TO: Mayor and Council
FROM: Gerard Hunt, Chief Administrative Officer
RESOURCE STAFF: Judy Reichstein, Research & Policy Analyst
DATE OF MEETING: June 15, 2010
SUBJECT: Family Physician Recruitment Support Package - Update

EXECUTIVE SUMMARY:
The family physician recruitment support package was established in 2007 to be in effect from 2008 to 2010. The total budget established for the program was $1.8M, to be amortized over 5 years, of which $350,000 remains.

The support package has been a great success and has assisted in the recruitment of 23 family physicians to Kingston to date. This has resulted in 15,000 patients having a doctor who previously did not. The physician recruitment program continues to experience current and emerging challenges, which will be explained in this report.

This report provides an update on the family physician recruitment support package and requests consideration that the remaining funds be restructured in order to extend the program to 2011.

The recommendation in this report is based on KEDCO’s direction and request.

RECOMMENDATION:
That council approves the following amendment to the family physician recruitment support package:

That in order to allow the family physician recruitment support package to be extended into 2011, the package be revised using the remaining funds in the budget to provide funding at the level of $25,000 per new full-time, unestablished physician, beginning September 1, 2010, which will result in all new family physicians receiving $25,000.
AUTHORIZING SIGNATURES:

<table>
<thead>
<tr>
<th>Original Signed by Chief Administrative Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerard Hunt, Chief Administrative Officer</td>
</tr>
</tbody>
</table>

CONSULTATION WITH THE FOLLOWING COMMISSIONERS:

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>N/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Beach, Sustainability &amp; Growth</td>
<td>N/R</td>
</tr>
<tr>
<td>Terry Willing, Community Services</td>
<td>N/R</td>
</tr>
<tr>
<td>Denis Leger, Transportation, Properties &amp; Emergency Services</td>
<td>N/R</td>
</tr>
<tr>
<td>Jim Keech, President and CEO, Utilities Kingston</td>
<td>N/R</td>
</tr>
</tbody>
</table>

(N/R indicates consultation not required)
OPTIONS/DISCUSSION:

On May 6, 2008 council passed the following motions:

1. That council approve the following family physician recruitment support package:
   a. $25,000 per new, full-time, established, family physician to Kingston to help defray the costs of relocation and establishing a practice.
   b. $75,000 (cash flowed or amortized over 5 years) per new, full-time, unestablished, family physician to Kingston to help defray the costs of relocation and establishing a practice, subject to entering into a 5 year contract, including repayment on a proportionate basis, should the term not be completed.

2. Any agreements arising from this program must be satisfactory to the Director of Legal Services and the Commissioner of Finance & Corporate Performance.

3. That the program be established for up to 3 years with the objective of attracting sufficient physicians to close the identified gaps/shortages estimated at 25-30 physicians.

4. That staff report back no later than March 1, 2009 on the effectiveness of this program with recommendations for the future and development of the program.

The following information has been provided by KEDCO staff who are responsible for administering the program. The CAO’s office is submitting this report to seek authorization to changes to the program.

Setting the Scene - Family Physician Shortage in Kingston

In 2007, a Statistics Canada survey estimated that approximately 20,000 Kingston residents were without a family physician. In response to this shortage council decided to fund a Family Physician Support Package, administered by KEDCO, with a total budget of $1.8M to be amortized over 5 years.

Since 2008, the support package has assisted with the recruitment of 23 new family physicians who continue to recruit new patients. While we are pleased with the progress of the program we must continue to be competitive.

An aging patient population places greater demands on primary care. Kingston already has 2 per cent more elderly residents than the provincial average. The average age of practicing family physicians has also increased to 51 years, with more than one-third of these physicians nearing retirement. In addition, younger family physicians are, on average, working fewer hours than their established counterparts. It is estimated that it takes approximately 1.3 new family physicians to replace every one retiring physician.
Responding to Current and Future Challenges

Kingston, like many other communities, faces some key challenges in attracting and retaining family physicians. Kingston cannot afford to be complacent on this issue if we hope to address the demands of our population growth over the long term.

