

# Improving Access to Primary Care in Niagara

A call to action for a coordinated, regional approach to physician recruitment and retention

*January 2025*



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# Executive Summary

## Overview

On November 26, 2024, Niagara Region invited senior leaders from across the municipal, economic development, healthcare and post-secondary education sectors to come together to discuss their shared goal of attracting more family physicians to the region, and to collaborate to find practical solutions to their common challenges and barriers.

The roundtable discussion was a first of its kind in Niagara. It resulted in meaningful, productive and cooperative conversations among the 38 participants. They shared a common understanding that they can achieve more together by leveraging each other's knowledge and expertise, rather than working in silos.

This document summarizes the discussion points and identifies key themes and objectives. It provides an analysis of the feedback, draws from the experience of the facilitation team and incorporates current data and best practice. It then provides a framework for action based on five desired outcomes and measurable recommendations for action to align with these outcomes.

## General context

Municipalities across Ontario are competing with each other to attract more family physicians to meet the needs of their communities. Right now, more than a quarter of the population is not rostered with a primary care physician.<sup>1</sup> Family doctors do more than provide medical care to patients. They also:

- Alleviate pressures on emergency rooms

- Help patients manage acute and chronic conditions, reducing their risk of hospitalization
- Provide important paperwork and information to help patients access much-needed resources like social services and government supports
- Provide in-person, virtual or telephone care to help reduce 911 call volumes
- Improve overall quality of life in every community
- Contribute to the local economy in significant ways

Currently, in Niagara, family physicians only have capacity to serve 65 per cent of the population.<sup>2</sup> Further, 14 per cent of the current practicing doctors are over the age of 65. As such, 106 more doctors are needed to ensure all residents in the rapidly growing region have access to primary care.

Niagara Region employs a dedicated Physician Recruitment and Retention Specialist [*hereon called the Specialist*] who leads the local strategy to attract more family doctors to the area. The Specialist works in concert with each local area municipality and over the past 13 years has had success attracting 60 per cent of the current physician workforce.

The Provincial government manages the overall healthcare system, as well as compensating family physicians through two different fee models. However, it does not fund local recruitment efforts. Over time, the province has enhanced programs and increased overall investments. Most recently, the province announced plans to invest more than \$1.8 billion under their "Primary Care Action Plan".<sup>3</sup>

1 Ontario Physician Recruitment Alliance (<https://opra.ca/blog-posts/gap-in-primary-care-physician-services/>)

2 As of September 2024, and based on Niagara's 2023 population size of 525,322

3 Ontario's Primary Care Action Plan: Connecting Every Person in Ontario to Primary Care (<https://www.ontario.ca/files/2025-01/moh-ontario-primary-care-action-plan-overview-2025-01-27.pdf>), January 2025

## Roundtable discussions

After receiving an update from the Specialist and a local physician, roundtable discussions at each of the four participant tables revolved around three main topics. Under each, three to five main themes emerged.

Topic	Emerging themes
Building a practice	<ol style="list-style-type: none"> <li>1. Physicians are small business owners who require resources and wrap-around supports</li> <li>2. Need for increased collaboration across all local municipalities, led by the Region</li> <li>3. Considering the “whole” physician, as a professional, spouse and family member</li> <li>4. The benefits of engaging other community partners and making connections to support business success</li> <li>5. Limited capacity of the Specialist</li> </ol>
Incentives	<ol style="list-style-type: none"> <li>1. The current siloed approach and whether there should be Regional coordination of incentives</li> <li>2. Thinking outside of the box about incentives, and how non-financial incentive options could be offered</li> <li>3. Public perceptions and understanding of using taxpayer dollars for incentives</li> </ol>
Advocacy	<ol style="list-style-type: none"> <li>1. Lack of clarity related to roles and responsibilities</li> <li>2. Shortages in health human resources across the sector</li> <li>3. Systemic changes to improve compensation</li> <li>4. Advocacy to different groups beyond the Province</li> </ol>

Following the open-ended discussion, each participant was asked to prioritize themes and action items. The following eight priorities emerged:

1. Regional coordination needed
2. Rethink incentives
3. Take a person-first approach, thinking holistically about the physician
4. Expand Niagara’s physician recruitment office
5. Leverage municipal land and assets where possible
6. Build and strengthen partnerships – think outside the box
7. Make it easy for a physician to set up a practice
8. Advocate for systemic changes and leverage more influential voices



## Desired Outcomes

This report identifies several recommendations for short, medium and long-term implementation. Each of those recommendations corresponds with one of five desired outcomes. The recommendations and outcomes were developed to move the needle toward a more coordinated, region-wide approach together with the other local area municipalities and partners.

### 1. Stronger regional mindset and approach

A group working collaboratively toward a common goal can achieve more than any one individual. In Niagara, first and foremost, the foundational mindset needs to shift to recognize that new physicians will serve and benefit the entire region, not just the local municipality where they set up practice. As such, all recruitment and retention activities should be considered with that lens and with region-wide input, coordination and collaboration.

#### Sample actions include

- Develop a region-wide vision, strategy and action plan for physician recruitment
- Put focused effort to help tell a unified Niagara story
- Establish a regional working group with a cross-section of members
- For municipalities that offer incentives, review each service agreement using a regional lens

### 2. Person-centred approach

Incoming physicians aren't just doctors. They are new members of a community who may have spouses, partners, families. Attraction efforts need to target the "whole" person, not just the practitioner.

#### Sample actions include

- Create spousal/partner and family marketing materials and potential incentives
- Host an open house or forum with the medical community related to physician recruitment
- Establish Regional and/or local first points of contact as system navigators

### 3. Improved small business supports

Family doctors are entrepreneurs and need supports to set up a new practice. Local economic development staff have resources for each of their communities. They could be leveraged as a starting point to develop a coordinated, regional approach to attracting physicians.

#### Sample actions include

- Create a "Setting Up a Practice 101" business toolkit targeted to different audiences
- Gather current data from each municipality related to municipal facilities and space, and current zoning
- Incentivize developers to provide new, modern office space

#### 4. Stronger, more meaningful advocacy

When multiple voices advocate for the same changes, success is more likely. Creating a joint advocacy strategy, expanding the “tent” and inviting others to participate will strengthen the impact of local advocacy efforts.

##### Sample actions include

- Develop Niagara’s “need” story with supporting materials to advocate for Provincial investment as a high priority
- Assess current relationship with Niagara Health and seek opportunities to partner
- Develop a joint advocacy strategy

#### 5. Ongoing focus and capacity building

The November session was a first step toward building regional momentum to attract more doctors to Niagara. Keeping the topic and action plan top of mind and evaluating progress along the way will be critical to success moving forward.

##### Sample actions include

- Expand the Region’s physician recruitment office
- Create a physician recruitment “report card” to consistency share progress against Key Performance Indicators
- Seek to create a central Regional hub for healthcare with family doctors and other providers working together (including diagnostics)



## Introduction

Seventy per cent of care provided in Canada is provided by primary care physicians.<sup>4</sup> Family doctors play a crucial role as the first point of contact for patients seeking medical care. They are instrumental in diagnosing, managing, and coordinating the treatment of various conditions – both acute and chronic.

Access to quality healthcare enhances quality of life and contributes to strong and healthy communities. Family doctors provide preventive and primary care to help residents manage their overall health and wellbeing, and reduce pressures on hospitals and urgent care.

Like many other municipalities and regions across Ontario, Niagara is currently facing a critical shortage of primary care physicians. Despite Niagara Region's success over the past several years attracting new doctors - including a record-setting achievement in 2024, with 28 new doctors starting practices - the gap in primary care access will continue to widen if left unaddressed. Niagara's population is growing and aging. Many current physicians are nearing retirement. As such, there is a heightened demand for additional healthcare providers.

In response, the Region committed to hosting a cross-municipal and -sector roundtable with senior leaders from local area municipalities, education and healthcare to have a meaningful and collaborative discussion. This approach was the first of its kind.

The Region engaged Redbrick Communications as an unbiased third party to facilitate the session. Redbrick's role was to lead discussions and gather feedback related to opportunities for better coordination and advocacy to improve Niagara's success with physician recruitment. Our next step was to take the feedback and

data provided, analyze it and develop practical and actionable recommendations based on our history with and knowledge of best practices in the municipal sector and their supporting associations.

Discussions at the half-day session were positive, focused and constructive. Participants demonstrated their commitment to finding solutions together and taking a united approach to recruitment and retention of family doctors. They kept an open mind, offered practical ideas and generally recognized that what is good for the region is ultimately good for each municipality, partner and ultimately, for residents.

The session ended with a strong willingness to keep the conversation and momentum going in the months and years to come.

**"Despite Niagara Region's success over the past several years attracting new doctors, the gap in primary care access will continue to widen if left unaddressed."**

4 The Value of Family Medicine (<https://www.cfp.ca/content/69/4/269>). College of Family Physicians of Canada, April 2023

## Purpose

The purpose of this report is to consolidate and analyze the feedback from the roundtable discussion, along with data points and municipal insights, to help inform a clear and actionable framework and roadmap that the Region<sup>5</sup> and its partners can use to enhance the local strategy for physician recruitment and retention..

The report provides strategic and practical recommendations for short, medium and long-term implementation and are tailored to Niagara's unique challenges and opportunities. These recommendations include key performance indicators to ensure progress on all actions can be measured, adjustments made and success evaluated.

## Methodology

Leading up to the half-day Physician Recruitment Roundtable event on November 26, 2024, Redbrick worked with Niagara Region's project team to strategically plan and coordinate the session.

Members of the Region's team provided local context around the importance of the event, along with local and surrounding area data to support the upcoming discussion. They also sent targeted event invitations to senior leaders across the region to ensure a broad range of healthcare, education, and municipal stakeholders were in the room on the day of the event.

Thirty-eight participants accepted. They included representation from the Region, local area municipalities and their economic development offices, local family health practices and post-secondary education.

A full list of Redbrick's facilitation team, the Region's project team, and participant titles and organizations is included as Appendix A.

### Session format:

The event began with opening greetings from the Regional Chair, followed by an update from Niagara's Physician Recruitment and Retention Specialist and a keynote presentation from a local doctor providing the physician perspective.

Before initiating the roundtable discussions, Redbrick set the stage with the full group to ensure consistent, open and respectful dialogue.

This included introducing a foundational question from which to root each conversation, a set of "rules" for engagement and an overview of the structured format. Each facilitator followed a pre-approved, detailed facilitation guide. Scribes at each table used a common template to take notes. Each facilitator also took high-level notes on flip chart paper.

#### Foundational Question

How might we leverage our collective strengths and better collaborate to attract more family doctors to Niagara?

<sup>5</sup> **Author's note:** when the word "Region" appears with a capital, it refers to Niagara Region, the regional level of government. When "region" appears with a small letter, it refers to the geographical area of Niagara region.



## Topics discussed

Each table discussed three main discussion topics:

1. Building a practice
2. Incentives
3. Advocacy to other levels of government or partners

In addition to the core discussion topics, facilitators also invited participants to share their thoughts related to:

- the general importance of physician recruitment for their community
- what they found interesting from the physician recruiter's presentation
- why a physician should choose to practice in Niagara
- any ideas they may have to maintain momentum related to local physician recruitment moving forward.

At the end of the open discussion period, facilitators asked participants at their tables to "vote" on the top priority items discussed at their tables to help inform this report. Using a dotmocracy approach, each participant received 10 stickers to place on the flip chart papers beside the items they felt were the most important for follow up and action.

During the final group wrap up, a few members from each table shared with the full group one or two key themes that arose from their discussions.

Lastly, recognizing that not all participants feel comfortable speaking up in group sessions, Redbrick provided participants the opportunity to share any feedback they may have in idea boxes available at each table.

Further to this input, Redbrick is also drawing from the expertise of each facilitator, plus the agency's 23 years experience working with the municipal sector and media.



## Limitations

The research informing this report and its recommendations is limited to the following sources:

- the data points and information provided through meetings with the Region's project team prior to and following the event
- content shared by the Specialist
- presentation materials and handouts
- the notes, input and discussions with the participants at each of the four roundtables
- some high-level environmental scanning of relevant organizational websites and information, which included: the Ontario Physician Recruitment Alliance, the Ontario College of Family Physicians, the Government of Ontario, the College of Family Physicians Canada.
- quick media scan of recent related local media coverage
- Redbrick's 23 years' experience

## About this report

The main body of this report is set up in four sections: *What We Heard*, *Analysis*, *Recommendations and Framework for Action*, and *Measuring and Reporting Success*.

Under *What We Heard*, readers will find a summary of the data, the input from the conversations at each table, and several sets of key themes. The flow of information roughly follows the overall flow from the November event. It summarizes the data points, presentation highlights, and discussion topics raised during the roundtable event.

The first set of key themes in this document is related to the **current challenges** and barriers to attracting new family doctors to Niagara. It is found at the beginning of this section to set the stage. These themes became clear early on in the presentations and discussions. They drove the input and the problem-solving at each table.

The final set of themes is related to **top priorities** for action as voted on by the participants at each table using a dotmocracy approach. This set of themes concludes this section given it arose at the end of the discussions as one of the final steps at the event.

