physician lead and physician Recruiter, Job posting, candidate screening, and interviews, Orientation, onboarding. Brand development and marketing strategy

Year	Quarter	Primary Tasks	Subtasks
			Website Content development and technical setup
2024	Q3	Governance and Administrative Structure	Establish Administrative Infrastructure and Information System Data Collection and Data Coordination Community practice outreach
2024	Q4	Physician recruitment	Targeted Marketing Social media Campaign Development of Educational Opportunities
2025	Q1	Governance and Administrative Structure Review Implement a monitoring system	Alignment with Durham Ontario Health Team (OHT)'s Primary Care Initiatives Regular reporting, stakeholder feedback, and continuous improvement initiatives
2025	Q2	National and international campaign	Initiate national and international campaign to attract prospective candidates
2025	Q3	Transition Planning to Durham OHT	Development of transition roadmap and resource allocation Coordinated Physician Recruitment Strategy
2025	Q4	Finalize the transfer of responsibilities to Durham Primary Care Networks Implement a monitoring system to assess the transition effectiveness	Ensure operational readiness, staff training, and system integration. Regular reporting, stakeholder feedback, and continuous improvement initiatives

Appendix 3. Understanding Regional Needs and Competition

The challenge of attracting family physicians isn't solely a concern for Durham and its affiliated communities. Given its structure as a two-tier municipality, Durham Region must address distinct challenges across all eight of its communities. A crucial step is crafting a strategy that fosters mutual support, rather than competition, between these communities.

Ontario is a very competitive ground, with numerous communities already having implemented well-established physician recruitment programs. Yet, recent unique opportunities such as Queen's Lakeridge Health Campus present Durham with an advantageous position. Collaborating with community partners now offers a golden opportunity to build an effective recruitment program that stands out and achieves optimal results in attracting and retaining family physicians.

To inform our approach, we've surveyed 12 Ontario communities to understand the incentive packages they extend to new physicians.

County/Municipality	Tier	Incentive	Commitment Term (Years)	Per Year Equiv.	Housing	Other
Quinte West	Single	\$100,000	5	\$20,000	Rent (100%)	Boat Slip
Hastings	Upper	\$150,000	4	\$37,500		\$75,000 Relocation Expenses
Kingston	Single	\$100,000	5	\$20,000		
Belleville	Single	\$150,000	6	\$25,000		
North Grenville	Lower	\$100,000	5	\$20,000		
Prince Edward	Single	\$100,000	5	\$20,000		
Woodstock	Lower					\$5,000 moving expenses
St. Thomas	Lower	\$33,000	4	\$8,250		moving expenses
Niagara Falls	Lower	\$50,000	5	\$10,000		\$5,000 moving expenses
Haliburton	Upper	\$150,000	6	\$25,000		
Wasaga Beach	Lower	\$65,000	5	\$13,000		
Southern Georgian Bay	Lower					\$4,000 moving expenses
Average				\$19,875		

In addition, we have started to gather insights for where dedicated and formal programs are established.

County/ Municipality	Tier	Program Budget	Staff	Structure
Prince Edward	Single	\$150,000		Integrated in Family Health Team, supported by County
Woodstock			1 FTE (Physician Recruiter)	Further research needed
Hamilton	Single	\$180,000	1 FTE (Physician Recruiter)	Recently moved from City of Hamilton to local OHT,
Niagara Region	Upper		1 FTE (Physician Recruiter)	Niagara Region Public Health
Haliburton	Upper		1 FTE (Physician Recruiter)	Further research needed
Windsor		\$25,000	Contribution to medical program with aim to keep doctors after grad	Further research needed
Saugeen, Kincardine (Bruce Power)	Lower	\$105,000	0.6 FTE (Physician Recruitment Manager)	Municipality of Kincardine
Blue Mountain, Collingwood, et al	Lower			Further research needed
Peterborough	Single	\$36,200	1 FTE	Not for profit family health team
City Kawartha Lakes	Single		1 FTE (Physician Recruiter)	Separate Charity organization

Appendix 4. Primary Care, Primary Health Care and Comprehensive Care Definitions

Primary Care

Primary Care is the cornerstone of healthcare in Canada, with family medicine as its principal medical specialty. Family physicians (referring to both family physicians and general practitioners) offer comprehensive healthcare services that span across all age groups, genders, and medical conditions. Public opinion consistently underscores the invaluable role family doctors play in patient care.