Aging Workforce

Kingston’s aging physician workforce results in approximately 5,000 orphaned patients per year. It is currently estimated that 3 family physicians will retire each year.

Competing Communities

Surrounding communities continue to offer incentives in their efforts to attract physicians and will likely continue to do so in the future.

These communities offer the following recruitment investment:

<table>
<thead>
<tr>
<th>municipality</th>
<th>municipal contribution (per physician)</th>
<th>hospital support (per physician)</th>
<th>community support (per physician)</th>
<th>ministry support * (per physician)</th>
<th>total support (per physician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hastings County</td>
<td>$150,000</td>
<td></td>
<td>$55,000</td>
<td>$205,000</td>
<td></td>
</tr>
<tr>
<td>Greater Napanee</td>
<td>$60,000</td>
<td></td>
<td>$55,000</td>
<td>$115,000</td>
<td></td>
</tr>
<tr>
<td>Quinte West</td>
<td>$100,000</td>
<td>$60,000</td>
<td></td>
<td>$215,000</td>
<td></td>
</tr>
<tr>
<td>Brockville</td>
<td></td>
<td>$40,000</td>
<td>$30,000</td>
<td>$70,000</td>
<td></td>
</tr>
<tr>
<td>Kingston</td>
<td>$25,000</td>
<td></td>
<td></td>
<td>$25,000</td>
<td></td>
</tr>
</tbody>
</table>

*designated underserviced area incentives

USA Physician Shortage

The current transformation of the public healthcare system in the U.S. is expected to cause a shortage of 150,000 family physicians in the U.S. over the next 15 years. It is our prediction that U.S. recruiters attempting to address this shortage will try to recruit physicians from Canada. It is prudent to believe that some of our Canadian physicians will respond and make the cross-border trek.

Offers from other Kingston Institutions

Correctional Services, Queen’s University, CFB Kingston, and OHIP/Ministry all provide employment opportunities for Kingston’s family physicians. Some family physicians prefer this over practicing in the community therefore leaving a gap for our residents.

Attraction of Specialist Positions

A number of medical graduates are still not choosing family practice as their first career choice. This percentage has been cut in half in the last decade. Although this number continues to decline it still poses a threat because of the long hours and low income that a family practice offers compared to a specialist practice.

It should be noted that there have been recent steps by the Ontario government to reduce the shortage of family physicians including increasing residency places, new health care models and enhanced incorporation rights for physicians. These factors have contributed to the success of our recruitment efforts and we will continue to do so going forward.
Prevention is better than a cure

Research shows that people who have a family physician, particularly the elderly and the chronically ill, enjoy better health than people who don’t. The patient-doctor relationship increases personal attention and reduces hospital stays for the patient. Overall this reduces costs to the entire health-care system and improves quality of life for our citizens. Given our aging population this will be especially important in future years.

A potential shortage of family physicians poses a risk to our economic competitiveness. Access to health care is a quality of life benchmark for businesses looking to locate or expand in Kingston. Not being able to get a family physician has been cited as a major concern for potential employees. This can lead to Kingston’s employers having difficulty attracting skilled personnel. Kingston must maintain and improve on its current level of advantage in this area in order to remain competitive.

History of the solution

Recruitment efforts have proven successful because of attractive practice opportunities available within the City of Kingston in conjunction with the Family Physician Recruitment Support Package. 23 physicians have been recruited since the inception of the program in 2008 and we continue to have advanced talks with family physicians interested in signing with the City of Kingston. Kingston has now reached a point where once again physicians are accepting patients, however, we have learned from experience that unless we continue to recruit physicians and remain competitive with other communities the tide can quickly turn. Despite increased enrollment into medical schools, increased residency positions and relaxed restrictions on foreign trained physicians (all of which has increased the supply of family physicians) we must remain cognizant of the challenges which remain, continue to evaluate the current status of family physicians and be prepared to act accordingly.

