



Think Tank #4: Report
Recruitment and Retention

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Doctors' Think Tank

Summary

The Peterborough Family Doctors' Think Tank met on April 10, 2024, to discuss local family physician recruitment and retention. A total of 22 participants attended the Think Tank and an additional 5 participants responded to online surveys asking the same questions. The results from the discussions and surveys were analyzed using thematic analysis and are presented in this report along with supporting supplemental literature.

This report aims to provide recommendations and priorities for family physician recruitment and retention from the perspectives of family physicians.

The data has been organized and summarized in Figure 1 which outlines the multi-systems level support required for successful recruitment and retention. This will require the participation of family physicians, the City of Peterborough (this report assumes that the City is leading local recruitment efforts), the Ministry of Health and Long Term Care (MOHLTC) and/or Ontario Medical Association (OMA).

Key Points

- Family physicians have been frustrated and dissatisfied with recruitment and retention efforts to date (*note: data only reflective of efforts prior to April 2024*)
- Financial incentives for newly recruited family physicians may bring the community to a level playing field but would be insufficient to set us apart as a destination to live and establish a family practice
- Helping families of physicians set roots in the local community is critical for recruitment and retention
- Overhead support for new and existing family physicians was one of the most frequently mentioned recommendations
- Overhead support should be fair and equitable to new and existing family physicians
- Measures of successful recruitment should be defined and take into account the political landscape/nationwide issue of the family physician shortage
- Many physicians stated that the community/city itself was a great recruitment tool and should be showcased
- There needs to be a reliable, consistent, single-point contact for physician recruitment
- Engaging learners (medical students and residents) within the medical and broader community is important
- There needs to be public education regarding the role of family physicians
- There is a need to enhance the relationship between local family physicians and specialists

What is the Think Tank?

Established in March 2023, the Family Doctors' Think Tank is a unique consulting and brainstorming group of independent family physicians in Peterborough, Ontario. The goal of this network of family physicians is to focus on local advocacy and grassroots-level changes to maximize physician recruitment but most importantly, retention. It was established in response to the shortage of family physicians as well as to better support currently practicing family physicians. The goals and mandate of the Think Tank were established at its inaugural meeting and these priorities continue to be re-evaluated and addressed at subsequent Think Tank events. The group meets 3-4 times a year to review priority topics and generate reports and recommendations to stakeholders. Meetings are conducted in focus group-style small groups; facilitated and moderated by a physician. The goal of these discussions is to identify physician-led solutions to better support family physicians in the local community.

Membership is open to all family physicians currently practicing comprehensive, community-based family practice who hold a FHO position, practice in a family practice setting in the community, or have been doing regular locums in community-based family practice. It currently consists of one lead physician/founder, and a planning committee of five physician members.

Data Collection

The Family Doctors' Think Tank most recently met on April 10th, 2024. A total of 22 participants attended the small group discussions with each group consisting of 4-5 participants. All participants were either: residents (trainees) of the local family medicine program, locum physicians with experience doing local placements in family medicine, or family physicians with a practice or roster of patients in the Peterborough region. All participation was voluntary.

Each small group was given the same prompts and encouraged to discuss the questions on the theme of recruitment and retention. At the end of the small group discussions, one person from each group was asked to present a summary of their findings. The final discussions and themes were similar from group to group. Each of the groups also documented their responses to the questions asked which were reviewed for final analysis.

To capture the perspective and views of those who were unable to attend the Think Tank meeting, a survey was also distributed to all eligible parties. The results from these surveys are included in the final presentation of the dataset.

The results of the Think Tank meeting are presented in this document after thematic analysis of the small groups discussions, survey responses, and notes were completed by the primary author (Dr. M. Sundareswaran). The results of this report were shared with one other member of the Think Tank planning committee to verify that it captured the results of the discussions accurately.