While family medicine may appear to be a broad field, it is, in reality, a meticulously honed discipline that integrates a unique blend of biomedical, behavioral, and social sciences. Family physicians employ a diverse range of cognitive and procedural skills to provide a system of front-line healthcare that is accessible, high-quality, comprehensive, and continuous. They individually assume responsibility for overseeing proactive medical care, ensuring patient follow-up, facilitating care transitions, and making referrals when necessary. More than just a set of tasks, the essence of their work lies in establishing relational continuity and upholding a commitment to a broad scope of practice. Through these efforts, family physicians meaningfully address the complexities of healthcare, ultimately contributing to the overall health improvement of the population.

Primary Health Care

The fundamental premise of primary health care (PHC) is that every individual, regardless of location or circumstance, has the right to attain the highest possible level of health. PHC represents a holistic societal approach aimed at effectively organizing and strengthening national health systems, bringing health and well-being services closer to communities. It comprises three core components:

1. **Integrated Health Services:** PHC ensures the provision of integrated health services that meets people's health needs throughout their entire life journey.
2. **Addressing Determinants of Health:** It involves addressing the broader determinants of health through cross-sectoral policies and actions, acknowledging that health is influenced by various factors beyond healthcare.
3. **Empowerment:** PHC empowers individuals, families, and communities to actively manage their own health, fostering a sense of control and responsibility.

PHC empowers health systems to cater to a person's comprehensive health requirements, spanning from health promotion and disease prevention, to treatment, rehabilitation, palliative care, and more. This approach also ensures that healthcare is person-centered, respecting individual preferences.

PHC is widely recognized as the most inclusive, equitable, and cost-effective means to achieve universal health coverage. It plays a pivotal role in strengthening health systems, making them more resilient in the face of shocks and crises.

Every day, thousands of Canadians receive primary health care (PHC) services, primarily from nurse practitioners, general practitioners, or family physicians. Additionally, nurses, dietitians, physiotherapists, and social workers may contribute to PHC. These services encompass routine care, addressing minor or common health concerns, mental health support, maternal and child healthcare, psychosocial services,

coordination with home care, health promotion, disease prevention, nutrition counseling, and end-of-life care. Moreover, PHC is a vital resource for preventing and managing chronic diseases. Many of these services can now be provided virtually through email, telephone, messaging, and other technologies, expanding accessibility and convenience for patients. Explore comprehensive information on primary care, including indicators, data tables, reports, and other essential resources.

Description of Comprehensive Care / Services²⁴

Health Assessments

1. When necessary, take a full history, including presenting complaint if any, past illnesses, social history, family history, review of systems and perform a complete physical examination.
2. Periodically take a specific history and perform a physical examination as required to screen patients for disease.
3. Regularly take a specific history and perform physical examination as required to respond to patient complaints and/or to manage chronic problems.

Diagnosis and Treatment

Assess and plan for patients' care based on the outcome of a history and physical examination aided by investigations and consultations as determined to be appropriate according to the results of complete, periodic, or regular health assessments. Care for and monitor episodic and chronic illness or injury. In the case of acute illness or injury, offer early access to assessment, diagnostic, primary medical treatment and advice on self-care and prevention.

Primary Reproductive Care

Provide primary reproductive care, including counselling patients on birth control and family planning, and educating about, screening for, and treating sexually transmitted diseases.

Primary Mental Health Care

Offer treatment of emotional and psychiatric problems, to the extent that the physicians are comfortably able to provide such treatment. Where appropriate, refer patients to and collaborate with psychiatrists and appropriate mental health care providers.

Primary Palliative Care

Provide palliative care or offer to provide support to the team responsible for providing palliative care, to terminally ill patients. Palliative care shall include offering office-based services, referrals to Community Care Access Centres or to such other support services as are required, and making home visits, where appropriate.

Support for Hospital, Home and, Where Applicable, Long-Term Care Facilities

Where applicable and where possible, assist with discharge planning, rehabilitation services, out-patient follow-up, and home care services.

²⁴ [Description of Comprehensive Care / Service](#), Ontario Ministry of Health, 2023

In northern and rural areas, physicians must have active or associate in-patient hospital privileges and involvement, with discharge planning, rehabilitation services, out-patient follow-up, and home care services, unless otherwise agreed to by the community, hospital, and the ministry.

Service Co-ordination and Referral

Co-ordinate referrals to other health care providers and agencies, including specialists, rehabilitation and physiotherapy services, home care and hospice programs, and diagnostic services, as appropriate. Co-ordinate referrals for secondary and tertiary care, where and when required. Monitor the status of patients who have been referred for additional care and collaborate on the medical treatment of such patients.

