

Guelph Wellington Ontario Health Team — Physician Recruitment Strategy

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Executive Summary

The Guelph Wellington Ontario Health Team (GW OHT) has identified the need to recruit more family physicians and specialists due to increasing healthcare demands, physician retirements and population growth.¹ With an estimated 9% of GW residents unattached to a primary care provider,² swift action is required to maintain and improve healthcare services for the region. The physician shortage in GW will only continue to grow, especially with an aging population requiring more specialized care. It is estimated that between 2024 and 2051 GW will need an additional 136ⁱ family physicians to meet the needs of the projected population.^{1,3} Building strong partnerships and setting realistic goals will better position GW to meet future demands.

This strategy outlines a coordinated, evidence-based approach to improve physician recruitment in GW. **A key guiding principle of the strategy development is that the strategy should complement and enhance, but not duplicate, existing recruitment efforts.**

Best Practices for Physician Recruitment

A rapid review of the literature identified three pillars for successful physician recruitment:

- **Investing in Structural Resources**^{4,5,6,7,8,9,10,11} – Establishing dedicated recruitment staff, sustainable funding and a governance structure.
- **Comprehensive Physician Support**^{7,8,10,12,13,14,15} – Incorporating work-life balance, financial incentives and mentorship and professional development.
- **Community Engagement & Exposure**^{5,6,7,8,9,10,11,13,16} – Enhancing local training, engaging potential physicians early in their career and promoting the region through community support and marketing campaigns.

These insights inform a multi-pronged, collaborative and long-term approach tailored to GW's needs.

Current State Analysis

An assessment of GW's current recruitment efforts identified key strengths, gaps, opportunities, and barriers:

ⁱReview the “Future Needs Assessment” section of this report for more details about this calculation. Please note that this strategy only considers the recruitment of physicians, however recruitment of nurse practitioners or other healthcare providers would also improve access to care for GW residents.

- **Strengths** include the Wellington Health Care physician recruiter, established physician recruitment strategy governance structure and existing university partnerships. In addition, Guelph benefits from a collaborative medical community and diverse employment opportunities.
- **Gaps** include a lack of recruitment efforts focused on specialists and Guelph's lack of centralized recruitment staff or resources.
- **Opportunities** lie in leveraging the existing recruitment efforts in GW and the interest and enthusiasm from GW OHT partners to work together to develop a GW recruitment strategy.
- **Barriers** include competition from nearby urban centres for both Guelph and Wellington Health Care as well as uncoordinated onboarding and lack of strong connections to residency programs in Guelph.

Strategic Goals

This strategy outlines short- (1 year), medium- (1-3 years) and long-term (4-6 years) goals to address physician demand. Immediate priorities include hiring a Guelph-based recruiter to support and augment existing efforts, securing funding and establishing a governance structure. Medium-term goals focus on strengthening ties with medical schools, expanding training opportunities and creating a centralized mechanism for advertising opportunities in GW. Long-term goals involve assessing additional specialist recruitment needs, providing accommodation for medical learners and short-term medical doctors, and continuously monitoring local data about physician workforce needs.

Monitoring & Evaluation

Tracking key performance indicators (KPIs) is essential for evaluating GW's physician recruitment strategy and the impact of the proposed Guelph-based recruiter. Physician recruitment efforts will be measured by indicators such as the number of family physicians and specialists recruited, retention beyond five years and projected retirements. These indicators will also track efforts to engage with prospective physicians and medical learners. Additionally, this strategy will track the number of positions created for and filled by medical learners as well as their retention in the community. Patient attachment will be monitored by tracking regional attachment rates for primary care. Recruitment outreach efforts will be evaluated through participation in external and locally hosted events.

Conclusion

This strategy provides an actionable framework for physician recruitment in GW, leveraging evidence-based best practices, community collaboration and strategic investments. Implementing these initiatives will help to address current physician shortages while ensuring long-term healthcare sustainability for all residents.

Introduction

The GW OHT has recognized an urgent need for additional family physicians and specialists, driven by factors such as population growth, physician retirements and rising healthcare demand within GW.¹ To address this challenge, the GW OHT has called for a coordinated, evidence-based strategy to enhance and support existing physician recruitment efforts.