Redbrick then took the data and feedback received and analyzed Niagara's strengths, challenges, opportunities and risks. This analysis informed the final Recommendations section. It is meant to outline specific actions and outcomes to draw from the collective strengths of each municipality and partner in the room, and improve collaboration between them, to attract more family doctors to Niagara.



# What we heard



# What we heard

## Key themes: Challenges or barriers to overcome

During the discussions, the following key themes arose. These themes are expanded upon in the first section of this report.

1. Shortage of physicians – locally and provincially
2. Competition between municipalities and the siloed approach in Niagara
3. Municipalities can't do it alone. All levels of government need to be involved.
4. Lack of understanding of the role of the Province
5. Systemic changes and more funding needed
6. Educational pathways and local training opportunities play an important role
7. Doctors want access to modern clinic space and wraparound services to set up a practice
8. Lack of capacity of the physician recruitment and retention specialist

## 1. Current State

### Provincial context

There is a primary care physician shortage across the province.

Based on data from the Ministry of Health in 2024 and shared by the Ontario Physician Recruitment Alliance – to which Niagara's Specialist belongs – 4.2 million people in Ontario are not rostered with a primary care physician. That equates to 27 per cent of the population. These individuals are likely being seen at walk-in clinics, emergency departments, shelter health or community health centres or not receiving care at all.<sup>6</sup>

The gaps in access to primary care are especially apparent in rural communities. According to a 2023 report published by the Rural Ontario Municipal Association, more than 525,000 people in rural Ontario do not have access to a family doctor. This problem is exacerbated by emergency room closures and a lack of access to walk-in clinics. Furthermore, rural residents face longer travel times for hospital visits or specialist appointments, and have limited access to public transportation.

Each level of government plays a different role in health care. The Federal government sets national standards and provides funding support for provincial and territorial healthcare services. They also support the delivery for healthcare services to specific groups, such as First Nations people living on reserves, eligible veterans etc.

Provinces and territories manage their own healthcare insurance plans. In Ontario's case, that is OHIP (Ontario Health Insurance Plan).

Family physicians bill and are paid through OHIP following three current models:

1. Fee for Service where a physician bills OHIP for each time they see a patient.
2. Capitation system or patient enrolment model where OHIP pays a physician an annual lump sum for each patient on their roster, depending on the patient's age and sex. The Ministry of Health has restrictions on how many physicians can join this system.
3. Physicians employed by Community Health Centres are paid a salary which is often accompanied by benefits and a pension.

<sup>6</sup> Ontario Physician Recruitment Alliance (<https://opra.ca/blog-posts/gap-in-primary-care-physician-services/>)



It is important to note that family physicians are not compensated for administrative time under either model. Administrative tasks include signing medical notes, disability forms or eligibility for driving, as examples. Physicians report that the administrative burden to running a practice is significant and adds at least 20 working hours to their week.

It is also important to note that fee models in other provinces have been shown to better compensate family doctors. At the Niagara session, groups brought up British Columbia as the favoured model.

The Province recognizes there is a need for more family doctors but they do not fund physician recruitment efforts at the municipal level.

Over the past several years, the provincial government has invested in various programs to reduce barriers to attract and keep more family doctors in Ontario, such as expanding medical school seats and residency spots and taking steps to make it easier for internationally educated physicians to practice in Ontario.

On Monday, January 27, 2025, the Ministry of Health announced plans to invest more than \$1.8 billion to “connect every person in Ontario to a family doctor and primary care teams” as part of the Province’s Primary Care Action Plan (<https://www.ontario.ca/files/2025-01/moh-ontario-primary-care-action-plan-overview-2025-01-27.pdf>).

According to the news release (<https://news.ontario.ca/en/release/1005646/ontario-investing-over-18-billion-to-connect-every-person-in-ontario-to-a-family-doctor-and-primary-care-teams>), key initiatives as part of the plan include:

- creating or expanding 305 additional teams
- enhancing digital tools for providers and patients
- introducing targeted strategies to recruit and retain the workforce needed to support primary care providers and teams
- adding and expanding the number of community-based

primary care teaching clinics in collaboration with academic institutions and other partners.

### **The role of the Province related to primary care**

- Overseeing and funding the province’s overall healthcare system (OHIP)
- Overseeing education and training opportunities and establishing residency and medical school spots
- Managing licensing
- Physician billing models and reporting requirements (administration)
- Setting regulations for setting up family health practices
- Funding healthcare infrastructure for Family Health Teams, Community Health Centres and hospitals

### **The responsibility of physician recruitment**

Physician recruitment efforts happen at the local level. As a result, municipalities are in competition with each other to recruit and retain enough doctors to meet their community needs.

Physician recruiter roles that exist in regions or counties in Ontario<sup>7</sup> typically funded through the regional or county budgets. Where the service is provided locally, funding is primarily through the municipal levy. Opportunities do exist for additional support, financial or otherwise, from organizations like Chambers of Commerce, local family health teams, hospitals and economic development.

**Physicians report spending an average of 20 working hours per week on unpaid administrative tasks**

– Ministry of Health news release, Monday, January 27, 2025

<sup>7</sup> Refer to the Ontario Physician Recruitment Alliance website (<https://opra.ca/alliances/>) to learn where Ontario’s recruiters are based.

The role of a physician recruiter is varied. They are often responsible for the following activities:

- ✓ marketing, engagement and public relations
- ✓ supporting licensing and immigration needs
- ✓ providing resources to physicians setting up a practice
- ✓ responding to residents looking for a doctor
- ✓ conducting clinic tours
- ✓ physician onboarding
- ✓ tracking and identifying needs in each community

Several municipalities across the province offer financial incentives to encourage local medical students to stay and set up a practice, or to attract new doctors to their communities from other places. Each community can set their own incentive level. There is no standardization.

The topic of incentives was a core discussion point at the Niagara session. More detailed feedback about this area can be found on [page 20](#).

## Niagara context

### By the numbers

Currently, 274 family physicians practice in Niagara. With a population of more than 500,000, 106 more local doctors are needed.<sup>8</sup> Further, 14 per cent of current doctors are eligible for retirement, which means that 46,000 patients could soon be without a doctor.

### Niagara Region's Physician Recruitment and Retention Program

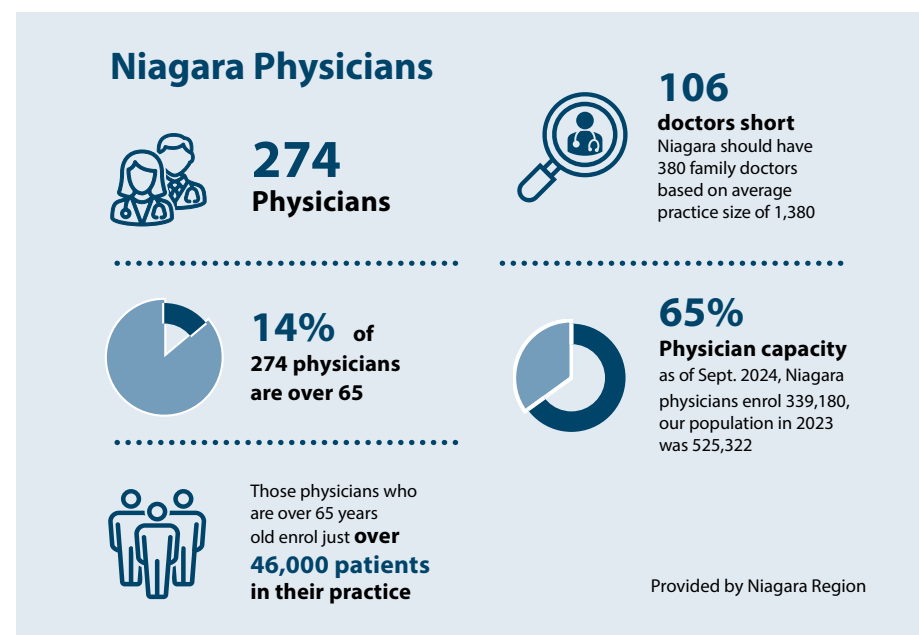
The Niagara District Health Council established the first local Physician Recruitment Program in 2001. In 2019, the Region created a dedicated, permanent Specialist position. The Specialist works in

close collaboration with all municipalities across Niagara, using a regional model to support her efforts.

Niagara's program is industry leading. Over the past 13 years, the area has experienced unprecedented success. The Specialist has recruited more than 60 per cent of the current physician workforce in Niagara – totalling more than 195 new family doctors. She has established strong alliances with local and provincial medical schools. She has also expanded reach internationally to the United Kingdom, Ireland, the United States, the Caribbean and Australia.

Today, there are more than 274 physicians actively practicing medicine in the region. Many of those doctors moved into a family practice in Niagara less than five years ago.

However, Niagara's population is growing quickly, and with that, so are healthcare demands. Despite the recent recruitment success, Niagara is still falling behind its needed numbers.



8 The average practice size for a family medicine practice in Niagara is 1,380 patients

## Economic benefits of physicians

Local investments in physician recruitment pay off for the community.

Physician offices contribute to local taxes, purchase goods and services and create jobs. According to the 2020 Conference Board of Canada report, physician offices contributed \$14 billion to Ontario's gross domestic product in 2019.<sup>9</sup>

As another example, an American study in 2018 found that "every doctor contributes \$1.2 million to workers' wages and benefits, on average". The same report found that "every dollar applied to physician services in Oregon supports an additional \$1.96 in other business activity."<sup>10</sup>

As municipalities consider incentives and other investments to bring doctors to their communities, it's important that they look beyond the obvious healthcare benefits and incorporate into the story the full return on investment these physicians bring with their practices.

**Physician offices contributed \$14 billion to Ontario's gross domestic product in 2019**

– Conference Board of Canada

9 The Economic Influence of Physician's Offices (<https://www.conferenceboard.ca/product/the-economic-influence-of-physicians-offices/>), November 10, 2020, Conference Board of Canada

10 The Economic Impact of Physicians in Oregon (<https://www.thelundreport.org/content/oregon-physicians-boost-states-economy>), February 6, 2018 released by the Oregon Medical Association and the American Medical Association.



## 2. Physician perspective

### Factors influencing a location for practice

Keynote speaker, Dr. Jeffery S. Remington, is a local family and emergency physician. He has been actively engaged in local physician recruitment efforts in Niagara for more than 20 years.

He spoke to the key factors that physicians consider when choosing where to locate their practice.

Personal factors:

- Proximity to family, affordability, and lifestyle
- Access to larger cities for entertainment and travel

Professional factors:

- Financial incentives
- Access to modern healthcare infrastructure
- Opportunities for teaching and faculty positions

Additionally, many physicians stay and practice where they went to school or return to the places where they can be close to family.

Many new physicians also care about work-life balance. Some choose working in an emergency room over starting a practice because of the predictability and balance offered through scheduled shift work. If they choose to work in a practice, many prefer to work as part of family health teams, rather than as a sole practitioner.

Further, the physician recruitment marketplace is competitive. Physicians are attracted to areas that offer a high quality of life as well as those that offer accessible, modern and adequate workspaces. In other words – practices that are turnkey.

### Declining workforce

The participants from the education and healthcare sectors shared that fewer graduates are choosing to specialize in family medicine. At the same time, there are also many established family doctors who are either retiring early or closing their practices in favour of better paying positions that offer stability.

Further, according to a recent CBC article,<sup>11</sup> barely 3 per cent of 2023 grads ranked family medicine as their first choice for their specialty training. This number has been on the decline since 2015.

Despite the Province's efforts, a core area of need based on physician feedback, and that of Niagara's recruitment Niagara's Specialist, is that the Province's funding models need to be revised.

Feedback from physicians at the Niagara discussion spoke about the following barriers for individuals to choose to practice family medicine:

- Pay is not sufficient to cover rising costs of running a clinic. This was identified as the most pressing area of need, and that the Province needs to revise the funding models.
- The administrative burden is too high with no compensation.
- They want to practice medicine but are not interested in having to run a small business.
- They prefer to work as part of a team, but there are provincial restrictions to how many Family Health Teams there can be in Ontario.

11 Want more family doctors in Ontario? Pay them better, say physicians, ([https://www.cbc.ca/news/canada/toronto/ontario-family-doctors-pay-compensation-ohip-billing-fees-1.7137716#:~:text=More%20than%20two%20million%20people,Dr.](https://www.cbc.ca/news/canada/toronto/ontario-family-doctors-pay-compensation-ohip-billing-fees-1.7137716#:~:text=More%20than%20two%20million%20people,Dr.))) CBC news, March 11, 2024



### 3. Public awareness and perception

Members of the public are overall aware of the many issues facing our provincial healthcare system, especially since the COVID-19 pandemic. Stories can be found nationally and in every community, related to over-crowded hospital emergency rooms, lack of hospital beds or nurses or personal support workers, increasingly long wait times to access specialists, and a lack of access to primary care in many communities, to name a few.

In Niagara, local media outlets have followed the physician recruitment story. Recent coverage leading up to and following the November 26 session detailed the need for more physicians and each municipality's news outlet covered local stories detailing the local picture.

However, offering incentives using taxpayer dollars can be sensitive. Some members of the community support incentives, recognizing the need for family physicians and the value they bring to their communities. While others may advocate that taxpayer dollars are best spent elsewhere and may have a perception that incentives to physicians – already a perceived high-paying career – simply pays for a new physician's higher standard of life.