We will continue attracting more family physicians in Kingston and we will retain the valued physicians we have now. Our physical and economic well-being depends on it. Kingston has a pressing need to ensure that we have enough physicians to meet our community’s primary health care needs, our changing demographics and our future growth potential.

Structure of the program

All agreements that arise from this program will remain the same and are subject to the same designated signing authority. The only proposed change is all family physicians receive $25,000 rather than $25,000/$75,000 as per previous package.

EXISTING POLICY/BY LAW:
Not Applicable

NOTICE PROVISIONS:
Not Applicable

ACCESSIBILITY CONSIDERATIONS:
Not Applicable

FINANCIAL CONSIDERATIONS:
There are no financial considerations attached with this proposed plan.
CONTACTS:
Gerard Hunt, CAO 546-4291 ext. 2205
Teri Jones, Family Physician Recruiter, KEDCO 544-2725 ext. 7233
John-Paul Shearer, Director of Business Development, KEDCO 544-2725 ext 7267

OTHER CITY OF KINGSTON STAFF CONSULTED:
Not applicable

EXHIBITS ATTACHED:
Appendix A: Report 08-158 Family Physician Recruitment Support Package (distributed separately to council only)
EXECUTIVE SUMMARY:
The purpose of this report is to report to council on two passed motions from the November 20, 2007 council meeting that address the shortage of family physicians in Kingston.

Motion #1 asked city and KEDCO staff to implement a plan to quantify the number of citizens without a family physician and to take into account surveys from Statistics Canada, Southeast LHIN and other available sources.

Motion #2 asked city and KEDCO staff to research and report to council on a family physician recruitment support plan that would make Kingston more competitive with other communities.

RECOMMENDATION:

1. That council approve the following family physician recruitment support package:
   a. $25,000 per new, full-time, established, family physician to Kingston to help defray the costs of relocation and establishing a practice.
   b. $75,000 (cash flowed or amortized over 5 years) per new, full-time, unestablished, family physician to Kingston to help defray the costs of relocation and establishing a practice, subject to entering into a 5 year contract, including repayment on a proportionate basis, should the term not be completed

2. Any agreements arising from this program must be satisfactory to the Director of Legal Services and the Commissioner of Finance & Corporate Performance.

3. That the program be established for up to 3 years with the objective of attracting sufficient physicians to close the identified gaps/shortages estimated at 25-30 physicians.

4. That staff report back no later than March 1, 2009 on the effectiveness of this program with recommendations for the future and development of the program.
OPTIONS/DISCUSSION:

The purpose of this report is to report to council on two passed motions from the November 20, 2007 council meeting that address the shortage of family physicians in Kingston.

Motion #1 asked city and KEDCO staff to implement a plan to quantify the number of citizens without a family physician and to take into account surveys from Statistics Canada, Southeast LHIN and other available sources.

(1) Moved by Councillor Hutchison  
Seconded by Councillor Garrison

WHEREAS the City of Kingston has potentially 20,000 citizens without the services of a family doctor;

AND WHEREAS that, while the lack of family doctors in Kingston is a serious community problem, the number of 20,000 is based on anecdotal evidence or inferred from studies conducted for other purposes;

AND WHEREAS the inability to accurately quantify the number of citizens without a family doctor is impeding the City’s and KEDCO’s ability to plan and manage the recruitment of family doctors since having an accurate baseline doctor-patient ratio for Kingston would help the process of Kingston seeking designation as an underserviced area with the Ministry of Health, enable the accurate projection of the number of physicians needed, aid in formulating the recruitment-marketing plan needed to alleviate the problem, and create the basis for information tools to measure the success of our recruitment process;

BE IT RESOLVED THAT the issue of implementing a plan to quantify the number of citizens without a family doctor be referred to City and KEDCO staff for a report to Council for consideration for the City’s and/or KEDCO’s 2008 operating budgets;

AND BE IT FURTHER RESOLVED THAT as part of the report, the city and KEDCO take into account surveys to done by Statistics Canada, the South East LHIN and any other readily available sources that will utilize the appropriate methodology, error margin and geographical reference to the City of Kingston to determine the number of people without a family doctor, and that the least costly survey that meets these criteria be preferred.