Background

In recent years the GW region has experienced population growth, leading to an increased need for primary care and specialist (both hospital and community) physicians. The City of Guelph's population increased by 9.5% between 2016-2021, making it one of the fastest growing regions in Canada.¹ The County of Wellington has also seen a large population increase from 2016 to 2021, at 8.4%, with Centre Wellington experiencing the largest increase (11.4%) across the municipalities.¹⁷ However, with a shortage of physicians in Ontario and increased demand for care, there is growing competition for limited physician resources.¹

In GW, there are 269,390 residents with only 172 family physicians currently providing primary care.^{3,18} As of 2023, 9% of the population remains unattached to a primary care provider.² Given that family physicians also support hospital care and emergency departments, the current shortage places additional strain on the broader healthcare system. Recruiting more physicians would help alleviate this healthcare burden within GW and better support health services.¹

Recruiting specialists within GW would also help to address the healthcare burden. Key informant interviews conducted with physicians who had begun practicing in GW in the past 10 years found that local family physicians find it challenging to care for patients with needs exceeding their training when prompt referrals to specialists are unavailable. Innovative recruitment strategies are needed to encourage both family physicians and specialists to select GW as their practice location.

Partners within the GW OHT have used many successful physician recruitment initiatives. For example, primary care team-focused recruitment strategies, such as partnerships with municipalities, have been successful in recruiting more physicians to GW.¹ Guelph General Hospital (GGH) and Wellington Health Care Alliance (WHCA), both healthcare hubs in their respective communities, have developed strategies to help improve physician staffing capacity.¹ GGH has developed a Clinical Resources Plan for recruitment and retention of professional staff over the next three to five years, while WHCA has developed a Professional Staff Human Resource Plan to identify recruitment needs over the next five years.^{1,19} A coordinated regional strategy would help the GW community monitor and face the expected challenges of the future such as increased physician retirements and fewer new graduates pursuing careers in family medicine.¹

Purpose of this Strategy

The purpose of this strategy is to establish a guiding framework addressing physician shortages in the GW region, grounded in evidence-based practices and shaped by insights from community partners. To inform this strategy, a rapid review of best practices and innovative strategies was conducted, alongside an environmental scan of the current physician recruitment landscape. A needs assessment examining population growth trends and current and projected physician capacity was also completed to ensure the strategy is both feasible and impactful. A key guiding principle of the strategy development is that the strategy should complement and enhance, but not duplicate, existing recruitment efforts. This strategy aims to develop actionable goals that effectively address GW's current and future physician needs.

Best Practices for Physician Recruitment Strategies

Rapid Review

A rapid review was conducted to support the development of a coordinated physician recruitment strategy for the GW region. The review addressed the following research question: *What are best practices and innovative strategies for recruiting physicians in an Ontario context?*

Evidence-based strategies specific to Ontario were identified through an examination of peer-reviewed literature, as well as grey literature on physician recruitment strategies from other regions in the province. This comprehensive approach ensured the findings addressed the unique geographic and demographic characteristics of the GW region. A

total of 13 articles discussing physician recruitment within the Ontario context were included in the review (see *Appendix A* for the detailed search strategy).

Key Findings

The review identified three key themes essential for effective physician recruitment strategies (Figure 1): investing in structural resources to support recruitment, establishing comprehensive physician supports and creating opportunities for community exposure for potential physicians. The following section will go through each of these themes in detail.