Think Tank (Small Groups) Participant Profile:

Positions within family practice	# of participants
Locum Family Physicians (no FHO spot)	2
Residents (Queen's Family Medicine Program)	4
< 5 years of comprehensive, community-based family practice	5
5-10 years of comprehensive, community-based family practice	2
10-15 years of comprehensive, community-based family practice	4
> 15 years of comprehensive, community-based family practice	5
Total	22

Survey Respondent Participant Profile:

Positions within family practice	# of participants
Locum Family Physicians (no FHO spot)	1
Residents (Queen's Family Medicine Program)	0
< 5 years of comprehensive, community-based family practice	2
5-10 years of comprehensive, community-based family practice	2
10-15 years of comprehensive, community-based family practice	0
> 15 years of comprehensive, community-based family practice	0
Total	5

Financial incentives for new physicians

Theme: “Not a strong enough hook” but... “everyone else is doing it”

All four groups (n=22) were generally not in favour of “sign on bonuses” or incentives for newly recruited physicians. There was more variability among the individual survey respondents who felt incentives “would be nice” but many discussed redirecting the funds in more creative ways.

In general, financial incentives or “sign-on” bonuses, such as those currently being offered in surrounding municipalities – for example, Belleville currently offers a \$150,000 sign-on bonus for family physicians for a five-year commitment (City of Belleville, 2023) – were seen as a short-term solution that did not address the bigger issue of physician retention. Incentives also fail to acknowledge or highlight the underlying reasons why physicians may choose to stay or work in Peterborough, Ontario. In offering blanket sign-on incentives, participants felt that attention was shifted away from the community or the importance of comprehensive primary care - areas where efforts could instead be focused. Participants also noted that the decision to provide high dollar-value “sign-on” incentives is not supported by evidence.

Benefits of financial incentives were discussed including assistance paying off large student debts, support moving to a new community, and preservation of autonomy for new physicians. But the single-most factor in favour of larger, cash-value sign-on incentives was simply “everyone else is doing it.”

Participants discussed that it is difficult not to support such financial incentives when surrounding municipalities and communities are offering them at competitive rates. **Incentives could bring the community to a level playing field but are insufficient to set us apart as a destination to live and establish a family practice.** In applying a cookie-cutter approach to incentives, it fails to address some of the unique features of individual communities, including ours.

The findings in the Think Tank mirror a lot of what is discussed in the literature. An international systematic review done in 2016 regarding recruitment and retention of primary care physicians was inconclusive regarding incentives as a successful means of recruiting physicians (Verma et al., 2016). There is some research to suggest that financial incentives may offer good short-term efficacy, but poorer long-term outcomes (Sempowski, 2004). The ability to retain the physicians drawn in by cash incentives past obligatory return of service seems to be a challenge. More recently, Arising Collective was contracted by the Ontario Health Team (OHT) to conduct a review of factors that influenced practice scope and location of local family medicine residents from the Peterborough-Kawartha post graduate program. Incentives were not found to be overly helpful - although some participants did think it would have been nice. Other factors such as being close to family and a positive work environment were deemed to be more important (Harrington, 2023).

Review of recruitment and retention efforts to date

Context

In the last three years, the City of Peterborough has had four different people tasked with recruiting physicians. In 2022, the Peterborough Physician Recruitment and Retention Committee (PPRRC) was established but later dissolved as the City and County each aimed to implement their own recruitment strategy. At the time of this report, recruitment portfolios are separate for the City of Peterborough and Peterborough County.

Theme #1 (Recruitment/Retention): ...“what effort?”

When family physician participants in small groups were asked whether they were happy with recruitment and retention efforts to date (*note: prior to April 2024*), the answer was a resounding and unanimous “no.” Only 1 of 5 survey respondents spoke positively of recruitment efforts to date but said more work needed to be done.

It was clear from the dataset that participants were frustrated and dissatisfied with all recruitment and retention efforts to date. Participants mentioned absence of continuity or structure in recruitment efforts. There was mention of poor communication and minimal effort made in providing connections and recruitment-related services to local family physicians, potential family physician recruits, and locum physicians.

Concerns were raised regarding previous recruiters’ limited understanding of the healthcare system and family practice models.

Theme #2 (Recruitment/Retention): Physicians are critical in physician recruitment.