CARRIED AS AMENDED

Pursuant to above motion #1, we can now confirm that a Statistics Canada survey, Kingston Survey of Doctor Accessibility, was conducted in November 2007. This survey used very sound and stringent methodology and is an appropriate tool to satisfy council’s request to quantify the number of citizens in Kingston without a family physician. From the sampling of the target population in the survey, it is estimated that 13,360 residents do not have a family physician (14.8 per cent of respondents) while 76,913 residents have access to a family physician (85.2 per cent of respondents). This sampling represents a population of 90,273 residents aged 18 years and older (77 per cent of the Statistics Canada 2006 City of Kingston total censure population of 117,207).
Motion #2 asked city and KEDCO staff to research and report to council on a family physician recruitment support plan that would make Kingston more competitive with other communities.

WHEREAS there is a national and international competition between communities for recruiting family doctors;

AND WHEREAS the City of Kingston is therefore in direct competition with other communities in recruiting family doctors;

AND WHEREAS in the KEDCO experience, other communities are offering a mix of cash or equivalent supports including for medical school educational expenses, salary top-ups, subsidized turn-key clinic space and equipment, paid housing expenses, moving expenses and dental/medical benefits;

AND WHEREAS KEDCO finds that the current lack of cash or equivalent supports available to offer to prospective family doctors is seriously undermining the City’s ability to attract new family doctors;

THEREFORE BE IT RESOLVED that City staff in conjunction with KEDCO research and report to Council on a family doctor recruitment support plan that would effectively make Kingston competitive in this area for consideration for the City’s and/or KEDCO’s 2008 operating budgets.

CARRIED (8:1)

Pursuant to above motion #2, we can now confirm that work has been completed to research the need for a support package in order for Kingston to be more competitive in its family physician recruitment efforts. Further, with recent approval of a budget estimate of $200K for the 2008 year we are now in a position to bring forward this report.

Although six new family physicians have been recruited to Kingston since the beginning of KEDCO’s Family Physician Recruitment and Retention program in June 2006, a significant number of family physicians have retired from Kingston’s aging physician workforce resulting in little improvement in the shortage of family physicians.

The initial success of recruitment efforts are unsustainable, relying heavily on the limited number of desirable practice opportunities available within Kingston’s three family health teams and the city’s support of these teams. In addition, Kingston has recently been denied designation as an underserviced area by the Ministry of Health and Long-Term Care (Ministry). The resulting lack of Ministry financial supports and the elimination of International Medical Graduates as prospects leave Kingston at a significant disadvantage when competing with other communities offering substantial underserviced area and municipal financial supports.

In addition to the experience of Kingston’s Family Physician Recruitment Initiative Program, a thorough review of other communities’ efforts to attract family physicians weighed against Kingston’s sustainable competitive advantages shows that Kingston is lagging behind in its ability to attract additional family physicians due to a lack of comparable financial supports. For example, these communities currently offer the following recruitment investment:

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Municipal Contribution</th>
<th>Hospital Support</th>
<th>Community Support</th>
<th>Ministry Support*</th>
<th>Total Support Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belleville</td>
<td>$150,000</td>
<td>$60,000</td>
<td></td>
<td>$55,000</td>
<td>$265,000</td>
</tr>
<tr>
<td>Hastings County</td>
<td>$150,000</td>
<td></td>
<td></td>
<td>$55,000</td>
<td>$205,000</td>
</tr>
<tr>
<td>Greater Napanee</td>
<td>$60,000</td>
<td></td>
<td></td>
<td>$55,000</td>
<td>$115,000</td>
</tr>
<tr>
<td>Quinte West</td>
<td>$100,000</td>
<td>$60,000</td>
<td></td>
<td>$55,000</td>
<td>$215,000</td>
</tr>
<tr>
<td>Brockville</td>
<td>TBD</td>
<td>$40,000</td>
<td>$30,000</td>
<td>$55,000</td>
<td>$125,000</td>
</tr>
</tbody>
</table>