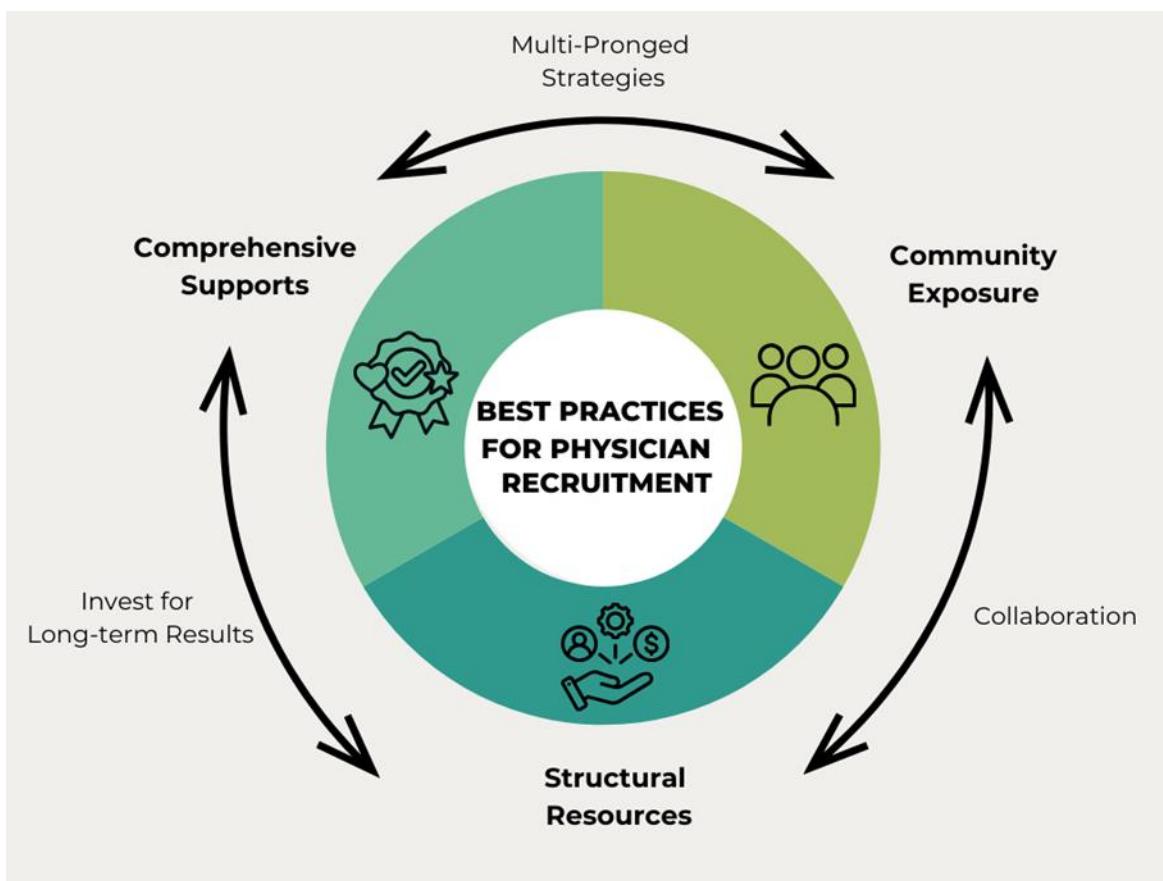


Figure 1: The three key recommendations and guiding principles for physician recruitment strategies in an Ontario context.

Investing in Structural Resources

The literature highlights the importance of structural investments for physician recruitment, specifically having dedicated staff, ensuring sustainable funding and establishing a governance structure.

Dedicated Staff Time

Communities benefit from having dedicated staff, such as recruiters, to support physician recruitment initiatives. Municipalities report that having a staff position improved partner relations with physicians, medical students, municipal and hospital staff and other regional recruiters.⁵ Responsibilities of recruiters include activities such as coordination of recruitment initiatives, support for physicians and their spouses (e.g., identifying spousal employment opportunities), serving as a point of communication between prospective physicians and community partners and conducting evaluation activities (e.g., tracking changes in physician workforce and reviewing the efficacy of physician recruitment advertisements).^{8,9,13} Strong municipal and community partner support is essential for recruitment staff.^{6,8,10} Recommendations for hiring a physician recruiter vary, with no clear best practice.^{6,10} Some Ontario communities have employed recruitment staff on a temporary contract, while others have felt that a sustained commitment (10+ years) is needed in order to see progress toward long-term goals.^{6,10}

Funding

Adequate and consistent funding underpins recruitment strategies, supporting staff salaries and initiatives such as medical learner events.⁹ Many recruitment strategies indicated they were funded, at least in part, by municipal governments.^{1,6,7} However, it is generally recommended to consider a variety of funding sources, including municipalities, healthcare organizations and non-government sources (e.g., foundations, donations, etc.).⁹ All seven regional physician recruitment strategies reviewed detailed the need for funding for recruitment initiatives.^{4,5,6,7,9,10,11}

Governance Structures:

All regional physician recruitment strategies outlined some kind of collaborative governance model. These models varied depending on regional characteristics, such as collaborative partners involved. Examples included Niagara Region's shared leadership approach and the Joint Municipal Physician Recruitment and Retention Committee in the Town of the Blue Mountains and Municipality of Meaford.^{4,9} These structures engage local stakeholders, streamline decision-making and evaluate recruitment efforts, ensuring resources are allocated effectively. Having a governance structure that reflects the community's structure is essential for a robust physician recruitment strategy.^{4,6,9}