Any effort towards physician recruitment must involve the local family physicians. A better understanding of the current landscape of family medicine and a thorough understanding of how family practices operate is a critical step for any physician recruiter. The approach to recruitment needs to involve a team with the physicians at its core and family physicians should be consulted **prior** to recruitment-related initiatives in a consistent and transparent manner. Caution needs to be exercised in measuring recruitment. Physicians shared examples of previous recruiter claims of “successful recruitment” for physicians who intended to move to Peterborough anyway or may have been recruited by other means.

RECOMMENDATIONS

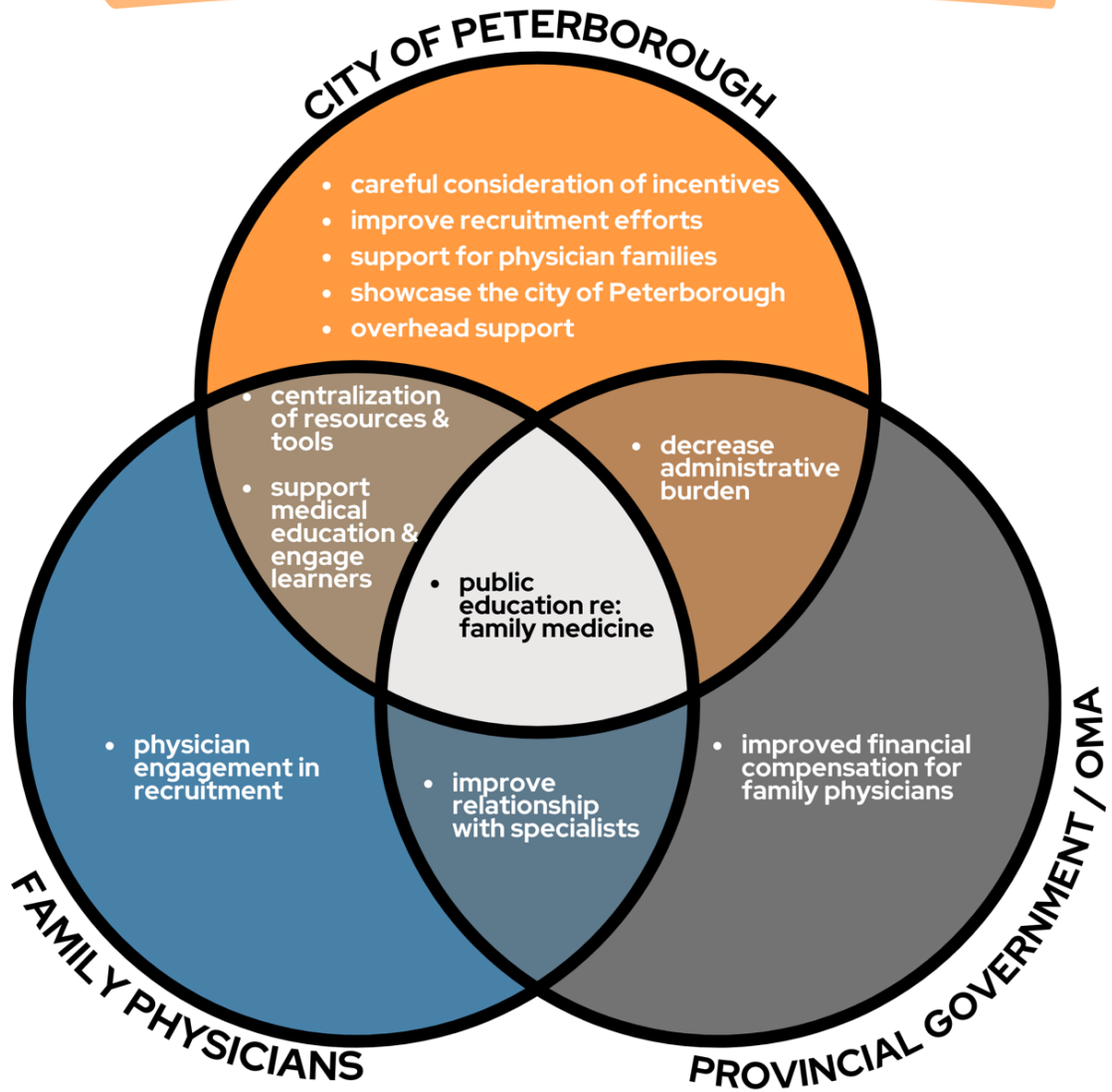


Figure 1: A multi-systems level approach for addressing family physician recruitment and retention in Peterborough, ON.