*Designated Underserviced Area Incentives
Recently, a family physician who had just completed training at Queen’s University had committed to starting a practice in Kingston. Upon further consideration, the new graduate decided instead to move to another municipality after being offered $265,000 in total support.

A successful family physician recruitment and retention program requires a multifaceted approach. Strategies, as outlined in KEDCO’s 2008 Family Physician and Recruitment Strategic Plan (see Appendix A), must focus not only on recruitment but must address the retention of existing family physicians and maximizing their efficiency. Recruitment efforts have to be sensitive to existing family physicians. It is essential to have centralized coordination of stakeholders’ efforts and to address complex issues such as enhancing hospital privileges for family physicians. Engaging the city and the community, as partners, in addressing the shortage of family physicians is imperative.

A family physician recruitment support package offered for a 3 year period and reviewed annually should yield an estimated 30 new full-time family physicians to Kingston. Taking into consideration anticipated retirements this would substantially alleviate Kingston’s shortage of family physicians. The risks associated with implementing this program are minimal since money will only be spent on the program once Kingston is successful in attracting new family physicians to the community.

### Family Physician Shortage in Kingston

One million Ontarians, an estimated 20,000 in Kingston alone, do not have a family physician. Almost all of the family physicians in Kingston have closed their practices to new patients. This is a source of very real frustration for Kingstonians. The College of Physicians and Surgeons of Ontario field inquiries from thousands of people every month who are desperately searching for a family physician. Locally, the City of Kingston, Kingston and the Islands MPP, John Gerretsen, the Kingston Academy of Medicine and Council on Aging are similarly inundated with inquiries regarding physician availability.

Our evidence indicates that this problem will worsen. An aging patient population places greater demands on primary care and in fact Kingston already has 2 per cent more elderly residents than the provincial average. The average age of practicing family physicians has also increased to 51 years, with more than one-third of these physicians nearing retirement. In addition, younger family physicians are, on average, working fewer hours than their established counterparts. It is estimated that it takes approximately 1.3 new family physicians to replace every one retiring physician.

### Reasons for Family Physician shortage in Kingston

There are various reasons why Kingston does not have sufficient community family physicians, including:

- **Reduction of Enrolment and Residency Positions**: In the early 1990s medical school enrolment was cut by 10 per cent and family medicine residency positions were reduced.

- **Attraction of Specialist Positions**: Fewer medical graduates are choosing family practice as their first choice. This percentage has been cut in half in the last decade. Family physician’s incomes have declined while specialist’s incomes have increased. Many students fear the overworked, underpaid syndrome that seems to plague general practitioners. They are often enticed by the prestige and financial stability a specialty can offer.

- **Billing Number Restrictions**: In the mid-1990s, billing numbers, which are the mechanism by which family physicians are paid, were either only issued for practicing in designated underserviced areas or restricted for certain cities, including Kingston. These billing number restrictions meant that new family physicians practicing in Kingston were paid 20 per cent less than they would be paid if they were practicing in most other communities. This made it undesirable for new family physicians to practice in Kingston. Billing number restrictions were a major contributing factor for the loss of many family physicians to the United States. This restriction no longer applies but has had an historical impact.

- **Burnout**: Family physicians are suffering from burnout. There are some family physicians that are caring for over 2,000 patients in Kingston while the provincial standard is 1,380. Stressful long hours, lifestyle compromises, and compromised quality due to workload are taking their toll on our family physicians.