Establishing Comprehensive Physician Supports

Most recruitment strategies reviewed included some sort of financial incentive such as subsidized overhead costs, debt repayment and financial grants.^{6,10,13} While financial incentives are a common feature of recruitment programs, surveyed in-training and practicing physicians prioritize broader lifestyle and professional supports, highlighting the need for comprehensive recruitment strategies.^{12,13,15}

Personal and Professional Incentives

Lifestyle factors, identified as important by 93% of medical students, include spousal employment, work-life balance (i.e., allowing time off), location and practice environment and a community that aligns with intended life plans (e.g., moving to a rural community for financial feasibility or to raise a family).^{8,12,13,14} Professional factors, including scope of practice, educational opportunities and professional supports, also influence physicians' practice location decisions.¹⁵ Mentorship is especially vital during career transitions, early professional stages and independent practice, offering essential support for challenges like the unique demands of rural practice - such as balancing clinical care responsibilities with managing a practice as an owner-operator.¹⁵ Physician recruitment strategies should therefore include lifestyle considerations, through recruitment supports and communications, and professional aids, such as mentorship, to address both personal and career needs.

Competitive Compensation and Financial Support

While not sufficient as a standalone strategy, financial incentives such as salary enhancements, signing bonuses and funding for establishing new practices (e.g., the City of Peterborough provides \$15,000 over three years) can influence physicians' decisions to practice.^{6,10,13} Diverse funding models, as advocated by the Ontario College of Family Physicians, support fair remuneration and allow physicians time for continuing education or vacations, addressing work-life balance and professional development needs.^{7,13,14,20} Programs like Ontario's Underserviced Area Program offer additional supports for northern and rural communities (i.e., Minto and Wellington North are both specifically listed and currently use these additional funds).^{13,21,22} A comprehensive recruitment strategy should integrate financial, professional and personal incentives to address the multifaceted needs of physicians.^{6,8,12}

Exposure to the Community

Another key component of physician recruitment strategies is to create opportunities for exposure to the community. Medical students and physicians who have practiced in

rural communities noted that exposure, either through educational opportunities or promotional activities, has significantly influenced their decision on where to practice.^{13,16}

Life Course Approach

Adopting a life course approach involves reaching out to prospective physicians early in their career and to continue through medical training and into professional practice.^{11,16} For example, Durham Region has established a relationship with Queen's University to create the Bowmanville-Oshawa-Lakeridge Family Medicine Residency Program, which creates local educational opportunities for medical trainees.⁶ Niagara Region connects with medical trainees by collaborating with residency programs, strengthening relationships with students and offering social and professional integration opportunities.⁹ These efforts highlight the importance of early and sustained educational and promotional activities to aid in physician recruitment.

Community Engagement

Community engagement has also been found to support opportunities for exposure and create a welcoming environment for new physicians. For example, the City of Peterborough employs a "whole of the village" approach, engaging local physicians, businesses and organizations in recruitment efforts, alongside offering financial and professional incentives.¹⁰ Similarly, Kincardine's Ambassador Program connects new physicians with community volunteers who act as local navigators, supporting the transition and fostering connections.⁵ Kincardine has also marketed their community through websites and a social media presence and distributing flyers, postcards, banners and videos.⁵ By involving both community members and practicing physicians, these initiatives help build strong community ties, contributing to effective recruitment efforts.

Guiding Principles

To help support the development and implementation of the best practices identified by the literature, a physician recruitment strategy should aim to implement multi-pronged strategies, ensure collaborative efforts and view recruitment strategies as a long-term investment (Figure 1). Physician recruitment is multifactorial and therefore an effective physician recruitment strategy must consider a host of factors such as community connections, lifestyle preferences, professional opportunities and financial factors.^{8,13,15} Collaboration is essential, as partnerships within the community, such as local Chambers of Commerce or medical schools can enhance communication, promotional

efforts and funding (see *Appendix B*).^{5,10,11} Long-term investments such as partnerships with medical schools to create rotations and educational opportunities help address retention challenges by fostering strong ties and sustainable commitments.^{8,14,16} Incorporating long-term objectives into recruitment strategies is crucial for developing a stable and committed healthcare workforce.

The rapid review identified three best practices to consider in a GW physician recruitment strategy: investing in structural resources, offering comprehensive physician supports and creating opportunities for community exposure. While the review primarily focused on rural recruitment, findings were consistent across Canadian and international sources, supporting their relevance to the mixed rural-urban context of GW. These insights inform a collaborative, long-term approach to recruitment tailored to local needs.