Recommendations: Priorities for Recruitment and Retention

Theme #1: Recruiting family physicians means recruiting their families

Participants stressed the importance of recognizing that recruiting and retaining family physicians in fact means recruiting their families. Assistance in finding employment for non-physician spouses as well as childcare support (i.e.: daycare) for children of family physicians was identified as two of the most important factors. The latter being somewhat unique to the profession since many family physicians are self-employed and need to continue managing their practices during parental leave.

Helping families of physicians set roots in the local community is not only critical for recruitment but is also one of the commonly cited reasons for existing physicians to consider leaving the region for employment elsewhere.

As part of this transition to a new community, participants discussed leveraging existing community partnerships to make connections with realtors, accountants, moving companies, lawyers, and primary care providers for newly recruited physicians and their families.

Theme #2: Decreasing administrative burden & overhead costs will be critical to retaining and recruiting family physicians

To successfully recruit new family physicians to establish a practice in our community or consider growing their practices (i.e.: accept new patients), administrative burden needs to be addressed. Efforts need to be made to decrease the redundancies and inefficiencies of paperwork from the day-to-day workflow of family physicians and more support needs to be provided to manage these tasks.

This aligns with existing literature and recent data showing that family physicians on average spend 19 hours/week doing unpaid administrative work that is unnecessary or could be delegated to someone else (OCFP, 2023).

Current initiatives and advocacy efforts are underway by organizations such as the Ontario Medical Association (OMA), Ontario College of Family Physicians (OCFP), and OntarioMD to review and implement changes on a provincial level. British Columbia recently included financial compensation for family physicians to complete administrative tasks, including paperwork. Many of these projects will require advocacy and at the provincial level, much of which is beyond the scope of the Think Tank or the City of Peterborough.

However, there may be a role to engage local organizations, institutions, and employers to identify opportunities to decrease administrative burden on family physicians. Examples of these may include evaluation of sick note policies, occupational health forms, or referral processes.

Participants discussed that many of the initiatives and resources required to address the administrative burden (i.e., human resources, digital tools, electronic medical records systems, etc.) are affiliated with rising overhead costs. In lieu of incentives, participants suggested that funders may consider redirecting funds towards supporting overhead expenses in a manner that would equally benefit new physicians to the community whilst simultaneously benefiting those already with established practices. Some ideas included funding of new Artificial Intelligence (AI) scribe software, subsidizing rent, waiving property tax for family practices, and supporting hiring of administrative staff and/or locums. **Support for overhead for new and existing family physicians was frequently mentioned throughout the surveys and small group discussions.**

When asked specifically regarding the possibility of funding “overhead-free” space or the establishment of a funded clinic in which clinicians could work with municipally funded resources, the general sentiment was that this would not help the retention issue or be equitable to those who are already here. Subsidized rent for a fixed period may be more reasonable. If a municipally funded clinic/overhead-free space was an option, physicians instead thought specialized clinics to meet the primary care needs of the population at large (i.e.: occupational health clinics, IUD clinics, trans care, etc.) may be more equitable for providers and increase access to services for a greater number of patients while also supporting and giving new opportunities for current family physicians.

The subsidized clinic in Norwood was mentioned a few times in the surveys - which although was seen as a success for that community was generally not felt to be something that could be similarly implemented in Peterborough due to the size of the community. In general, physicians felt that such subsidies should be fair and equitable to new and existing family physicians. A new overhead free space while others paid 20-30% overhead was described by some participants as undermining existing models, offensive, and unfair.