- **Offers from other Kingston Institutions**: Correctional Services, Queen’s University, CFB Kingston, and OHIP/Ministry all provide employment opportunities for Kingston’s family physicians rather than practicing in the community.
No Underserviced Area Designation: Kingston is one of the few remaining communities, regionally, not designated as an underserviced area by the Ministry. This puts Kingston at a significant disadvantage as the city does not receive the benefits of this designation including up to $55,000 ($110,000 in northern areas) of supports for new family physicians; reimbursement for physician and spouse visit travel expenses; and, invitation to attend the government sponsored recruitment tour in Ontario. In addition, the majority of International medical graduates completing their residency must practice in a designated underserviced area for 5 years in order to fulfill their return-of-service agreements with the Ministry.

Aging Workforce: A significant number of family physicians retiring from Kingston’s aging physician workforce has led to a high rate of attrition.

It should be noted that there have been recent steps by the Ontario government to reduce the shortage of family physicians including: increasing residency spots, new health care models, and enhanced incorporation rights for physicians. Although these changes are a welcomed move in the right direction, there remains much work to be done at a local level to protect Kingston’s physical and economic well-being.

Effects of Family Physician Shortage in Kingston

Research shows that having a family physician results in better care for patients, particularly the elderly and the chronically ill, and a relationship with a family physician reduces the frequency that they are hospitalized and reduces costs to the entire health-care system. The shortage of family physicians poses a risk to our economic competitiveness since access to health care is a quality of life benchmark for businesses looking to locate or expand in Kingston. Not being able to get a family physician has been cited as a major concern for potential employees and as a result can lead to Kingston’s employers having difficulty attracting skilled personnel.

Other Communities’ Efforts to Resolve Family Physician Shortages

Due to the serious effects of having a lack of family physicians there is competition between communities to recruit and retain family physicians. Cash supports, salary top ups, subsidized turn-key clinic space, paid moving expenses, paid medical/dental benefits, subsidized housing, golf memberships, etc. are common. Many cities have hired full time family physician recruiters including: London, Hamilton and Peterborough. Strategies and supports vary widely from community to community. Efforts range from family physicians handling recruitment on a part-time basis to the creation of multi-million dollar community medical centres.

History of the Solution

To address the shortage of family physicians the City of Kingston formed the Ad-Hoc Committee for the Recruitment, Retention, and Recognition of Family Physicians in August 2005. This ad-hoc committee quickly became a working group to identify strategies to address the shortage of family physicians. The input of a broad range of family physicians was sought by utilizing a session at the Queen’s Executive Decision Centre in December 2005 and a public meeting was held at City Hall on May 10, 2006. At the regular meeting of Kingston City Council held on June 6, 2006 the final report of the ad-hoc committee was approved.

In June 2006, KEDCO hired a full-time family physician recruiter and prepared an action plan incorporating the city committee’s recommendations. Although a significant number of family physicians have retired over this time period, the recruitment of six family physicians has been announced.

The success of recruitment efforts has relied heavily on the desirable practice opportunities available within Kingston’s three family health teams and the city’s support of these teams. However, there are currently only four vacant positions left within the family health teams. In addition, Kingston has recently been denied underserviced area status by the Ministry. The letter received from the Ministry citing reasons for the denial of Kingston’s application is attached to this report for your reference (see Appendix B). KEDCO, along with representatives from MPP John Gerretsen’s office, attended a meeting in Toronto with the Ministry on April 2, 2008. Although the results of a Statistics Canada survey conducted in Kingston in November 2007 concluded that 14.8% of respondents do not have a family physician (an estimated 17,347 Kingston residents), the Ministry is unwilling to reconsider its decision to deny Kingston underserviced area status.
Steps have been taken to engage the community in recruitment efforts in partnership with the city. The Community Foundation of Greater Kingston has agreed, in principle, to the creation of a family physician recruitment charitable contribution fund. However, the city remains at a significant disadvantage when competing with many other communities offering substantial underserviced area and municipal financial supports.