When rallied, members of the public can also make an impact on elected representatives and influence policy and funding decisions. In fact, there is precedent in Niagara. Community involvement helped prioritize and secure funding for the newly renovated and expanded West Lincoln Memorial Hospital in Grimsby. As such, they could potentially be leveraged to support Niagara's advocacy efforts related to physician recruitment and retention.



CBC News, March 11, 2024

NIAGARA NEWS

## Niagara's physician recruitment 'Hunger Games'; Who will pay the most to recruit doctors?

With the region's underserved municipalities competing with each other to attract family doctors, a summit is being held next week with local leaders to address the issue.

Updated Dec. 12, 2024 at 4:41 p.m. Nov. 22, 2024 6 min read

St. Catharines Standard, Dec. 12, 2024

NIAGARA NEWS

## Niagara is now short 106 family doctors; what's being done to lure more?

Recommendations from a Niagara meeting to discuss the local shortage of family physicians will be presented for consideration by regional council early next year.

Updated Dec. 12, 2024 at 4:41 p.m. Nov. 27, 2024 4 min read

St. Catharines Standard, Nov. 27, 2024

COUNCIL NEWS

## Should Niagara Falls pay more to lure family doctors? City councillors will decide

The city's 24-year-old physician recruitment program now funded at \$100,000 annually could rise to seven figures in 2025.

Updated Dec. 11, 2024 at 11:47 a.m. Dec. 5, 2024 3 min read

Niagara Falls Review, Dec. 11, 2024

COUNCIL NEWS

## Welland adds \$1M to physician recruitment incentive program

The Rose City will have 10 new doctors this year by the end of November, but still be short 12 still needed.

Updated Dec. 11, 2024 at 11:47 a.m. Oct. 3, 2024 1 min read

Welland Tribune, Dec 11, 2024

## 4. Core Discussion Areas

### Building a practice

#### Key themes during the roundtable discussions

1. Physicians are small business owners who require resources and wrap-around supports
2. Need for increased collaboration across all local municipalities, led by the Region
3. Considering the “whole” physician, as a professional, spouse and family member
4. The benefits of engaging other community partners and making connections to support business success
5. Limited capacity of the Specialist

#### Physicians are small business owners who require resources and wrap-around supports.

When family physicians look to set up a practice, their main priority is to provide care. However, each practice is its own small business that takes resources and skills to establish and operate. During the discussion, the group talked about the importance of thinking beyond the physician as simply a doctor, but also as an entrepreneur and ultimately, a valued resident of their community.

They recognized that Niagara needs to make it easy for physicians to set up a business, and to work together to offer coordinated guidance on processes, contacts and supports.

Tables discussed that roles and responsibilities need to be clearer since each economic development office currently works alone for their community, and there are opportunities for efficiencies and better structure.

**“Physicians are not just healthcare practitioners; they are small business owners too. We need to support them as entrepreneurs.”**

#### Need for increased collaboration across all local municipalities, led by the Region

Increased collaboration across all municipalities would help with several core challenges.

First is improved coordination and information sharing between the Region and all local area municipalities. For example, currently, only the economic development staff from the municipalities that offer financial incentives meet regularly with the Specialist. This leaves smaller municipalities behind.

Participants spoke about establishing regular and meaningful touchpoints with all the local area municipalities and the Specialist to ensure everyone is better informed with progress and challenges, and can problem solve and create or share resources together.

There was also discussion about better coordination at the CAO level across all municipalities, both to receive regular updates from the Specialist as a group and to ensure physician recruitment stays as a main area of focus on joint agendas.

Second, is related to office space. Incoming physicians seek modern office spaces, ideally close to other healthcare services, such as specialists and diagnostic clinics. Participants talked about coming together to look at available municipal space and strategize what could be made available for doctors.

Most participants agreed that the Region should be taking the lead to ensure this coordination happens.

### **Considering the “whole” physician, as a professional, family member, etc.**

At the end of the day, municipalities are attracting doctors to come and be a part of a community. They will become a new resident, perhaps with a family. As such, physician recruitment efforts should have a human touch and be “person first”. They should recognize different interests, a desire for a sense of belonging and community. They should promote high-quality lifestyles, unique neighbourhoods, and access to services, childcare and schools, entertainment, places of worship etc.

The groups stressed that taking a more holistic approach includes recognizing that a doctor can live in a different community than where they practice, which further emphasizes the importance of each municipality working together to promote all that Niagara has to offer as a home and workplace.

Each table group discussed opportunities to think more broadly in how they can provide wraparound supports for those accompanying a physician (such as spouses, partners, children) to help them all settle in and feel welcomed, especially for physicians coming from outside the country.

### **The benefits of engaging other community partners and making connections to support business success**

Each participant attended this event recognizing that to solve the need for more physicians, it requires not only working together, but casting a wider net. Tables discussed which other partners could be engaged to help Niagara be a location of choice.

Discussions included small business partners such as accounting firms, banks, lawyers, human resources experts or developers to create office space. They also included partners to help with connections with patients, nurses, administrative staff to help with the day-to-day operations.

### **Limited capacity of the physician recruitment and retention specialist**

Across the board, attendees shared their respect for the Specialist. They value her successes to date and recognize the progress made over the years.

They also recognize that her capacity is limited. Dr. Remington spoke to some areas having “teams” of recruiters to meet their needs, and while Niagara’s Specialist has garnered unprecedented success, there is only so much one person can accomplish.

Groups discussed opportunities to pull more support from existing economic development staff to better support the Specialist, and the possibility of expanding the Region’s resources to build greater capacity.

## Incentives

### Key themes during the roundtable discussions

1. The current siloed approach and whether there should be Regional coordination of incentives
2. What other non-financial options could be offered
3. Public perceptions and understanding of using taxpayer dollars for incentives

### The current siloed approach and whether there should be Regional coordination of incentives

Offering financial incentives has proven to be an effective strategy to attract and retain physicians long term. According to the Specialist, communities “without a return-of-service contract experience higher turnover rates and a greater number of physicians working in walk-in clinics where the commitment to stay is lower.”

However, service agreements and incentive levels vary greatly from municipality to municipality. Many municipalities do not have the financial resources to offer an incentive, while some municipalities in Ontario offer upwards of \$150,000 to attract and retain a family physician for a five-year period.

Incentives create greater competition and disparity between municipalities.

#### Current municipal incentive levels across \*Niagara

Municipality	Incentive level (most to least)
Welland	\$100,000
Fort Erie	\$75,000
Port Colborne	\$75,000
Niagara Falls	\$50,000
Lincoln	\$25,000 (starting 2025)
Niagara-on-the-Lake	\$25,000
St. Catharines	\$5,000

\*numbers as of November 26, 2024

In Niagara, the practice of incentives is siloed. Seven of the 12 local area municipalities offer incentives. As per the chart at the bottom of this page, the range between them is significant.

Opinions about the merit and oversight governance of incentives varied at each of the tables. Many participants believe that financial incentives should be coordinated at the Regional level. Others are comfortable with the current municipality-by-municipality approach. One of the key challenges, however, is that the smaller municipalities in Niagara feel left behind and / or don't feel their limited financial resources should be allocated to a doctor recruitment incentive program.

### What other non-financial options could be offered

Discussion then turned to other non-financial options for incentives that could be influential as a doctor decides where to locate. Ideas brought up included offering office space or housing, incentivizing developers to provide space, considering grant programs, and offering welcome packages to key local amenities and considering incentives for a spouse and family members.

### Public perceptions and understanding of using taxpayer dollars for incentives

Participants also commented on the perception that members of the public have related to offering financial incentives to physicians that already have a stigma of being high-income earners. There is a disconnect between the reality of student loan amounts, costs to set up a practice and become established, and the actual compensation family doctors receive.

In some municipalities there is sensitivity related to this topic that needs to be addressed through stronger and more consistent story telling about the value of incentives and the long-term benefits to the community.



## Advocacy

### Key themes during the roundtable discussions

1. Lack of clarity related to roles and responsibilities
2. Shortages in health human resources across the sector
3. Systemic changes to improve compensation
4. Advocacy to different groups beyond the Province

### Lack of clarity related to roles and responsibilities

As indicated earlier in this report, each level of government plays a different role in health care. There are also many players involved in the sector, including post-secondary education, associations, professional colleges etc. Participants at the session acknowledged that they don't completely understand who is responsible for what and how that could influence their advocacy efforts.

A representative from the Province was not a part of the November discussion and attendees expressed a desire to learn more about the provincial perspective, key priorities, funding models and restrictions and where opportunities may lie for Niagara.

### Shortages in health human resources across the sector

The shortage of healthcare professionals across the system is a significant barrier to success. The table groups discussed many changes and investments needed to increase the availability of practitioners, such as opening up more local education centres and increasing the number of residency spots with the appropriate funding; removing barriers and red tape for internationally-trained physicians to practice in Ontario.

The Province could also consider expanding successful programs, like Learn and Stay grants used in Northern communities, to places like Niagara who are also facing doctor shortages. Doctors also said they would like to work in a community-oriented practice, and

would like more the restrictions to be lifted to create more Family Health Teams in Ontario.

### Systemic changes needed to improve compensation

Based on the input from the healthcare and education professionals in the room, it was clear to the group that the Province needs to revise current fee models and do more to reduce the administrative burden of family physicians and to sufficiently compensate them for their time spent not only seeing patients, but meeting operational needs.

The disparity of fee models from one province to another is known by physicians looking to find a location to practice. Some are choosing provinces like British Columbia because of the better fee models available.

While this isn't a Niagara-specific challenge, solving it would go a long way to attracting more doctors to the region especially more out-of-province or foreign trained physicians.

### Advocacy to different groups beyond the Province

While the discussions related to advocacy largely focused on targeting the Province – specifically the Ministry of Health – participants were also clear that other audiences need to be a part of the discussion for change to meet Niagara-specific needs.

Associations such as the Ontario Medical Association and the Ontario College of Family Physicians advocate for system change. Niagara could engage, learn from and support these groups for positive changes that would make a difference locally.

Other influential voices could be retired local doctors to be mentors, speak to students in school and encourage graduates to consider family medicine and/or to practice in Niagara.

## Why Niagara

### Key themes during the roundtable discussions

1. Location and amenities
2. Strong alliances with local and provincial medical schools
3. Affordability
4. Mix of rural and urban lifestyle options

As expected, the participants at each table are proud of their communities and what Niagara has to offer. They agree that they have a strong story to tell to attract family physicians to the area and offer a high quality of life.

Some expressed their preference to work in the mature Niagara area that doesn't come with the stresses of living in the Greater Toronto Area (GTA) and how their experience is positive and one that they can't speak more highly of.

Niagara offers easy access to a range of amenities, such as local restaurants and shopping, entertainment, performance arts and sport facilities. Most of what residents need is within easy walking distance.

Niagara offers easy access to the United States, Hamilton and Toronto, and their airports. The Region has an innovation hub to support entrepreneurs. It is also a great place to learn and work, with post-secondary education such as Brock University, Niagara College, the DeGroote School of Medicine.

**"We offer a lot of amenities, a great culture and peaceful environment."**

The area has a lot of natural beauty, parks, trails, Lake Erie beaches, and of course, Niagara Falls. Local agritourism options were also highlighted as being accessible and a positive draw for those looking for healthy, active lifestyles that complement their career in the healthcare field.

Financially it is more affordable than larger urban centres and it offers a mix of rural and urban lifestyles. Physicians could live in a smaller community and with a short commute, set up practice in one of the larger settings. Shorter commute times was emphasized as a quality of life for those living in the region.



## Key Themes: Priorities for Action

Following the open discussion about key challenges and opportunities, and then brainstorming possible solutions, participants were asked to prioritize the key themes that had arisen.

After consolidating the dotmocracy voting from each group, the following eight priorities rose to the top. Each are further detailed below.

### 8 Priorities for Action

1. Regional coordination needed
2. Rethink incentives
3. Take a person-first approach, thinking holistically about the physician
4. Expand Niagara's physician recruitment office
5. Leverage municipal land and assets where possible
6. Build and strengthen partnerships – think outside the box
7. Make it easy for a physician to set up a practice
8. Advocate for systemic changes and leverage more influential voices

#### 1. Regional coordination needed

The current approach in Niagara is siloed. While the Region, with the Specialist as the lead, assesses the number of physicians required to meet demands, and oversees outreach to potential physicians, each municipality takes its own approach to incentivize, promote and bring doctors to their communities. Smaller municipalities have much to offer, but have not played as active a role in the conversation.

Participants are open to a mindset shift. They recognize that they can accomplish more working together to promote Niagara and help establish new physicians than they can alone. They would like to establish a more coordinated approach that accounts for the entire region, ensures a sharing of knowledge and resources, and helps them better serve a physician coming to live and work in their communities.