Guelph Wellington Current State Analysis

Environmental Scan

Drawing on the three best practices for physician recruitment identified through the rapid review of the literature, an environmental scan was conducted to assess current physician recruitment efforts in the City of Guelph and Wellington County. The following analysis outlines the extent to which each best practice is being implemented in each region and identifies existing gaps and opportunities.

Wellington County

1. Investment in Structural Resources to Support Recruitment

- **Dedicated Staff Time:** Since 2008 the WHCA has maintained and funded a dedicated staff position focused on physician recruitment. Some of the responsibilities of this role include identifying staffing needs, maintaining and updating the physician recruitment strategy, actively seeking qualified physicians through direct outreach, networking and attending industry events like medical conferences and job fairs, orienting and welcoming new physicians to the region and assisting in maintaining the region as a training location for medical learners.
- **Funding:** WHCA funds the position for a physician recruiter. Operational funding comes from the Township of Centre Wellington, the Township of North Wellington, the Township of Mapleton, the Town of Minto as well as the Township of East Garafraxa (in Dufferin County) and the Township of Southgate (in Grey County). Sustained funding has supported the development of a well-

established physician recruitment program in parts of Wellington County. An important component of the physician recruitment position is developing and maintaining relationships. Therefore, sustainability of funding and consistent staffing has been a key success factor.

- **Governance:** Wellington Health Care Recruitment has an established governance structure in place in three of their communities. This includes a flexible and collaborative governance structure which oversees the work of the Wellington Health Care Physician recruiter. The governance body includes representatives from each of the local Family Health Teams (FHT), the local chamber of commerce, community members and municipal councillors. This group is tasked with implementing and updating the recruitment strategy, overseeing funding allocations, monitoring success, addressing immediate recruitment needs and planning for future growth.

2. Establishment of Comprehensive Physician Supports

- **Personal and Professional Incentives:** This best practice is addressed primarily through the Wellington Healthcare Physician recruiter, who plays a pivotal role in attracting and retaining physicians. The recruiter meets with incoming physicians to understand their needs, lifestyle and professional aspirations. They assist in matching physicians with suitable employment opportunities and help provide incentives such as office space or funding opportunities where possible.

The recruiter can also provide the incoming physician with family support, such as spousal employment opportunities or childcare options to ensure a smooth transition. Additionally, mentorship and professional development opportunities tailored to align with physicians' scope of practice are offered as part of the incentive package.

To promote retention, the recruiter maintains ongoing communication with physicians and FHTs. This helps identify challenges or opportunities to enhance supports for existing physicians, ensuring their satisfaction and long-term commitment to the community.

- **Competitive Compensation and Financial Support:** The recruiter provides comprehensive support in key areas, including start-up and operational costs, as well as facilitating access to provincial incentives. By taking the time to understand each physician's unique interests and priorities, the recruiter addresses questions about practice startup expenses, available financial assistance (e.g., rent relief, municipal grants and mentorship programs) and provincial incentives or practice structures. This guidance extends beyond

professional concerns, helping new physicians navigate community resources that support family and personal well-being.

In a rural setting like Wellington County, the recruiter's expertise—often complemented by insights from local physicians—ensures candidates receive clear, accurate and transparent information about income opportunities. Temporary housing is available for new recruits or medical learners, providing stability as they transition into the community.

To further enhance integration and create an appealing work environment, the community has invested in renovating medical facilities. These spaces foster collaboration by incorporating services such as mental healthcare and midwifery.

3. Creating Opportunities for Community Exposure

- **Life Course Approach:** The Wellington Health Care Physician Recruiter has a well-established structure to engage, attract and accommodate potential physicians early in their career and continue to connect with them through medical training into professional practice. This approach has been identified as a key success factor in recruiting physicians to the area.

McMaster University is a primary partner for placing medical students and residents in this community, with additional students occasionally coming from Western University. Wellington is part of the Rural Ontario Medical Program. A local physician serves as the regional education lead, coordinating training in the community with medical learners with support from the recruiter. The recruiter also attends annual medical school events to meet with potential recruits.

- **Community Engagement:** The rural nature of Wellington County—where physicians often serve dual roles in hospitals and primary care—uniquely positions the region to leverage strong community support. This foundation is further strengthened by the well-established physician recruiter role, which fosters connections and provides dedicated assistance to incoming physicians.