We need more family physicians in Kingston and we must retain the valued physicians we have now. Kingston has a pressing need to ensure that we have enough physicians to meet our community’s primary health care needs. Our physical and economic well-being depends on it.

EXISTING POLICY/BY LAW:
Not applicable

NOTICE PROVISIONS:
Not applicable

ACCESSIBILITY CONSIDERATIONS:
Not applicable

FINANCIAL CONSIDERATIONS:
The financial plan in support of this recommendation is summarized as follows. The goal of the program is to attract 10 physicians per year over 3 years. The following table reflects the cash flow requirements and the mix of established and unestablished physicians.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recruit established (9 over 3 years)</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2. Recruit unestablished* (cash flowed or amortized over 5 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2008-7@$75K)</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>(2009-7@$75K)</td>
<td>n/a</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>n/a</td>
</tr>
<tr>
<td>(2010-7@$75K)</td>
<td>n/a</td>
<td>n/a</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
<td>105,000</td>
</tr>
</tbody>
</table>

Budget Requirement

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
</table>

$180,000 $285,000 $390,000 $315,000 $315,000 210,000 105,000

*Unestablished family physician is defined as not having had a family practice in Ontario in the last 3 years.

Program budget funding for 2008 has been established at $200,000. We recommend that unspent funds be carried to the following year as a continuous program. Based on the up take of the program, the annual budget requirement can be calculated for each upcoming year’s annual budget. It should be noted that income taxation will be the responsibility of the recipient.

CONTACTS:
Gerard Hunt, Interim CAO 546-4291 ext. 2205
Jeff Garrah, CEO, KEDCO 544-2725 ext. 230
Jeff Gouveia, Family Physician Recruiter, KEDCO 544-2725 ext. 232

OTHER CITY OF KINGSTON STAFF CONSULTED:
Hal Linscott, Director of Legal Services, 546-4291 ext. 1296
Alan McLeod, Senior Legal Counsel 546-4291 ext. 1237
Desiree Kennedy, Director of Financial Services 546-4291 ext. 2220
EXHIBITS ATTACHED:

Appendix A – KEDCO 2008 Family Physician Recruitment and Retention Strategic Plan
Appendix B – Ministry of Health and Long Term Care letter to KEDCO re: Underserviced Area Program Application
2008 Strategic Plan
Family Physician Recruitment & Retention

Strategic Thrust 2-8
Broad Economic Development: Business Attraction, Retention & Entrepreneurship
Family Physician Recruitment and Retention

Objective:

To improve access to primary care in Kingston, through the recruitment and retention of family physicians, in order to maintain/improve the health of Kingston’s citizens and economy.

Research shows that having a family doctor results in better care for patients, particularly the elderly and the chronically ill, and a relationship with a family physician reduces the frequency that they are hospitalized and reduces costs to the entire health-care system. The shortage of family physicians poses a risk to our economic competitiveness since access to health care is a quality of life benchmark for businesses looking to locate or expand in Kingston. Not being able to get a family doctor has been cited as a major concern for potential employees and as a result can lead to Kingston’s employers having difficulty attracting skilled personnel.

Strategies:

1. Full-time Family Physician Recruiter

   Implement strategies and provide ongoing personalized approach to recruitment and retention efforts.

2. Statistical Survey to quantify shortage of family physicians

   Determine the number of Kingstonians without a family doctor as a baseline and use the information for needs planning and tracking the results of strategies.
3. Family Doctor information database

Information for needs planning and tracking the results of strategies. Monitor relevant information (practice model, hours worked, number of patients, retirement plans, etc.)

4. Recruitment of Queen’s University Medical Students/Family Medicine Residents (events, presentations, group and individual meetings)

Queen’s University is Kingston’s most valuable resource of recruits. Attending and developing events to maintain a rapport with the Medical School, Family Medicine Interest Group, Family Medicine Department, medical students and family medicine residents is essential.

5. Lobby the Ministry of Health and Long-Term Care to allow International Medical Graduates to fulfill their 5 year Return of Service agreements by working in retirement/long-term care facilities in the Kingston area.