Patient Education and Preventive Care

Use evidence-based guidelines to screen patients at risk for disease, to attempt early detection and institute early intervention and counselling to reduce risk or development of harm from disease, including appropriate immunizations and periodic health assessments. Where disease is detected, institute early intervention and counselling, including appropriate immunizations and periodic health assessments, to reduce risk or development of harm.

Access to Pre-Natal, Obstetrical, Post-Natal, and In-Hospital Newborn Care

Provide maternal services, including antenatal care to term, labour and delivery, and immediate maternal and newborn care. If the physicians do not offer full maternal care, they shall make best efforts to arrange for patients to receive these services.

Arrangements for 24/7 Response

Provide service to patients through a combination of regular office hours, extended office hours, and the THAS which allows twenty-four hours a day, seven days a week response to patient health concerns.

Appendix 5. Governance Model Evaluation

Across the Province of Ontario communities are promoting their locations as unique and exciting places for doctors to set up their family practice. Population, demographics, geography, and financial incentives are as unique as they are common. Durham has a great deal to offer through our healthcare sector and hospital system. Our expanding educational opportunities, clinic research and engaged community provide opportunities for growth and diversity in work for our medical professionals and learners.

The importance of place for this work has been evaluated based on Readiness, Finance/Admin, Management, and Connection to Medical Learners and existing physicians.

The importance of connection to Medical Learners cannot be overlooked. Strong engagement and support in navigating the community and healthcare systems will strongly influence decisions on where they will settle upon graduation. This said, medical learners are not the only audience. We need to keep focus on repatriating Canadians training abroad and interest within the communities through medical clinics and hospital work. (Locums etc.)

The Canadian Association of Physician Recruiters is a national membership organization for physician recruitment professions. With membership spanning across the country, this resource provides a broad view for structure. Most recruiters are situated within hospitals or medical organizations. In Ontario, with the development of Ontario Health Teams, there is a growing trend to place recruitment efforts within these organizations as well. Hamilton Recruitment has moved into the OHT and Caledon is working towards this as well.

Durham Ontario Health Team

The Durham Ontario Health Team is one of 12 teams to be part of the OHT Acceleration Program. They are an established entity with 18 signatory partners in the healthcare community and are currently working on a Primary Care Action Plan in the Region of Durham.

Pros

- Proposed that there will be primary care network across the OHT that will engage with all primary care practitioners, staff will have direct access to primary care physicians.
- Proposed that primary care planning will be a responsibility of the OHT.
- Would specialist recruitment be a responsibility of the OHT across multiple hospital sites?
- Existing relationship

Cons

- Newer organization, structure and governance details need to be identified and confirmed.
- Very early in the development stage.
- Availability to house not until 2025.

Reporting: OHT would have to provide reports to the Region of program deliverable

Region of Durham

The Region of Durham will be the main funder for Physician Recruitment and have structure in place to easily inject a new position either in the department of Economic Development or Strategic Initiatives.

Pros

- They are the funder and have direct oversight over staff and work.
- Will be able to utilize their connections with the municipalities.
- Existing marketing experience for Regional and community assets.
- Will be able to access internal resources of staff, office space, etc. of the Region.
- Ease of office setup.

Cons

- Loss of local and medical specific oversight
- Loss of proximity to learners
- Distant from existing family doctors
- Higher potential for distracted focus
- Need to build relationships.

Reporting: easy reporting to funder

how would work be reported to medical community?

Lakeridge Health – Department of Family Medicine

Lakeridge Health has connection to the entire health system in Durham Region. The new Queens Lakeridge Medical Campus is currently located in the Oshawa Hospital Site with strong connections with Department of Family Medicine, Queens University, Lakeridge Academic Affairs and Health Human Resources.

Pros

- Staff will have direct access to learners – medical students and residents.
- Staff will have direct access to the chief of family medicine, medical and academic affairs, office, chief of staff office.
- Will be able to access internal resources of staff, office space, mature administrative infrastructure etc. of Lakeridge Health.

Cons

- Limited community access and knowledge
- Perception of Hospital recruitment vs. community recruitment

Reporting: hospital would have to provide reports to the Region of program deliverables

Abbreviations

CBOT Clarington Board of Trade

CPSO College of Physicians and Surgeons of Ontario

CSD Census Subdivision

DOHT Durham Ontario Health Team

DPET Durham Physician Engagement Team

FTE Full Time Equivalent

QBOL Queen's University's postgraduate Family Medicine Residency program in Durham Region (Queen's-Bowmanville-Oshawa-Lakeridge)

QLEP Queen's Lakeridge Health Medical Education Expansion Program that created the innovative Queen's Lakeridge Health MD Family Medicine Program.

OHT Ontario Health Team

PCN Primary Care Network

PCND Primary Care Network, Durham