Overseeing these efforts, the physician recruitment taskforce enhances collaboration by uniting municipal councillors, healthcare representatives and community members to address recruitment needs together. This collaborative approach has historically included financial contributions from local businesses, underscoring the community's collective commitment to attracting and retaining medical professionals.

Partners in Wellington also invest in strategic marketing efforts to recruit physicians. The Wellington physician recruitment website (www.whcrecruit.com) advertises job postings and features promotional videos showcasing the region.

Specific marketing initiatives, including social media campaigns, paid advertising and traditional medical employment listings, are launched when recruitment needs are identified. Many promotional materials highlight testimonials from practicing physicians, offering authentic insights into the benefits of working in Wellington County. These efforts are further supported through partnerships with local hospital websites, Health Force Ontario (HFO) and outreach at recruitment events.

Beyond local initiatives, the Wellington Health Care Physician Recruiter plays an active role in the Southern Ontario Physician Alliance (SOPRA). This collaborative network raises awareness of practice opportunities in Southern Ontario, streamlines the candidate experience and optimizes recruitment efforts. SOPRA's shared representation at international recruitment events not only increases visibility for member regions but also reduces costs for all partners, enhancing the reach and effectiveness of recruitment efforts.

City of Guelph

1. Investment in Structural Resources to Support Recruitment

- **Dedicated Staff Time:** Physician recruitment in Guelph is primarily managed by leaders of individual organizations, without dedicated staff or specific budget allocations. After group discussions and hearing about the work of the Wellington Health Care Physician Recruiter and other Ontario-based recruiters, there was consensus among GW OHT Physician Recruitment Taskforce members that a dedicated Guelph-based recruiter would benefit the region and support existing efforts. The implementation of the proposed strategy is dependent on hiring a Guelph-based recruiter as a first step.
- **Funding:** There is currently no centralized funding to support physician recruitment efforts in Guelph. The Taskforce has begun to explore and discuss existing and potential, short and long-term funding sources. Long-term funding will help Guelph attract a competitive candidate and honour the long-term, relationship-building approach required for success.
- **Governance:** There is currently no centralized governance structure to monitor physician recruitment efforts in the City of Guelph. As described later in the document, a goal of this strategy is to develop a more coordinated approach to this.

2. Establishment of Comprehensive Physician Supports

- **Personal and Professional Incentives:**

Guelph has many healthcare employers, each with unique professional opportunities and incentives. One of the most valued incentives reported by physicians already working in Guelph is the collaborative and supportive medical community. With no central point of contact, physicians in Guelph have identified some areas to improve recruitment efforts such as improving welcome and orientation packages and providing information about local specialists wait times.

- **Competitive Compensation and Financial Support:** In Guelph, some organizations offer financial incentives such as discounted overhead costs for a new physician while they build their roster or competitive benefit packages. There are a diverse number of compensation models offered throughout Guelph, however there are no municipal contributions such as signing bonuses, rent relief for office spaces, start-up support or administrative assistance.

3. Creating Opportunities for Community Exposure

- **Life Course Approach:** An example of this in Guelph would be the Guelph FHT's partnerships with McMaster University, the University of Toronto and Western University. GGH is actively working to expand the number of available rotations, recognizing the significant role that local training plays in future physician retention. Other organizations in Guelph face challenges in engaging medical learners due to limitations such as inadequate supervision, limited physical space or a lack of supports and resources.
- **Community Engagement:** The GW OHT is taking a lead role in engaging many health and non-health related community partners with an interest in physician recruitment. The organization is exploring a partnership for a marketing initiative with the Chamber of Commerce and plans to support the development of a website to help highlight opportunities in both Guelph and Wellington.

Future Needs Assessment

An important component for tracking the progress of a physician recruitment strategy is determining how many physicians are needed to meet the healthcare needs of the current population and projecting future healthcare needs. Table 2 estimates the number of family physicians that would be needed to support the current population and projected population growth. Calculations were done using the current number of family physicians in GW and an average patients-to-physician ratio of 1,298.^{1,3} Planning also considers the number of physicians retiring from practice and the aging population. In 2024, 36 additional family physicians would be required to ensure that there was one family doctor for every 1,298 individuals in GW. An addition three to four physicians

would be needed each year to maintain this level of support alongside projected population growth. This means that by 2051, 136 family physicians would be needed.