Ideas included:

- Regular joint meetings with the Specialist and local economic development offices, that include representation from **all** Niagara local area municipalities
- Creating a unified strategy that all municipalities agree to
- Keeping physician recruitment top of mind across all municipalities by having the Specialist present to Councils more often or provide more regular updates and recommendations
- Bringing physician recruitment more often to the joint CAO table
- Sharing existing resources
- Taking a team approach to supporting new doctors by establishing clear roles and responsibilities, reducing duplication and expanding wraparound services to setting up a small business
- Creating a centralized or regional office to support with managing a practice, immigrating to Ontario, and offering administrative support services
- Working together to create connections that benefit all of Niagara
- Reviewing and creating regional consistency of service agreements with doctors
- Evaluating the feasibility of a unified approach, led by the upper-tier level, to financial incentives as seen in some other areas in Ontario

## 2. Rethink incentives

Along with discussing the current financial incentive environment in Niagara, the group also discussed non-financial incentive opportunities and possibly shifting focus from short-term “return of service” agreements and moving to focusing on long-term investments.

Ideas included:

- Lowering overhead costs by retrofitting or creating new spaces
- Incentivizing developers to create and provide space that is attractive to physicians, including potential workforce housing
- Waiving permit fees or easing zoning restrictions where appropriate
- Offering free housing above a clinic space
- Adjusting the Community Improvement Program grant or offering other grant programs
- Offering partnerships with local colleges to take on administrative work
- Creating an “concierge” service for new physicians, their spouses and families
- Tailoring incentive packages, e.g., for new graduates

## 3. Take a person-first approach, thinking holistically about the physician

As indicated earlier, physicians are people first and may have spouses, partners, and families moving with them. The groups acknowledged that more could be done to promote Niagara’s unique quality of life, amenities, services, and offer targeted support to spouses.

Ideas included:

- Better understanding spousal / partner needs and creating targeted “spousal” supports, such as links to employment services, childcare, housing, and places of worship
- Creating Welcome packages for new physician residents to help them integrate into the community
- Ensuring ongoing follow up and support
- Connecting physicians with local mentors such as retired family doctors who still live in the community

## 4. Expand Niagara’s physician recruitment office

There is no question participants recognize the value and success the Region’s Specialist has achieved. They also recognize that her plate is full and her time and capacity are limited to add on any additional responsibilities. Based on the discussions, the recruitment office needs to expand, or current resources, especially across Economic Development offices, need to be better coordinated, working from a central, regional approach for physician recruitment and retention.

Ideas included:

- Recruit another resource to support the Specialist
- A resource is needed to coordinate resources from all local municipalities
- More focus is needed on addressing gaps across the municipalities and creating stronger alignment and consistency



## 5. Leverage municipal land and assets where possible

Municipalities have under-used facilities that could be leveraged as potential office spaces for new physicians. Participants discussed how some communities across Ontario are finding creative ways to offer surplus buildings to doctors or combining primary care offerings where it makes sense.

Ideas included:

- Creating a regional inventory of current available space across each municipality
  - » Identify turnkey vs. retrofit spaces
- Identifying current zoning for potential practice spaces
- Assessing physician practice space needs to assess what exists

## 6. Build and strengthen partnerships – think outside the box

No municipality can solve the physician shortage alone. Others have a stake in ensuring there are enough family doctors in Niagara. Participants discussed who else may need to be at the table to support the regional effort.

Ideas included:

- Establishing partnerships between municipalities, post-secondary institutions, and local healthcare providers to look at providing wraparound services for physicians.
- Learning from the Province, the Ontario Medical Association and the Ontario College of Family Physicians to understand their priorities and needs, and see where Niagara fits in
- Look for partnerships with the private sector and developers for office space and support services (possibly sponsorship)

## 7. Make it easy for a physician to set up a practice

Doctors starting a practice are mostly focused on providing care, and less focused on operating a small business. Some will have more

entrepreneurial skills than others. Local economic development offices have resources and supports for new business owners that could easily be adapted and leveraged for new family physicians.

Ideas included:

- Creating a team-based model amongst the economic development offices
- Establishing a system navigator for setting up a practice
- Creating a regional “Setting Up a Practice 101” toolkit package for new doctors
- Seeking out professional supports (e.g., lawyers, accountants)

## 8. Advocate for systemic changes and leverage more influential voices

Currently, there is no established or targeted advocacy strategy for physician recruitment. Efforts are ad hoc and siloed. However, participants recognized that systemic changes are needed that will make a difference locally and provincially.

- Having a better understanding of the Province’s role and priorities
- Needing to establish more Family Health Teams
- Revising funding models for improved compensation that includes administrative time
- Reducing the administrative burden
- Partnering with other local voices to share Niagara’s story and needs (education and healthcare practitioners)
- Needing more capital funding – the Province provides capital funding for hospitals and Family Health Teams, but not for establishing physician offices
- Learning from other stakeholders talking about physician shortages: OMA, OFPC
- Advocating to more than just the Province

A photograph of a woman with long brown hair and glasses, wearing a black blazer over a striped shirt, sitting at a conference table and writing in a notebook with a red pen. She is surrounded by other people in a meeting room, with water bottles and papers on the table. A large grey hexagon is overlaid on the left side of the image.

# Analysis

STRENGTHS	CHALLENGES
Participation at the roundtable event demonstrated a clear commitment from senior leaders across the community to finding solutions together for physician recruitment, and taking more of a regional approach.	Ontario graduates are not choosing traditional family practice due to the increased administration burden, a lack of team-based supports, restrictive funding models, and reluctance to be a small business owner.
Senior leaders are open to learning more about the issue, understanding the Province's role and finding ways to improve collaboration and coordination.	Niagara's population is growing quickly. Forecasting shows another 55% of the workforce is needed to meet demands over the next 10 years - even if the Region can keep up with attracting 32 new physicians per year.
Niagara's Specialist is highly valued and respected.	Physician recruitment is a competitive marketplace across the province and locally.
Niagara's recruitment and retention program has met with unprecedented success.	Doctors who are established in other communities are reluctant to move practices.
Niagara offers a great place to live with a high quality of life that includes both urban and rural options, lots of amenities, Niagara Falls, Lake Erie beaches, nature trails and more.	Province is responsible for funding models, creating training and residency spaces. Fee models are a barrier for physicians considering Ontario. Funding is not keeping up with provincial announcements for more spaces.
Niagara's location offers easy access to the United States and bigger urban centres such as Hamilton and Toronto.	Efforts to market Niagara are siloed amongst each economic development office missing opportunities to tell a strong, more cohesive story about the area.
Local economic development offices have established resources that can be shared and leveraged to improve regional coordination.	Municipal budgets already stretched, and each must be creative and practical with where taxpayer dollars are spent.
The smaller and more rural municipalities in Niagara are part of what makes Niagara unique. They should play a larger role to promote their quality of life, unique neighbourhoods and offer up assets they may have available to support doctors to live in their communities, even if they work elsewhere.	Doctors have a stigma of being highly paid. Some members of the community do not support using taxpayer dollars for incentives and don't understand how that investment may be used.
	The role of the Specialist is stretched and at capacity.

OPPORTUNITIES	RISKS
<p>Niagara is already a leader in physician recruitment. Adding additional capacity and continuing to build momentum in this area will not only address gaps, but make Niagara an even stronger role model.</p>	<p>Family physicians are typically the first point of contact into the healthcare system. They provide preventive support and reduce pressures on hospitals and for urgent care. Further, the community is growing and changing. Patients have more complex and chronic needs than ever before where having a family physician could help manage these conditions.</p>
<p>Many potential local partners exist to help broaden the reach of recruitment efforts, and support new doctors coming to Niagara, such as such as local hospitals, developers, retired physicians, associations and colleges, small business services.</p>	<p>A strong and unified recruitment voice that spans municipalities does not currently exist and opportunities to connect with physicians may be diluted and inconsistent. The siloed approach also creates competition to reaching a common goal. Doctors serve a full community. As such, each municipality and their partners have a stake in bringing more doctors to Niagara.</p>
<p>Each municipality has assets and facilities that may be suitable for a physician's practice.</p>	<p>Physicians must be considered as people first, then as business owners and healthcare providers. If appropriate services are not place for housing, spousal/family support, modern office space etc. Niagara will miss opportunities to attract physicians locally.</p>
<p>Improve coordination across municipal economic development offices, all of whom have strong resources available that could better support the region as a whole.</p>	<p>14% of Niagara's physicians are over the age of 65 and could retire soon, leaving possibly 46,000 people without a family doctor.</p>
<p>Niagara has strong alliances with local and provincial medical schools.</p>	<p>Niagara's rural communities have not been highly engaged in the conversation and are being left behind. They have assets and strong stories to tell to attract doctors.</p>
<p>Many physicians stay where they went to school. There is opportunity to engage with local students and take a targeted approach to promoting staying to practice in Niagara.</p>	<p>Incentives are effective and can look different than simply financial. Other communities have found other ways to attract physicians. Niagara can learn from others and think more outside the box with what is under each municipality's control.</p>



OPPORTUNITIES	RISKS
Municipalities can control wraparound services for physicians setting up a new practice, including guiding them through systems and processes.	The current ad-hoc approach across each municipality means that roles are not clearly defined or there are missed opportunities to leverage existing resources and avoid duplication or overlap of effort. More could be accomplished with greater structure, connection and collaboration.
Together, all of the municipalities can have a stronger and more coordinated voice with other levels of government and other partners to make a stronger impact for the area.	Need to think differently for the up-and-coming doctors who want more work-life balance.
There is a strong story to tell about the economic development benefits of investing in and attracting more doctors to Niagara.	Recruiting family physicians is only one part of the puzzle. Doctors want to work where there are other practitioners and specialists to support their practice.
Local MPPs and MPs can be leveraged as important voices for their local communities. They also understand provincial and federal priorities and can help identify opportunities to make greater local headway and promote Niagara for investment.	Lifting barriers for foreign-trained doctors to work in Ontario would go far to address needs.
The new South Niagara hospital is on track to open in 2028 that will help improve access to healthcare services locally and may help attract doctors to the area.	There is no established advocacy strategy related to physician recruitment either at the Region or in each local area municipality. Efforts are ad hoc and siloed, which dilutes the area's voice with decision makers and potential key partners.

**“Creating a successful medical practice is more than recruiting the doctor (the ‘star quarterback’). We need excellent players around us – defence, special teams, coaches. Beyond incentives directly to physicians, also consider what other investments could create successful primary care ‘teams’ in Niagara.”**

– Dr. Jeffrey Remington



# Recommendations and Framework for Action

## Recommendations and Framework for Action

The November event demonstrated a joint commitment to do more – together – to make Niagara a destination of choice for family physicians and their families. It should be treated as a first step to elevating Niagara’s approach to doctor recruitment, and the start of greater collaboration and coordination to taking a regional approach toward a shared goal.

The recommendations that follow stem from the local and provincial data and constructive feedback received from the senior community leaders at the event. They are also based on the background and expertise of each member of Redbrick’s facilitation team and our 23 years working in the municipal sector, in government and with media.

The Priorities for Action key themes from [page 23](#) have been analyzed and considered based on Niagara’s local context and needs, along with the broader provincial landscape. Redbrick assessed the consolidated inputs based on:

- their practicality and feasibility
- how realistic they may be to achieve and timelines
- their level of strategic value toward the ultimate goal of attracting and retaining more family physicians to Niagara.

Many of the recommendations can be implemented using existing resources, but may require a shift in approach or mindset. Those with assumed budget impacts are marked with their potential level of financial impact.

Recommendations are laid out in the charts below as short, medium and long-term to assist in creating an action plan for implementation.

At the end of the day, the Region, with each participant and their organization, will need to review these recommendations and make choices together to map a way forward.

## 5 Strategic Desired Outcomes

Based on analyzing the inputs, the eight Key Themes for Priority Action from the roundtable participants, best practices, and the goals set out at the outset of this initiative, Redbrick has developed five strategic Desired Outcomes as Niagara Region, the local area municipalities and other partners seek to strengthen regional coordination to attract more family physicians to Niagara.

These Desired Outcomes provide a line of sight and reflect what we heard and learned. Each recommendation and action in the charts below is aligned with these Desired Outcomes. They are intended to help chart a course forward and lead to stronger solutions for the region.