Kingston’s application to the Ministry of Health and Long-Term Care to be designated as an underserviced area for family physicians was unsuccessful. Approximately 40% of the family physicians graduating from Queen’s University, many of whom would like to practice in Kingston, are International Medical Graduates who are required to practice in a designated underserviced area. There is a critical lack of family doctors in Kingston’s retirement/long-term care facilities and both the retirement/long-term care administrators and International Medical Graduates feel this is a viable alternative.

6. Repatriate family doctors who are from or trained in Kingston (marketing, Kingston visits, etc.)

A connection to Kingston increases the odds they will choose to practice here.

7. Recruit family medicine residents/doctors from abroad (marketing, recruitment fairs, Kingston visits, etc.)

Family medicine residents are mobile, have not established permanent practices yet, and are looking for practice opportunities.

8. Assist recruit’s family to integrate into the community (spousal employment, schools, real estate, etc.)

9. HealthForceOntario Job Portal

Web-based community information and centralized inventory of permanent and locum health care practice opportunities available in Kingston.
10. Encourage existing family doctors to establish/expand facilities. Assist and facilitate expansion of Kingston’s 3 Family Health Teams

Provides desirable practice opportunities for which to recruit, retains physicians due to improved working conditions, incorporates a multidisciplinary team of allied health professionals, including nurse practitioners, to deliver primary care and improves family doctors efficiency allowing them to care for more patients.

11. Celebrate annual Family Physician Week

Provides recruitment opportunities and helps retain existing family physicians.

12. Seek Stakeholders support

 Raises awareness of the issue and provides funding for other significant initiatives (recruitment support package, scholarships, etc.).

Strategies must focus not only on recruitment, but must address the retention of existing family physicians and maximizing their efficiency. Recruitment efforts have to be sensitive to existing family physicians. It is essential to have centralized coordination of stakeholder’s efforts and to address complex issues such as enhancing hospital privileges for family physicians. Engaging the City and the community, as partners, in addressing the shortage of family doctors is imperative.
January 2, 2008

Mr. Jeff Gouveia  
Family Physician Recruiter  
Kingston Economic Development Corporation  
67 Brock Street  
Kingston ON K7L 1R8

Dear Mr. Gouveia,

Thank you for submitting the request to designate the City of Kingston as underserviced for family physicians (FPs). I appreciate the time and effort you have devoted to this process.

The primary focus of the Ministry’s Underserviced Area Program (UAP) is to assist communities in the province that have long-standing, unresolved difficulties securing the required number of physicians, and have significantly fewer health care professionals than are needed to ensure access to health care services. Based on our analysis of recruitment activity in your community, there is evidence indicating that the City of Kingston has been successful in recruiting several FPs. As a result, the City of Kingston does not meet the above mentioned criteria.

Furthermore, the Council of Faculties of Medicine recommended FP to population ratio of 1:1380 would suggest that Kingston requires 84.93 (or 85) family physicians, based on the 2006 Census population of 117,207. Since the data provided in your submission lists a full-time equivalency of 104 FPs, Kingston has an oversupply of FPs, and thus, does not meet the underserviced area designation status.

Additionally, the UAP has carefully reviewed your designation request, within the context of overall Ministry initiatives that address accessibility to primary health care services, particularly the three Family Health Teams (FHTs) located in Kingston.

I would encourage you to continue working with our office to keep us apprised of physician recruitment and retention issues in the City of Kingston. Please contact Linda Marsh, Project Analyst at (705) 584-7478 or via e-mail at Linda.Marsh@Ontario.ca should you wish to discuss this further.
Again, thank you for your ongoing effort and dedication to improving access to health care services in the community of Kingston.

Yours truly,

[Signature]

Michael B. Walker
Manager (a), Underserviced Area Program

c: Linda Marsh, Project Analyst, MOH - Underserviced Area Program

Council Meeting 17  June 15, 2010