These projections help to describe what might be required to achieve Ontario Health's 100% attachment targets over the next 25 years.²³ However, the scope of this strategy is limited to physician recruitment and does not account for how the recruitment of other healthcare providers (e.g., nurse practitioners) could support some of this patient load to meet the healthcare needs of the population.²³

Additionally, it is important to note that not all residents in the GW community are rostered to a family physician, which can impact physician need estimates. Some priority populations face unique barriers to attachment. For instance, newcomers and refugees may experience delays in obtaining OHIP coverage or require additional support to navigate the healthcare system, especially in urban areas. In rural Wellington, some Mennonite populations receive care from family physicians but are not rostered, as they do not use OHIP. These uncounted or non-rostered populations contribute to differences in physician need. As such, the figures presented in Table 2 should be interpreted as guiding estimates rather than exact targets.

Community and Hospital-Based Specialists

The future needs assessment focuses on family physicians because family physician predictions are generally more manageable to calculate compared to specialists – especially for smaller geographic regions – due to a few key factors:

- Primary care is needed by nearly everyone in the population, which leads to predictable demand patterns based on population growth and demographics. Specialists may serve a more specific or fluctuating need, making demand harder to forecast.
- The number of family physicians required is often based on physician-to-population ratios, making it easier to estimate shortages, while specialist demand can depend on disease prevalence trends, which are more complex to model.
- Finally, primary care is needed in every community – rural and urban. Specialist shortages can be harder to pinpoint in smaller communities due to specialists being needed in highly concentrated areas, such as academic medical centers, where local healthcare infrastructure is available for that type of practice.

WHCA developed a resource plan that identified key areas of focused recruitment over the next five years including full-time equivalents (FTEs) needed for primary and

secondary hospital care and primary care physicians and teams.¹ For Groves Memorial Community Hospital, the plan identified a need for two specialists for General Surgery, two for Internal Medicine, one for Obstetrics and Gynecology, and 0.5 FTE for Endocrinology. For North Wellington Health Care, which includes Louise Marshall Hospital and Palmerston and District Hospital, the plan identified a need for one Internal Medicine specialist and 0.5 FTE Endocrinologist.

Similarly, GGH developed a plan for the recruitment and privileging of professional staff which details the current FTEs in 2022 and proposed need in 2024-2025.¹⁹ There were 22 FTEs in Internal Medicine in 2022 (most of which were community-based) and a projected need of nine more due to a new program being added to the hospital and service demand from the community. Within Internal Medicine, there was one FTE assigned to cardiology with a service demand of four. There were four respirologists, which already meets the projected service demand. There were 16 consulting Homewood Health psychiatrists with GGH privileges who see patients in need of emergency psychiatric care in the emergency department and the Short-Stay Assessment Unit. There were five physicians assigned to Paediatrics with a projected need of two more due to service demand.

Patient Roster Size

The provincial standards for average roster size of family physicians are about 1,380 patients per physician.^{24,25,26} This estimate has been used in other strategies, however, it appears that this may not reflect the current landscape of increased patient complexity and changing roles within the profession. The average patient roster of a family physician in GW is 1,298, which was used to determine the number of family physicians required to meet the healthcare needs of the population growth.¹ The provincial average is 1,200-1,250, while the national average was 1,430 in 2022.^{1,27} Average family physician FTEs per provider has remained stable at above 0.8.²⁷

Table 2. Estimating Family Physician need in Guelph-Wellington based on projected population growth, 2024-2051.

Year	Total projected population	Total population growth	Senior population growth	Family physicians required*	Ratio (Population: Physicians)	Ratio (Seniors: Physicians)	Shortage of Family Physicians†
2024	269,390			208	1,298	234	36
2025	275,173	2.1%	3.8%	212	1,298	238	40
2026	280,149	1.8%	3.9%	216	1,298	242	44
2027	284,583	1.6%	3.7%	219	1,298	248	47
2028	288,641	1.4%	3.7%	222	1,298	254	50
2029	293,110	1.5%	3.6%	226	1,298	258	54