1. Stronger regional mindset and approach



2. Person-centred approach



3. Improved small business supports






4. Stronger, more meaningful advocacy












5. Ongoing focus and capacity building







## Short term (6 to 12 months)





Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Develop Niagara's "need" story with supporting materials to advocate for Provincial investment as a high priority	<ul style="list-style-type: none"> <li>Review the Ministry of Health's Ontario's Primary Care Action Plan (<a href="https://www.ontario.ca/files/2025-01/moh-ontario-primary-care-action-plan-overview-2025-01-27.pdf">https://www.ontario.ca/files/2025-01/moh-ontario-primary-care-action-plan-overview-2025-01-27.pdf</a>)</li> <li>Develop a strategy and align positioning to talk about Niagara's need, especially in rural communities               <ul style="list-style-type: none"> <li>» Show where unattached residents are</li> <li>» Where new health teams should be located and why</li> <li>» Why the Province should invest in Niagara</li> </ul> </li> <li>Create supporting materials (handouts, visuals)</li> <li>Develop an outreach strategy – who will be the spokesperson, how and who to reach out to at the Province, timelines etc.</li> <li>Consider a public awareness campaign to rally community voices</li> </ul>	<ul style="list-style-type: none"> <li>Responds to recent announcement for the Ministry's \$1.8 billion investment in connecting Ontarians to care and establishing more primary care teams</li> <li>Raises Niagara's profile (there will be competition from other jurisdictions)</li> <li>Takes a proactive approach to demonstrate Niagara's need for Provincial investment</li> <li>Helps influence where new health teams are established</li> <li>Raises awareness with the public</li> </ul>	  	Medium – <i>depending on approach and if third party is used</i>










Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Develop a unified, region-wide vision, strategy and action plan for physician recruitment	<ul style="list-style-type: none"> <li>• Work collectively to create a joint commitment to a regional approach to physician recruitment</li> <li>• Seek a resolution from each Council to demonstrate the commitment</li> <li>• Ensure all mayors, CAOs and heads of post-secondary and healthcare agencies have a voice and ultimately sign off</li> <li>• Invite other community members to participate and sign (e.g., other health practitioners, corporations)</li> </ul>	<ul style="list-style-type: none"> <li>• Defines a clear line of sight that lays a foundation for success</li> <li>• Demonstrates the importance of physician recruitment to the community and your commitment to take action together</li> <li>• Strengthens cross-sector relationships</li> <li>• Builds stronger buy in for continued action</li> <li>• Establishes Niagara as a leader in this area</li> <li>• Helps garner public attention</li> </ul>	 	Low to Medium <i>(depends if engage a 3<sup>rd</sup> party)</i>
Look at opportunities to centralize and/or share resources financially for physician recruitment	<ul style="list-style-type: none"> <li>• Look at the possibility of establishing shared cost centres across economic development offices</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthens region-wide mindset and approach</li> <li>• Increases every municipality's stake in physician recruitment</li> </ul>	 	Low





Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Clarify the physician audiences and determine who best to target and their influencers	<ul style="list-style-type: none"> <li>Assess which physician audiences have been targeted to date</li> <li>Consider missing audiences and opportunities to reach and target them, such as: <ul style="list-style-type: none"> <li>2nd career physicians, Niagara students or those living close by, newcomers to Canada</li> </ul> </li> <li>Begin to identify influencers for each audience who could be leveraged as champions along with strategies to connect with them.</li> </ul>	<ul style="list-style-type: none"> <li>Marketing efforts achieve greater success the more targeted they are.</li> <li>It's important to consider secondary audiences that are in the sphere of or highly trusted by target audiences. These individuals or groups can be leveraged to help share Niagara's story.</li> </ul>	 	Low ( <i>may need to survey physicians</i> )
Establish quarterly meetings between the Specialist and <b>all</b> local area municipalities, not just those who offer incentives	<ul style="list-style-type: none"> <li>Coordinated and led by the Specialist</li> <li>Each municipality to designate representatives</li> </ul>	<ul style="list-style-type: none"> <li>Improves coordination and collaboration</li> <li>Leads to more consistent information sharing and better problem solving</li> <li>Each municipality plays a stronger role</li> <li>Opens up opportunities to share resources and build greater capacity</li> </ul>	  	N/A

Establish a local Physician Recruitment Working group with a cross-section of members	<ul style="list-style-type: none"> <li>Determine membership – likely to keep at staff level with the Specialist. However, some leaders may want to participate</li> <li>Establish a meeting cadence and Terms of Reference</li> <li>Create connections with CAOs and/or Councils to provide recommendations for action</li> </ul>	<ul style="list-style-type: none"> <li>Maintains momentum on a regular basis</li> <li>Creates an opportunity for further coordination and action</li> <li>Connects frontline community services and program partners to regional approach</li> </ul>	   	Low
Specialist to provide semi-annual updates to each council and at the joint CAO table	<ul style="list-style-type: none"> <li>Report to include progress, next steps, challenges and opportunities</li> <li>Should align with the overarching plans and goals as approved by all (<i>see first recommendation</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Continues to strengthen the conversation region-wide to ensure consistency of messaging with updates and next steps</li> <li>Keeps physician recruitment top of mind</li> <li>Ensures actions are strategic and in the best interest of the region as a whole</li> </ul>	 	N/A






Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Assess current relationship with Niagara Health (NH) and Hamilton Health Sciences (HHS)	<ul style="list-style-type: none"> <li>Meet with key NH and HHS staff to open and/or strengthen lines of communication</li> <li>Gather input to inform the recruitment and promotion strategy and positioning</li> <li>Assess opportunities to partner or leverage each other's strengths and connections</li> <li>Discuss local advocacy asks</li> </ul>	<ul style="list-style-type: none"> <li>Support and assistance from hospitals across the NH and HHS families is critical to recruitment efforts. They likely actively recruit themselves.</li> <li>Coordination with NH and HHS strengthens the overall local voice and efforts</li> <li>Working closely with the hospital corporation also supports family doctors who want to do emergency shifts, for example</li> <li>Informs advocacy strategy</li> </ul>	 	N/A
Review existing Economic Development resources from each community	<ul style="list-style-type: none"> <li>Identify overlaps and opportunities to enhance materials</li> <li>Identify gaps and make plans to address them</li> </ul>	<ul style="list-style-type: none"> <li>Establishes a more regional approach to materials from the area</li> <li>Builds greater consistency of messaging</li> <li>Ensures a sharing of resources for efficiency and streamlining</li> </ul>	 	N/A













Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Clarify roles and establish a key local contact list for new doctors setting up a practice	<ul style="list-style-type: none"> <li>Think cross-sector.</li> <li>Consider the different needs to setting up a practice and identify where that support role exists in each community (e.g., site selection, IT support, referrals to specialists, connections in hospitals)</li> <li>Set structure to who is doing what – clear expectations</li> </ul>	<ul style="list-style-type: none"> <li>Understands, jointly, who is responsible for what and where support services exists locally</li> <li>Begins to establish greater structure region-wide</li> <li>Takes steps to make it easier for new doctors to set up a practice</li> </ul>	 	N/A
Establish Regional and/or local first points of contact as system navigators	<ul style="list-style-type: none"> <li>Clarify roles and responsibilities.</li> <li>Ensure they are part of annual workplans, with possible KPIs.</li> </ul>	<ul style="list-style-type: none"> <li>Creates greater structure across the system</li> <li>Provides better supports for the physician and family members</li> </ul>	  	Low to Medium depending on approach
Create a “Setting Up a Practice 101” business toolkit targeted to different audiences (e.g., there may be different steps for new Canadians vs. local physicians)	<ul style="list-style-type: none"> <li>Can leverage existing resources as a starting point</li> <li>Ensure engagement from all municipalities to promote buy in and future use</li> </ul>	<ul style="list-style-type: none"> <li>Moves toward creating a one-stop-shop approach to supporting doctors as small business owners</li> <li>Ensures consistency of approach across all municipalities</li> </ul>	 	Low – design and printing costs








Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
For municipalities that offer incentives, review each service agreement using a regional lens	<ul style="list-style-type: none"> <li>Look for opportunities to embed consistent language and criteria</li> <li>Consider opportunities to add or include clauses that will benefit Niagara as a whole</li> </ul>	<ul style="list-style-type: none"> <li>Begins to break down silos related to incentives and start taking a more regional, consistent approach to lessen inter-municipality competition</li> </ul>	 	N/A
Invite a representative from the Province to present to senior leaders and elected officials	<ul style="list-style-type: none"> <li>Include the local MPP(s)</li> <li>Set clear goals and outcomes for the session</li> </ul>	<ul style="list-style-type: none"> <li>As a starting place for advocacy, establishes greater understanding of the Province's role and priorities</li> <li>Begins to understand potential opportunities for local improvements or investment</li> </ul>	 	N/A








## Medium term (1 to 3 years)








Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Put focused effort creating and telling a unified Niagara story	<ul style="list-style-type: none"> <li>Gather input from every municipality</li> <li>Identify unique traits of each municipality to include as part of marketing messaging</li> <li>Develop a regional marketing and communications strategy</li> <li>Engage media</li> <li>Brand and launch the program with visible leadership from all partners</li> <li>Establish and train one or two spokespeople</li> </ul>	<ul style="list-style-type: none"> <li>Establishes a stronger story for a more consistent and impactful approach</li> <li>Includes all municipalities and reduces competition</li> </ul>	 	Low to medium <i>(depends if engage a 3rd party)</i>
Leverage and arm elected officials and partners	<ul style="list-style-type: none"> <li>Create a communications and marketing toolkit for elected officials and partners</li> </ul>	<ul style="list-style-type: none"> <li>Helps them tell the story and share the need, consistently</li> </ul>	  	N/A








Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Expand the Region's physician recruitment office	<ul style="list-style-type: none"> <li>Research other areas who have recruitment teams – how they are set up, role descriptions</li> <li>Create a business case for Council and identify current gaps in service and opportunities to meet local goals</li> <li>Possibly create a dedicated system navigator role</li> </ul>	<ul style="list-style-type: none"> <li>Addresses the capacity limitations of the current Specialist</li> <li>Aligns with best practices in other successful communities</li> <li>Allows for expanded reach, provides resources to build greater capacity for regional coordination</li> </ul>	   	Medium
Develop a retiring physician-focused outreach and transition strategy	<ul style="list-style-type: none"> <li>Engage the 14% who may be retiring soon and better understand their plans and timelines</li> <li>Consider patient transitions and opportunities to create ties between incoming and retiring physicians</li> </ul>	<ul style="list-style-type: none"> <li>Engages current, established physicians</li> <li>Helps address the 46,000 potential patients who may soon be without a provider</li> <li>Creates potential mentorship opportunities</li> </ul>	  	Low
Map out events and conferences that could have a Niagara presence for recruitment initiatives	<ul style="list-style-type: none"> <li>Research regional opportunities and those outside of Niagara's borders</li> <li>Create a calendar of dates and speakers (leverage other voices beyond the physician recruiter)</li> </ul>	<ul style="list-style-type: none"> <li>Increases the Region's visibility related to physician recruitment</li> <li>Expands the number of local voices speaking about physician recruitment for the area</li> <li>Creates a more deliberate and structured approach to speaking engagements</li> </ul>	  	N/A






Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Conduct an in-depth review of best practices	<ul style="list-style-type: none"> <li>Leverage network at CaSPR (Canadian Society of Physician Recruiters) for outreach</li> <li>Continue participation in the national conference</li> <li>Research other comparable municipalities, even outside of Canada, to learn best practices</li> </ul>	<ul style="list-style-type: none"> <li>Gathers lessons learned from other municipalities – especially in other provinces</li> <li>Informs ongoing strategies for the recruitment program</li> </ul>	  	N/A to low <i>(depending if engage a 3rd party)</i>
Consider options for flexible incentive packages	<ul style="list-style-type: none"> <li>Consult with different physician audiences to understand their needs and use their input to inform incentive packages (e.g., run a facilitated exercise or conduct a survey)</li> <li>Use input to inform possible incentive packages for different audiences/needs</li> </ul>	<ul style="list-style-type: none"> <li>Enhances targeting for greater impact</li> <li>Better meets doctors' needs and wishes</li> </ul>	 	Potential high – <i>depends on approach</i>
Gather current data from each municipality related to municipal facilities and space, and current zoning	<ul style="list-style-type: none"> <li>Identify a Regional lead to gather data from each LAM and create a regional inventory of potential clinic spaces based on current available data</li> <li>Identify gaps in the data</li> <li>Identify quick win opportunities – e.g., adding space to existing buildings, such as a long-term care home or post-pandemic vacancies (e.g., Hastings County model)</li> <li>Report back to each Council</li> </ul>	<ul style="list-style-type: none"> <li>Creates understanding of the current facility landscape and available data and gaps</li> <li>Identifies quick wins to support new physicians as soon as possible</li> <li>Informs next steps</li> </ul>	 	N/A



Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
As a second step to the above, work with LAMs to create and implement a plan to fill in gaps in the facility data	<ul style="list-style-type: none"> <li>Use data from above to inform next steps</li> </ul>	<ul style="list-style-type: none"> <li>Enhances the understanding of the full facility landscape in Niagara and potential clinic space opportunities</li> <li>Supports Specialist's efforts</li> <li>Informs next steps for development, retrofitting etc.</li> </ul>	 	Low to medium <i>(depends if requires a 3rd party)</i>
Speak to commercial realtors, property managers or business owners	<ul style="list-style-type: none"> <li>Identify local commercial realtors</li> <li>Consider offering incentives for clinic space, such as expediting planning or zoning amendments that create clinic spaces or waive fees</li> </ul>	<ul style="list-style-type: none"> <li>Realtors and business owners may have private space available for new clinics and may be willing to support new physicians to the area at a lower municipal cost</li> </ul>	  	N/A
Incentivize developers to provide new, modern office space	<ul style="list-style-type: none"> <li>Meet with developers to discuss regional goals and importance of attracting new family doctors</li> <li>Consult with them to understand their needs and opportunities</li> <li>Develop an incentive package such as expediting applications for private sector where healthcare offices/spaces are the outcome</li> </ul>	<ul style="list-style-type: none"> <li>Expands office space available for physicians at lower municipal cost</li> <li>Strengthens partnership with developers for the good of the community</li> </ul>	 	Medium – <i>depends on approach</i>

Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Host an open house or forum with the medical community related to physician recruitment	<ul style="list-style-type: none"> <li>• Invite local family physicians, students, others in the medical community</li> <li>• Learn from them to inform approach and next steps</li> </ul>	<ul style="list-style-type: none"> <li>• Engages with the target audiences</li> <li>• Provides an opportunity to gather direct input</li> <li>• Informs the Region's approach as well as the advocacy strategy</li> <li>• Demonstrates the Region's commitment to attracting more doctors and improving access to primary care</li> </ul>	  	Low
Create spousal/partner and family marketing materials and potential incentives	<ul style="list-style-type: none"> <li>• Survey or conduct a focus group of physicians and their spouses – what they want, looking for when move, what's important</li> <li>• Based on the data, develop a regional approach and positioning for this audience</li> <li>• Develop targeted materials</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates commitment to the "whole physician"</li> <li>• Takes a broader approach to promotional efforts</li> </ul>	 	Low to medium – <i>depending on engagement approach, also need design and printing as needed</i>
Seek corporate sponsors to support new physicians setting up a practice or moving to Ontario	<ul style="list-style-type: none"> <li>• Look to establish partnerships with professional resources for starting a new practice (e.g., banks, financial planners, accounting firms, lawyers)</li> </ul>	<ul style="list-style-type: none"> <li>• Supports a seamless transition for a new physician (e.g., Scotia Healthcare+ or MD Financial Management)</li> <li>• Engages more voices to promote Niagara as a great and easy place to set up a practice</li> </ul>	 	N/A









Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Begin establishing stronger partnerships with the medical associations such as the Ontario Medical Association, Ontario College of Family Physicians	<ul style="list-style-type: none"> <li>Determine how are they promoting family physicians. What are they advocating for</li> <li>Look for opportunities to partner or leverage their work</li> <li>Use information to inform advocacy efforts</li> </ul>	<ul style="list-style-type: none"> <li>Deepens understanding of the current physician landscape and key issues</li> <li>Informs Niagara's recruitment positioning – how Niagara is responding to key issues</li> <li>Informs Niagara's advocacy strategy and builds greater consistency for advocacy efforts</li> </ul>	 	N/A
Create a physician recruitment "report card" to consistently share progress against KPIs	<ul style="list-style-type: none"> <li>Should be graphical and consistent</li> <li>Draw from current KPIs and add new measures based on this report</li> </ul>	<ul style="list-style-type: none"> <li>Ensures consistency of reporting based on baseline data</li> <li>Ensures data-informed approaches</li> </ul>	 	N/A
Hold an expanded roundtable event	<ul style="list-style-type: none"> <li>Invite back key partners</li> <li>Expand the group of attendees to include Provincial representatives and other possible partners</li> </ul>	<ul style="list-style-type: none"> <li>Continues to demonstrate and act on regional coordination and collaboration</li> <li>Shares progress and provide opportunity for focused discussion and problem solving</li> <li>Invites more voices to the table</li> </ul>	  	Medium








Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Develop a joint advocacy strategy	<ul style="list-style-type: none"> <li>• Ensure all municipalities are engaged</li> <li>• Identify who are key influencers and with whom</li> <li>• Create a positioning strategy with supporting materials</li> <li>• Leverage resources from other sources, such as OMA, OCFP, AMO or ROMA</li> <li>• Consider opportunities for media relations and public awareness and advocacy</li> </ul> <p><b>Topics to include:</b></p> <p><i>Niagara-specific:</i></p> <ul style="list-style-type: none"> <li>• Fund and increase local medical education and residency spaces</li> <li>• Expand Learn and Stay grants to Niagara</li> <li>• Provide capital funding for retrofitting or creating new physician offices</li> <li>• Establish more Family Health Teams in Niagara</li> </ul> <p><i>Provincial needs:</i></p> <ul style="list-style-type: none"> <li>• Revise the funding / fee models</li> <li>• Decrease the physician administrative burden</li> <li>• Establish and/or fund health centres of excellence that include family physicians, access to diagnostic services etc.</li> <li>• Easier credentialing for internationally-trained physicians</li> </ul>	<ul style="list-style-type: none"> <li>• Creates a regional approach</li> <li>• Results in greater impact if more voices included as part of the strategy</li> <li>• Establishes region-wide objectives and positioning</li> <li>• Supports efforts of partners</li> <li>• Leverages public voices</li> </ul>	  	Low to medium (depends if engage a 3rd party)

Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Begin to assess options to create a Regional incentive program	<ul style="list-style-type: none"> <li>Brainstorm and consider different funding models for a Region-led approach, such as:               <ul style="list-style-type: none"> <li>» Partnership / dollar matching or top up</li> <li>» Contribution from each municipality based on their population size</li> <li>» Fully funded by the Region</li> </ul> </li> <li>Engage municipal finance leaders to assess and inform feasibility of different options for consideration</li> <li>Report back to all councils</li> </ul>	<ul style="list-style-type: none"> <li>Responds to feedback from senior leaders</li> <li>Reduces inter-municipality competition</li> <li>Lessens the financial inequities</li> <li>Strengthens regional coordination</li> </ul>	 	Potentially high – <i>depends on approach</i>

## Long term (3+ years)

Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Seek to create a central Regional hub for healthcare with family doctors and other providers working together	<ul style="list-style-type: none"> <li>Investigate partnerships</li> <li>Build into advocacy efforts</li> <li>Consider corporate sponsors</li> </ul>	<ul style="list-style-type: none"> <li>Supports physicians to keep patients in Niagara and reduce the need to send them to Hamilton or other cities</li> <li>Attracts more doctors to the area when they know they have a health system around them</li> <li>Possibility to attract Provincial funding</li> </ul>	  	Potentially high
Look to develop longer term plans to create community service hubs – childcare, social services, healthcare	<ul style="list-style-type: none"> <li>Engage other sectors to identify opportunities</li> <li>Assess available facility space</li> </ul>	<ul style="list-style-type: none"> <li>Attracts more physicians and provides what they are looking for</li> <li>May result in more funding from the Province</li> <li>Invites more sectors into stronger community solutions</li> </ul>	  	Potentially high
Assess advocacy efforts	<ul style="list-style-type: none"> <li>Review progress against stated objectives</li> <li>Refine approach</li> </ul>	<ul style="list-style-type: none"> <li>Builds on progress</li> <li>Informs next steps</li> </ul>	 	N/A

Action	Supporting steps	Rationale	Desired Outcome	Budget Impact Level
Monitor and work toward a unified voice with others	<ul style="list-style-type: none"> <li>Seek other partners to support advocacy and promotional efforts (e.g., Rural Ontario Municipal Association)</li> </ul>	<ul style="list-style-type: none"> <li>Invites in other voices</li> <li>Strengthens efforts</li> </ul>	 	N/A
Take next steps related to establishing a Regional incentive program as appropriate	<ul style="list-style-type: none"> <li>Follow up on feedback from earlier recommendation</li> </ul>	<ul style="list-style-type: none"> <li>Further the recommendation to reduce inter-municipality competition</li> <li>Creates stronger, central coordination</li> </ul>	 	Potentially high depending on approach



# Measuring and Reporting Success

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## Measuring and Reporting Success

### Ongoing metrics (tracked by the Specialist):

- ✓ Current ratio of family doctors to population
- ✓ Number of physicians recruited or “in the system” to come to Niagara
- ✓ Where new physicians originating from
- ✓ Number of physicians accepting patients

### Additional measures of success based on the Recommendations

Desired outcomes	Key performance indicators
Person-centred approach	<ul style="list-style-type: none"> <li>• Number of joint economic development and cross-municipal meetings</li> <li>• Number of joint CAO meetings with an update from the Specialist or with physician recruitment on the agenda</li> <li>• Internal feedback: elected officials, CAOs, the Specialist, economic development staff</li> <li>• Consistent use of the unified Niagara story across all municipalities</li> <li>• Number of media interviews</li> <li>• Positive media traction and quotes/tone and messaging used</li> <li>• Reduced inter-municipal competition</li> <li>• Increased collaboration and cooperation (stronger regional mindset)</li> </ul>
Regional coordination	<ul style="list-style-type: none"> <li>• Response rates to local physician / spousal survey or consultations</li> <li>• Number of retired physicians engaged as mentors</li> <li>• Number of doctors staying beyond the 5-year service agreement and establishing in Niagara long term</li> </ul>
Improved business supports	<ul style="list-style-type: none"> <li>• Regional facility inventory completed</li> <li>• Number of spaces allocated for physician offices</li> <li>• Wraparound services in place with a system navigator</li> <li>• Number of inquiries from physicians about setting up in Niagara</li> </ul>
Stronger, more meaningful advocacy	<ul style="list-style-type: none"> <li>• Advocacy plan created and in progress</li> <li>• Evidence of policy changes</li> <li>• Level of Provincial or Federal funding</li> </ul>

Desired outcomes	Key performance indicators
Ongoing focus and capacity building	<ul style="list-style-type: none"> <li>• Number of physician recruitment events – speaking, promotion</li> <li>• Size of physician recruitment office or those that have physician recruitment responsibilities as part of workplans</li> <li>• Number of additional roundtable events held, including number of participants and their range of organizational representation</li> <li>• Number of other voices engaged as part of the solution</li> </ul>

## Conclusion

Niagara's municipalities, healthcare providers, post-secondary educational institutions and others, all have a stake in bringing more doctors to the area. Physicians save lives, treat chronic conditions, keep people out of hospitals and offer preventive care. They also contribute to the local economy and overall quality of life in every community.

While Ontario is facing a widespread physician shortage, Niagara has made significant strides in addressing this challenge, thanks to its strong recruitment efforts and growing success in attracting physicians. The region offers an exceptional quality of life, with ample opportunities for incoming doctors to live and work in a supportive, vibrant community. The recent roundtable event – the first of its kind in Niagara – sparked constructive and meaningful conversations, fostering a shared commitment to collaborate, break down barriers, and continue exchanging ideas.

Participants clearly recognize that Niagara plays a leading role in tackling healthcare challenges, and with ongoing collaboration and a solutions-based approach, the Region and its partners are poised to remain at the forefront of innovative solutions in the recruitment and retention of healthcare professionals and in meeting local needs.

This report provides practical, strategic recommendations as a framework for action and continued coordination across sectors. It is based on listening and learning from senior leaders across Niagara, taking a deeper dive into the local and provincial context of physician recruitment and drawing from best practices.

It recognizes that successful physician recruitment cannot rest on any one organization or municipality's shoulders. It must be a collective effort that leverages individual strengths toward a shared line of sight.

## **Appendix A:**

### **List of Redbrick facilitators, Niagara's project team members, participants**

## Appendix A: List of Redbrick facilitators, Niagara's project team members, participants

### Redbrick Session Facilitators

- Andrea Montgomery, APR, Prosci, Vice President
- Megan Abraham, Senior Consultant
- Jim Pine, Associate and retired CAO from Hastings County
- Bethany Lee, Associate, Communications Director, Town of East Gwillimbury and former Communications Director, Peel Region

### Niagara Region's project team

- Sean O'Brady, APR, Associate Director, Strategic Communications and Public Affairs
- Daryl Barnhart, former Chief of Staff, Office of the Regional Chair
- Katie Desharnais, Strategic Marketing Manager, Economic Development
- Andrew Korchok, Chief of Staff, Office of the Regional Chair
- Matt Robinson, Director, Strategic Transformation Office

Roundtable Discussion Participants		
Jason Burgess	City of Niagara Falls	CAO
Angela Davidson	City of Niagara Falls	Manager, Business Development
Jim Diodati	City of Niagara Falls	Mayor
Dale Morton	City of Niagara Falls	Director of Communications
Bram Cotton	City of Port Colborne	Economic Development Officer / Physician Recruitment
Bill Steele	City of Port Colborne	Mayor
Scott Louie	City of Port Colborne	CAO
Brian York	City of St. Catharines	Director of Economic Development and Government Relations
Mat Siscoe	City of St. Catharines	Mayor
Sabrina Maselli	City of St. Catharines	Senior Economic Development Officer
Manoj Dilwaria	City of Thorold	CAO
Terry Ugolini	City of Thorold	Mayor
Lina DeChellis	City of Welland	Director, Economic Development & Strategic Initiatives
Frank Champion	City of Welland	Mayor
Dr. Amanda Bell	DeGroote School of Medicine	Associate Dean
	McMaster Niagara Regional Campus	Regional Assistant Dean
Sinéad McElhone	Niagara College	Dean, Health Sciences

Roundtable Discussion Participants		
Dr. Satish Chawla	Niagara Health	Interim Chief of Staff
Barb Evans	Niagara Health	Director Clinical Service Planning
Josh Upper	Niagara Health	Manager of Community Relations
Frank Ruberto	Niagara Medical Group Family Health Team	Executive Director
Sabrina Piluso	Niagara Ontario Health Team	Executive Director
Ron Tripp	Niagara Region	CAO
Jim Bradley	Niagara Region	Regional Chair
George Spezza	Niagara Region	Director Economic Development
Dr. Jeffrey Remington	Niagara South Family Medicine	Family and Emergency Physician, Assistant Clinical Professor of Family Medicine
Joyce Morocco	Niagara Regional Council	Councillor
Alice Preston	Town of Fort Erie	Community Health Care Services Coordinator
Sarah Kim	Town of Grimsby	CAO
Jeff Jordan	Town of Grimsby	Mayor
Sandra Easton	Town of Lincoln	Mayor
Richard Sayej	Town of Lincoln	Policy Advisor
Paul Di Ianni	Town of Lincoln	Director of Economic Development and Communications
Bruce Zvaniga	Town of Niagara-on-the-Lake	CAO
Marvin Junkin	Town of Pelham	Mayor
Brian Grant	Township of Wainfleet	Mayor
Truper McBride	Township of West Lincoln	CAO
Cheryl Ganann	Township of West Lincoln	Mayor



## **Appendix B:**

### **Facilitation Guide**



## Niagara Region Physician Recruitment Roundtable Facilitation Guide

### Foundational Question

*How might we leverage our collective strengths and better collaborate to attract more family doctors to Niagara?*

### Rules of engagement

- Be present. Please turn cell phones to mute.
- All voices matter.
- Speak up. Step back.
  - Give space for everyone to share ideas.
  - Think “yes, and...” instead of “no, but...”
- One voice at a time. Listen with respect.
- Be curious and open. Recognize we all bring bias.
- Celebrate and encourage different perspectives – they make our ideas stronger!
- Embrace creativity, not perfection.
- Respect the facilitator and be mindful of the clock.
- Enjoy the process!