Theme #3: Worsening financial compensation was the #1 reason why current physicians would consider quitting comprehensive, community-based family medicine.

Family physicians were unanimous in their opinion that little to no change to the provincial compensation for family physicians would be the strongest factor leading them to consider leaving the occupation. The discussions around this also included rules and restrictions of practice imposed by the Ministry of Health and Long Term Care (MOHLTC) in how physicians operate and the conditions or rules under which they must practice (e.g. setting parameters on numbers of patient encounters).

At a municipal or grassroots level, much of this remains far beyond the scope of the Think Tank; however, advocacy work to promote family medicine and its critical role in healthcare will benefit the community at large.

Context:

Although negotiations regarding physician compensation between the MOHLTC and the OMA are currently underway, if there is little to no change in compensation, retention is a much bigger threat to the family physician workforce in the community. For this reason, retirements and exit from the profession need to be presented and given as much attention as recruitments alone.

The City of Peterborough is currently experiencing a deficit of family physicians - and will need to fill the deficit in addition to replacing those that leave. There are currently approximately 30,000 people without a family physician in Peterborough. It would take approximately 23 full time family physicians to fill this void. There are currently numerous job openings at each of the Family Health Organizations with ample physical space across the city for a physician to join a team-based care model. The need for 23 full time physicians does not factor any of the pending retirements.

Therefore, in presenting data regarding recruitment and retention, the net gain or loss of family physicians also needs to be presented and discussed. **Given the scope of this problem, which is province and nation-wide, a measure of successful recruitment should be defined and take into consideration the political landscape and the recruitment/retention being done by surrounding communities similar in size and profile to Peterborough.**

Theme #4: Showcase the City of Peterborough

Many physicians stated that the community/city itself was a great recruitment tool and should be showcased. Potential new physicians could be “oriented” to the region with a welcome package, information about the community and consideration could be given to “Peterborough perks.” Although the profile of each potential new family physician and their needs varies greatly, this may be an opportunity to work with existing small businesses and corporations to promote physicians establishing clinics in the community. Examples of “perks” include membership to the YMCA. Discounts may be considered to help promote local small businesses, restaurants and facilities and promote exploration of the local community by families. Furthermore, locum family physicians or potential new physicians would likely benefit from getting to know the existing family physician community and efforts should be made to facilitate and promote gatherings, meetings, or social events to bring these individuals together.

Context:

An investment in family physicians is an investment in Peterborough. Leveraging community partnerships to encourage these professionals to establish and implement their own clinics will likely benefit the city overall.

As small business owners, family physicians who establish clinics to practice comprehensive, community-based primary care are important contributors to the local economy. In 2019, physicians' offices contributed more than \$13.8 billion in taxes to federal, provincial/territorial and municipal governments. For each employed physician, there are an additional 1.91 jobs supported in their office (Clark & Hermus, 2020)

Theme #5: Centralization - something reliable, consistent, and up to date

For all recruitment and retentions efforts to be effectively delivered, there needs to be a reliable, consistent, single-point contact who can answer inquiries pertaining to resources, jobs, community supports, childcare, school, etc. but also know how and when to connect candidates with the appropriate family physician, team administrator, or organization.

At present, the opportunities available for new family physicians - a group that encompasses a range of diverse practice interests - are fragmented and difficult to find. Current opportunities for family physicians are not transparent and require meetings and discussions with multiple institutions or groups.

For example, a family physician may wish to establish a part time family practice while also utilizing their skills or practice in another area of interest, such as an emergency physician or hospitalist. Peterborough offers a wide range of such work opportunities for family physicians in the hospital (Peterborough Regional Health Centre) or in various clinics (i.e.: Peterborough Family Health Team Health Clinic, Trent University, Fleming College). A process needs to exist for a single point person to be aware of all current opportunities in the community and facilitate meetings and discussions with local partners. Job sharing opportunities and opportunities to combine different family practices across Family Health Organizations may be options - but an awareness of these is critical. Also, as these opportunities and availability of jobs are in constant flux, staying up to date and informed is essential.

Centralization was also discussed in the context of locums - physicians contracted to temporarily fill positions in clinics while a physician may be on leave or vacation. New graduates or those wanting to explore a new city, may choose a locum position to become familiar with the community or a potential family practice before committing to it long-term. However, at present, awareness of existing locum opportunities (usually time sensitive) or interested locums is passed via word-of-mouth. It would be of great benefit if a centralized method was created and operating within Peterborough to connect potential locum physicians with family physicians searching for coverage - either for holiday coverage, medical leave, or succession planning. A physician new to the locum pool should be introduced to interested family physicians, familiarized to the five different Family Health Organization (FHO) models, and given information regarding other job opportunities in the region for family physicians. Establishing a centralized "pathway" for locum opportunities may also set the stage and standardize future opportunities for locum subsidies to help support hiring and promoting locums in the community.

Lastly, as administrative burdens pile for family physicians, another idea that was discussed was the possibility of a centralized referral coordinator. As healthcare human resources are experiencing significant turnover and providers are under immense pressure to function beyond capacity, the rates of referral rejections are incredibly high. This is creating unnecessary paperwork and administrative work as it then falls on the family physicians to refer, re-refer, and communicate with all parties regarding repeat referrals. Perhaps there is a role for an individual or entity to help offload some of the current inefficiencies in the system while assisting family physicians to identify and manage local referrals.

Theme #6: Support Medical Education & Engage our Learners

As a city, Peterborough is fortunate to be the home of the Queen's Family Medicine Program Peterborough-Kawartha Site - which is home to six family medicine residents each year. **It has been one of the best recruitment tools to date with fifteen of its graduates currently having a roster of patients practicing comprehensive, community-based family practice in Peterborough City and County.**

In addition, Peterborough is a recognized site of the Rural Ontario Medical Program (ROMP) through which medical students visit from across the province to complete rotations. The program also supports international medical graduates/students as well.

Participants from the Think Tank and surveys discussed the importance of better supporting programs that can bring medical learners to the community who may then stay to practice.

Engaging learners (medical students and residents) within the medical and broader community should be a priority. There should be much more support for existing academic programs within Peterborough and attention should be given to how to better support preceptors (supervisors). Collaboration between the recruitment team and academic programs is needed.

Theme #7: What do family doctors do? Public Education & Improving Relationships with Specialists

Participants were asked directly what it would take for them to feel appreciated by their patients, colleagues, and the community at large.

When it came to the public and patients, physicians felt that there needs to be greater communication and education regarding the role of family physicians and what they can and cannot provide. Increasing health literacy and understanding the process of how a symptom is then evaluated to form a diagnosis and management plan was discussed - particularly to help people understand some of the limitations that physicians experience (i.e.: how many problems per visit can be addressed, why symptoms need to be evaluated to form a diagnosis, etc).

Respect for staff, office administrators, and physicians was also discussed as something that needed to be addressed.

There was interest in enhancing the relationship between local family physicians and specialists. In addition to broadly improving collegiality, there was also discussion regarding the role specialists may have in the workflow or administrative burden for family physicians and there may be an opportunity for collaboration to improve this.

Conclusion

This report provides some basic recommendations and feedback from the perspective of Peterborough's family physicians with the goal of helping guide future recruitment and retention efforts.

Key Points

- Family physicians have been frustrated and dissatisfied with recruitment and retention efforts to date (*note: data only reflective of efforts prior to April 2024*)
- Financial incentives for newly recruited family physicians may bring the community to a level playing field but would be insufficient to set us apart as a destination to live and establish a family practice
- Helping families of physicians set roots in the local community is critical for recruitment and retention
- Overhead support for new and existing family physicians was one of the most frequently mentioned recommendations
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- There needs to be a reliable, consistent, single-point contact for physician recruitment
- Engaging learners (medical students and residents) within the medical and broader community is important
- There needs to be public education regarding the role of family physicians
- There is a need to enhance the relationship between local family physicians and specialists

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