### Roles

#### Role of the facilitator

- Stay neutral and impartial.
- Listen actively.
- Keep the conversation focused, productive and inclusive.
- Make sure all voices and ideas are heard.
- Encourage equal participation.
- Manage time and keep the group on track.

#### Role of the scribe

- Understand the goals, agenda and approach.
- Stay neutral.
- Listen actively.
- Capture key points, ideas and decisions.
- Record ideas without bias nor judgment.
- Use participant’s words whenever possible. Seek clarification if needed.
- Provide clear, organized notes to the facilitators.

**Timekeeper (Redbrick):** monitor and flag time to keep discussions on track



## Facilitation Guide

**Round Table Discussions Overview: 10:20 a.m. to 12:30 p.m.**

1. Introductions and opener	15 minutes
2. Ideation stage for each topic a. Individual ideas: jot down five each (5 min.) b. Share with full group c. Open conversation	35 minutes per topic (105 minutes total)
3. Convergence of ideas into themes a. Individual – what key theme do you see? b. Round table – one person first, each subsequent person adds a new theme	
4. Prioritization of themes to support recommendations report a. Dotmocracy – provide 10 dot stickers per person to vote on priorities	10 minutes
5. Return to full group a. Each table shares 2 key themes per topic from their discussions b. MC shares next steps and thank you	15 minutes
<b>TOTAL</b>	<b>2 hours and 10 minutes</b>

**Table discussion topics, opening scripts and question prompts for facilitators**

*Introductions and opener* (15 minutes) – no flip chart

*Introduce self plus:*

- *Why does physician recruitment matter to you/the community?*
- *One point that stood out in the physician recruiter's presentation*

*Physician perspective (open discussion)*

- Pretend you are a physician coming from another country to set up a new practice.
  - What do you care about?
  - What are your priorities?
  - What would you be considering? What would be on your mind? What questions would you have?



- Who and what influences your decision?
- What would make you feel welcome?

### *Topic 1: Building a Practice (35 minutes)*

**Set up text:** *Remember that when doctors arrive, they want to be doctors, and focus on giving care. Looking at what it takes to set up a practice, what ideas do you have to make a new physician feel that Niagara is the right place to establish their practice and how might community leaders work together to make it as easy as possible for them to set up shop?*

#### Question prompts

1. Based on your experience as a community leader, what have you heard as some key factors that have influenced physicians to choose Niagara?
2. How do you think local leadership can help make Niagara an attraction location and create a welcoming environment?
3. What does a new physician need to feel welcome, supported and successful in their first year?
4. What role can local community, business and municipal governments play in attracting and retaining family physicians?
5. What are the local barriers to setting up a new practice? Where are the gaps?
6. What logistical support can we provide? How can we make it easier for a family doctor to set up shop?
7. What wrap-around services could you / your organization support?
8. What resources or champions/influencers do you / your organization have access to that could be leveraged?

### *Topic 2: Incentives (35 minutes)*

**Set up text:** *Municipalities in Niagara takes a different approach to either providing or not providing financial incentives (refer to card). There could be other ways to incentivize a family physician to come to Niagara. What ideas do you have to have a more coordinated approach? You can build on existing efforts or suggest new ideas.*

#### Question prompts

1. What's working?



2. How could you better use the incentives that are already being provided to enhance their effectiveness and encourage more supports for physicians once they begin their practice?
  - E.g., perhaps monetary incentives could be better leveraged to compensate doctors who take on medical students so that there's a greater potential of additional doctors staying on in Niagara
3. How could you take a more coordinated approach related to incentives?
4. Are there successful models or best practices from other communities that Niagara could adopt? What can we learn from competitors, like Hamilton, Halton, Haldimand?
5. Besides financial, what other incentives could be offered?
6. Are there additional resources that could help improve success?
7. What can municipalities do to leverage incentives from other levels of government to support Niagara's success?

### *Topic 3: Advocacy to other levels of government (30 minutes)*

**Set up text:** *Advocacy is strongest when several voices are coordinated and asking for the same things. What Niagara-specific support is needed from other levels of government to attract more family doctors here? How might you better speak with one voice?*

#### Question prompts

1. Are there policies or processes or regulations that create barriers to physician recruitment efforts? What ideas do you have to address them?
  - *Example:* The administrative burden is significant and impacts financial viability of a practice. Many have to create family practices to share administrative resources. How might you advocate to reduce administrative red tape and prioritize patient care?
  - *Example:* in Ontario doctors must operate their practice like a business, which create a high level of administrative work. In British Columbia the pay model recently changed to reflect time spent with patients, the number of patient visits, patients in their practice and medical complexity of the patients
2. What incentives could other levels of government offer to make Niagara more attractive?
3. What additional resources or funding could other levels of government offer municipalities to support their recruitment efforts?
4. What issues should Niagara advocate for with provincial and federal decision makers?
5. How can they help make it easier to attract and welcome international doctors?





***Final table question*** (individuals to jot down on post it notes or note pad paper )

- What ideas do you have to maintain momentum after today?

**Full Group Round Up** (15 minutes)

- Come back as full group
- Each table shares 2 key themes / priorities per topic from their discussions
- MC shares next steps, timing and thank you

**End of day evaluation**

Using a scale of 1 to 5, with 1 being low and 5 being high, please rate the following:

- The value of the session overall
- The right people were in the room
- The overall structure of the roundtable discussions
- There were sufficient opportunities offered to share your ideas
- The effectiveness of the facilitators
- How confident you are that the ideas discussed today can lead to meaningful outcomes to attract more physicians to Niagara

Additional comments / feedback

Thank you

**Logistics**

**Tables**

- Four tables with approximately 10 people per table
- One facilitator and one scribe per table
- Role of a physician recruiter “placemat” (*Region*)
- Rules of Engagement postcard – in a 5x7” acrylic stand (*Redbrick*)
- Post card handouts as described above (*Redbrick*)

## **Appendix C:**

### **Physician Recruitment Specialist presentation deck**

# Physician Recruitment Roundtable Presentation

## Addressing Healthcare Needs in Niagara

Jill Croteau, Physician Recruitment Specialist

November 26, 2024



# Agenda

1. Physician Recruitment Program overview
2. Primary care landscape in Niagara
3. Incentives to Support Physicians
4. Forecast for 2025 and beyond



## 2 Physician Recruitment Roundtable

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# Physician Recruitment in Niagara

## Program Origins:

The Physician Recruitment Program was established in 2001 by the Niagara District Health Council.



## Permanent Staffing:

In 2019, the Physician Recruitment & Retention Coordinator position became a permanent staff role under Niagara Region, with a current levy budget of \$163,070. This budget includes total rewards, pension, and benefits.



## Budget Changes:

Since 2011, the program operated with a budget of \$25,000. In 2023, the budget was increased to \$41,000.



## Collaboration:

The Physician Recruitment & Retention Coordinator works in close partnership with all municipalities across Niagara, using a regional model to support recruitment and retention efforts.

# Physician Recruitment in Niagara

What does a Physician recruitment and retention specialist do?

## Marketing/ Engagement/ Communications/PR

Attending multiple events to showcase Niagara opportunities and clinic space options



## Site Tours and Interviews

Work with the candidate to ensure that they are matched with a practice that fits their needs

## Support Licensing and Immigration

Work with the Ministry, College of Physicians and Surgeons of Ontario and Service Canada to ensure that paperwork is submitted



## Onboarding

Assist with referrals to the community; Public Health, medical societies, hospital, real estate, connection to municipality incentives and community onboarding

## Resources

Providing physicians and clinics support with ministry models and timelines. Answering residents questions about where to find a doctor.



## Workforce Planning

Collaboratively identify needs in the community, developers, clinic leads, municipalities

# What is Physician Recruitment?

Leveraging Marketing, Communications, and Public Engagement to Attract Top Talent to Niagara

## Online Presence:

- **NiagaraDocs.ca Website:** Dedicated "Find a Doctor" page to help physicians find available practice opportunities in Niagara.
- **Social Media Outreach:** Regular posts on LinkedIn, Instagram, and Facebook to showcase Niagara as a great place to live and work.
- **Digital Calendar:** Use of a digital calendar to promote events and opportunities for potential recruits.

## Job Boards:

- Listings on prominent job boards, including **OPRA.ca**, **HFOjobs.ca**, **Practice Link**, and others, to increase visibility of available physician positions.

## Medical Journals:

- Advertising in medical journals as needed to reach a targeted audience of physicians.

## Media & Public Engagement:

- Responding to media inquiries and council presentation requests to raise awareness about physician recruitment efforts.

## Community Engagement:

- Hosting resident orientation and graduation events.
- Active participation in the **McMaster Social Committee** to build relationships with new graduates.

# What is Physician Recruitment?

Leveraging Marketing, Communications, and Public Engagement to Attract Top Talent to Niagara

## Engaging with Clinic Owners/Developers

- Track available clinic space across the region.
- Collaborate with developers to increase clinic capacity.
- Conduct statistical analysis on practice costs, overhead, and trends.

## International Physician Support (Service Canada & Immigration, Refugees and Citizenship Canada)

- Assist with the licensing process, timelines, and resources.
- Manage Labour Market Impact Analysis (LMIA) and work permit applications.
- Guide physicians and their families through immigration and permanent residency.

## Matching Physicians with Job Opportunities

- Understand candidate preferences: care model, community size, spousal employment, etc.
- Assess overhead expenses, relocation incentives, and available supports.

## Ministry of Health & Ontario Health Collaboration

- Assist with applications for Family Health Organizations (FHO), Family Health Groups (FHG), etc.
- Advocate for clinic applications and coordinate with Ontario Health Workforce.

# What is Physician Recruitment?

Leveraging Marketing, Communications, and Public Engagement to Attract Top Talent to Niagara

## Coordinating Site and Community Tours

- Collaborate with local municipalities to present clinic space and community options.
- Provide tours of the community, highlighting points of interest.
- Organize lunches, dinners, or suggest accommodation options.

## Physician Directory and Public Engagement

- Promote the "Find a Doctor" page for physician-patient connections.
- Engage with Health Care Connect and other medical organizations to keep lists updated.

## Municipal and Local Connections

- Connect physicians to municipal incentive programs and local networks.
- Offer guidance on spousal employment, housing, schooling, and cultural integration.

## Health Human Resources Planning

- Analyze health workforce data, licensing updates, and training needs.
- Assess primary care physician demand in Niagara and beyond.





## Niagara Statistics Summary



### Physician Capacity

Niagara physicians enroll 339,180 as of September 2024. Our population has increased from 477,000 in 2021 to an estimated 525,352 in 2023 (an increase of 47,411 residents in 2 years.)



### Family Doctors over 65

14% of the 274 physicians are over 65  
Those in a PEM enroll just over 46,000 patients.



Niagara For a population of 525,352 our region should have 380 family doctors based on an average practice size of 1380. Our shortage in Niagara based on 274 family physicians is 106 doctors.

Niagara Physician Recruitment, MOH Sept 2024

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## Physician Data – Actual vs Recommended

Statistics By Municipality for Family Physicians 2024						
Municipality	2023 Census Est.	Current # of Physicians including FFS/CHC	% of Physicians over 65	Ratio Per 10000	Physicians needed with a doc:pop ratio 1:1380	# of Doctors Short
FORT ERIE	36,209	16	13%	4.42	26	10
GRIMSBY	31,233	22	5%	7.04	23	1
LINCOLN	28,203	16	13%	5.67	20	4
NIAGARA FALLS	105,552	40	13%	3.88	76	36
NOTL	20,472	13	0%	6.35	15	2
PELHAM	19,399	13	8%	6.70	14	1
PORT COLBORNE	21,312	10	10%	4.69	15	5
ST. CATHARINES	149,550	92	17%	6.15	108	16
THOROLD	26,466	12	33%	4.53	19	7
WAINFLEET	7,384	0	0%	0%	5	5
WELLAND	62,776	33	21%	5.26	45	12
WEST LINCOLN	16,796	8	0%	4.76	12	4
<b>Totals / Average</b>	<b>525,352</b>	<b>275</b>	<b>14%</b>		<b>381</b>	<b>106</b>

FFS: Fee for Service  
CHC: Community Health Centre

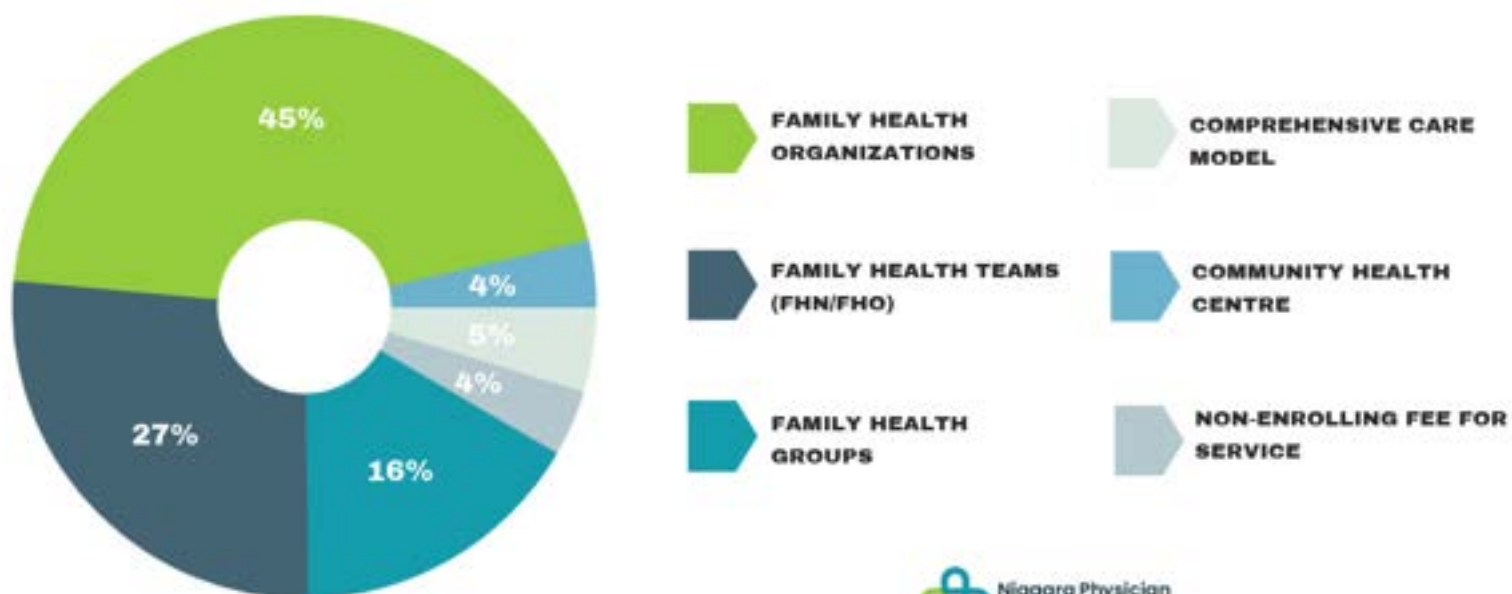
Sources: 2023 census estimates stats can  
Niagara Physician Recruitment Oct 2024  
Includes CHC physicians

## KPI's: 2011 to 2024 Overview

Niagara Physician Statistics 2011 - 2024						
Year	New Primary Care Physicians to Niagara	Physicians Out of Practice in Niagara	Net	Total Family Physicians in Niagara; Signatory and Non-Signatory Primary Care	1:1380 Doc:Pop Ratio # needed	Recommend based on population
2011	5	1	4	246	67	313
2012	7	3	4	250	63	313
2013	13	11	2	252	61	313
2014	9	7	2	254	59	313
2015	16	13	3	257	56	313
2016	11	18	-7	250	75	325
2017	14	14	0	250	75	325
2018	13	15	-2	248	77	325
2019	14	14	0	248	77	325
2020	18	13	5	253	72	325
2021	17	20	-3	250	96	346
2022	17	17	0	250	96	346
2023	19	9	10	260	86	346
2024	22	7	15	275	106	381
<b>Total</b>	<b>195</b>	<b>162</b>	<b>33</b>	<b>275</b>	<b>106</b>	
<b>Oct 31 - 2024</b>						
*5 additional pending						

12 Physician Recruitment Roundtable

# Niagara Patient Enrolment Models



13 Physician Recruitment Roundtable

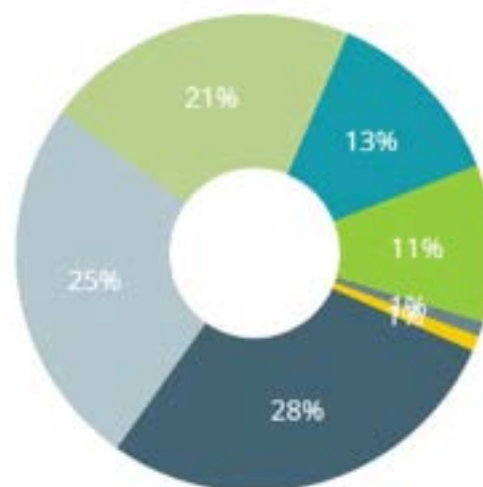
Niagara Region



# New Physician Demographics

Where are Family Physicians coming from?

5 year historical data



14 Physician Recruitment Roundtable

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# Landscape of Primary Care in Niagara Summary

- **26 Physicians:** Niagara is poised to welcome 26 new physicians in 2024, marking a record year for recruitment.
- **Numbers:** 20 physicians are currently accepting patients, the highest number at one time on the Niagara Region's "Find a Doctor" page.
- **Unprecedented Success:** While recruitment efforts have seen unprecedented success, we continue to work towards meeting the growing healthcare demands driven by our significant population growth.







# Outlook for Physician Recruitment: 2024-2035

**Forecasted Growth for Niagara Region - 10 years**

Year	Actual	Population	Recommended # at 1:1380	Gross Shortage	5% Attrition	Recruitment	Net Shortage
2024	280	545,152	395	115	14	32	97
2025	298	555,782	403	105	15	32	88
2026	315	562,240	407	92	16	32	76
2027	331	566,049	410	79	17	32	63
2028	347	568,538	412	65	17	32	51
2029	361	573,581	416	54	18	32	40
2030	375	580,037	420	45	19	32	32
2031	389	586,513	425	36	19	32	24
2032	401	593,006	430	29	20	32	17
2033	413	599,512	434	21	21	32	10
2034	424	606,035	439	15	21	32	4



# What Are Other Municipalities Doing? Best Practices and Approaches



Family doctors in Ontario are self-employed and run family practices a small business. **This makes attraction efforts paramount at the local level.**



Municipalities across the province are implementing some of following initiatives to incentives family doctors to relocate to their communities:

- Monetary incentives for return of service, signing bonuses and relocation grants
- Free housing and clinic spaces
- Welcome packages (gym memberships, local park and attraction passes, tickets to community events)
- Succession planning and medical learners shadowing coordination

## Incentive List for Niagara

Municipality	Amount
Welland	\$100,000 with a 5-year return of service contract
Port Colborne	\$75,000 with a 5-year return of service contract
Fort Erie	\$75,000 with a 5-year return of service contract
Niagara Falls	\$50,000 with a 5-year return of service contract
Lincoln	\$25,000
NOTL	\$25,000
St. Catharines	Up to \$5000 grant with receipts

\*All contracts include a clause that disqualifies physicians from receiving incentives if they have already accessed funding from another municipality. The goal is to prevent the relocation of physicians between regions.

## Monetary Incentives for Physicians Across Ontario

City/Town	Incentive
Hastings County	\$150,000
Belleville	\$150,000
Welland	\$100,000
Kingston	\$100,000
Quinte West	\$100,000
Wasaga	\$100,000
Port Colborne	\$75,000
Fort Erie	\$75,000
Collingwood	\$70,000
Niagara Falls	\$50,000
Peterborough	\$45,000 +
Tillsonburg	\$40,000
St. Thomas	\$33,000
Lincoln	\$25,000
NOTL	\$25,000
St. Catharines	\$5000
London/Kitchener-Waterloo/Hamilton/GTA	\$0

21





## Do Incentives Work?

- **Yes**, they are effective for both attracting and retaining physicians long-term.
- Communities without return-of-service contracts have experienced higher turnover rates and a greater number of physicians working in walk-in clinics, where commitment is lower.
- While incentives play a key role in a physician's decision to relocate, other factors are equally important for most, including:
  - Group practice opportunities
  - An established, collegial team
  - Low overhead costs
  - Access to new office space



# CONNECT WITH JILL CROTEAU

PHYSICIAN RECRUITMENT SPECIALIST

✉ [JILL.CROTEAU@NIAGARAREGION.CA](mailto:JILL.CROTEAU@NIAGARAREGION.CA)

☎ 905-932-7419



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## **Appendix D:**

### **Dr. Remington presentation deck**

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## NIAGARA PHYSICIAN PERSPECTIVE

Tuesday, November 26, 2024

Dr. Jeffrey S. Remington

Family and Emergency Physician



## JOURNEY IN PHYSICIAN RECRUITMENT

- Career overview as a family and emergency physician.
- Raising awareness about the physician shortage.
- Key contributions to the development of Niagara's physician recruitment programs.



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## WHY IS NIAGARA A TOP CHOICE FOR PHYSICIANS?

- Industry-leading recruitment programs.
- Strong alliances with local and provincial medical schools.
- International outreach (Canada, UK, USA, Ireland, Caribbean, Australia).







## WHAT FACTORS INFLUENCE LOCATION FOR PRACTICE?

- **Personal Factors:**
  - Proximity to family, affordability, and lifestyle.
  - Access to larger cities for entertainment and travel.
- **Professional Factors:**
  - Financial incentives and modern healthcare infrastructure.
  - Opportunities for teaching and faculty positions.

## WHAT CAN LOCAL GOVERNMENTS DO TO SUPPORT RECRUITMENT?

- **Financial Incentives:**
  - Support for relocation, practice setup, and student loan repayment.
- **Support Growth of Practices:**
  - Funding for medical business mentorship, space development, and infrastructure.
- **Expand Physician Recruitment Programs:**
  - Increase staffing and funding for recruitment efforts. Collaboration with agencies and medical institutions.



---

## ADVOCACY AT HIGHER LEVELS OF GOVERNMENT

1. Improve working conditions for family doctors.
2. Increase local training opportunities for family physicians.
3. Address licensing and immigration roadblocks for internationally trained physicians.
4. Support the growth of hospitals and specialists in the region.



## THANK YOU

Dr. Jeffrey S. Remington  
Family and Emergency Physician

NUMBER

EMAIL



## **Appendix E:**

### **Physician Recruitment handout**

Niagara is facing a critical shortage of primary care physicians. The Physician Recruitment Roundtable aims to unite interested parties, including government, education, and healthcare partners, to develop a coordinated solution.

## Physician Recruitment Roundtable





# Appendix E: Physician Recruitment handout 2

## Niagara Physicians



**274**  
Physicians



**14%** of  
274 physicians  
are over 65



Those physicians who  
are over 65 years  
old enrol just **over**  
**46,000 patients**  
in their practice



**106**  
**doctors short**  
Niagara should have  
380 family doctors  
based on average  
practice size of 1,380



**65%**  
**Physician capacity**  
as of Sept. 2024, Niagara  
physicians enrol 339,180,  
our population in 2023  
was 525,322

## What does a Physician recruitment and retention specialist do?

### Marketing/ Engagement/ Communications/PR

Attending multiple events  
to showcase Niagara  
opportunities and clinic  
space options



### Support Licensing and Immigration

Work with the Ministry,  
College of Physicians and  
Surgeons of Ontario and  
Service Canada to ensure  
that paperwork is submitted



### Resources

Providing physicians  
and clinics support with  
ministry models and  
timelines. Answering  
residents questions about  
where to find a doctor.



### Site Tours and Interviews

Work with the candidate  
to ensure that they are  
matched with a practice  
that fits their needs



### Onboarding

Assist with referrals to the  
community; Public Health,  
medical societies, hospital,  
real estate, connection to  
municipality incentives and  
community onboarding



### Workforce Planning

Collaboratively identify  
needs in the community,  
developers, clinic leads,  
municipalities

## Niagara Physician Recruitment Program



**8-18 months**  
on average to recruit  
a physician



**Supported  
over 195 family  
doctors** into Niagara  
over the past 13 years.



The role has recruited  
**over 60% of the  
current physician  
workforce** in  
collaboration with the  
area municipalities



**Over 120  
physicians** currently  
engaged who are all  
between **0-5 years of  
making a move into  
family practice**



**Attend events and  
host information  
sessions** to engage  
with prospective  
physicians and keep up  
with best practices

## **Appendix F:**

### **Postcard handout**

## What's needed to set up a successful family physician's practice

- Real estate: site selection
- Business set up
  - insurance, lawyers
  - equipment, IT infrastructure
- Support for recruitment: administrative staff, nurses etc.
- Referrals to specialists and other community health practitioners
- Partnerships with hospitals and clinics
- Marketing and promotions to build patient portfolio
- Personal / family housing

## Current municipal incentive levels across Niagara

Municipality	2024 incentive level (from highest to lowest)
Welland	\$100,000
Fort Erie	\$75,000
Port Colborne	\$75,000
Niagara Falls	\$50,000
Lincoln	\$25,000
Niagara-on-the-Lake	\$25,000
St. Catharines	\$5,000
Thorold	Active discussions at Council