2030	297,835	1.6%	3.4%	229	1,298	263	57
2031	302,591	1.6%	2.6%	233	1,298	266	61
2032	307,371	1.6%	2.2%	237	1,298	267	65
2033	312,165	1.6%	2.1%	240	1,298	269	68
2034	316,968	1.5%	2.2%	244	1,298	271	72
2035	321,775	1.5%	2.2%	248	1,298	272	76
2036	326,585	1.5%	2.3%	252	1,298	274	80
2037	331,396	1.5%	1.8%	255	1,298	276	83
2038	336,210	1.5%	1.6%	259	1,298	276	87
2039	341,027	1.4%	1.5%	263	1,298	276	91
2040	345,854	1.4%	1.5%	266	1,298	277	94
2041	350,692	1.4%	1.4%	270	1,298	276	98
2042	355,544	1.4%	1.2%	274	1,298	276	102
2043	360,412	1.4%	1.2%	278	1,298	275	106
2044	365,299	1.4%	1.3%	281	1,298	276	109
2045	370,207	1.3%	1.3%	285	1,298	275	113
2046	375,136	1.3%	1.4%	289	1,298	275	117
2047	380,087	1.3%	1.4%	293	1,298	276	121
2048	385,063	1.3%	1.4%	297	1,298	276	125
2049	390,067	1.3%	1.5%	301	1,298	276	129
2050	395,101	1.3%	1.6%	304	1,298	278	132
2051	400,166	1.3%	1.7%	308	1,298	279	136

* An increase of 3-4 physicians each year is required to maintain a 1,298 population to physician ratio alongside projected population growth.

† The shortage of family physicians is the difference between the number of family physicians required each year and 172 family Physicians providing care in GW in 2024.³

Physician Retirement

Retirements and impending retirements have put significant pressure on physician resources due to the outflow of physicians during a time when the population growth is outpacing recruitment of physicians. This has left a significant number of residents without primary care. Approximately 27 family physicians in GW are aged 60 or older and these physicians could be nearing retirement.³ Planning for the replacement of retiring physicians in addition to recruiting more to meet the healthcare needs of the growing population is crucial to addressing the current shortage in GW.

Aging Population

The population growth for seniors (individuals aged 65 and above) is higher than the total population growth for the next 15 years (see Table 2). With a faster growing senior population, the rosters of family physicians will see a higher ratio of senior patients in the future. Because seniors often have more complex healthcare needs and require ongoing management of chronic conditions, this may impact the average roster size of family physicians. The projected shortage of family physicians in GW is based on the total population growth, however, this shortage could be higher than projected based on

the growing senior healthcare needs. With an estimated 9% of GW residents already unattached to a primary care provider,² the growing senior population is an additional key factor behind the importance of physician recruitment to GW.

Physician Recruitment Strategy Goals

In November 2024, the GW OHT Physician Recruitment Taskforce met to use the information gathered through the rapid review and environmental scan to analyze what strengths, gaps, opportunities and barriers exist in GW. From this, they were able to develop strategic initiatives which were organized on an impact and feasibility prioritization matrix to determine short-term, medium-term and long-term goals. A smaller working group comprising of FHT Executive Directors (EDs) and GGH staff met in April 2025 to further refine the timeframes, responsible parties and actions from the goals set in November.

Table 3. Physician recruitment strategy goals –short-term, medium-term and long-term initiatives.

Year One Strategic Activities – Short Term		
Goal	Description	Accountability
Establish Guelph-based Recruiter position	<ul style="list-style-type: none">Secure consistent, long-term funding to support this roleDevelop a job description which includes familiarization/community tours, data monitoring and analysis, maintaining a resource of community incentives, building relationships with regional recruiters, community partners, and regional organizations (e.g., SOPRA)Hire a Guelph-based recruiterThis goal will be completed May – June 2025	The lead service provider organization (SPO) who will hold the funding for the recruiter
Establish Governance structure for Guelph-based Recruitment activities and role	<ul style="list-style-type: none">Establish a governance structure that incorporates community partnersEstablish reporting requirements to municipality and CountyDetermine reporting requirements to the OHTThis goal will be completed May – June 2025	SPO supporting funding
Implement support for East	<ul style="list-style-type: none">Alignment of recruitment activities with WHCA and County as fit for purposeEvaluate needs for EW and incorporate activities into existing WHCA structure	WCHA recruiter

Wellington (EW)	<ul style="list-style-type: none"> This goal was completed April 2025 	
Secure ongoing funding to support Guelph and Wellington recruitment	<ul style="list-style-type: none"> Ensure continued ongoing funding from the following sources: <ul style="list-style-type: none"> Wellington County City of Guelph SPOs that support recruitment FTE Minto Mapleton Wellington North East Wellington Centre Wellington This goal will be completed July – December 2025 	WHCA and Guelph-based recruiters in conjunction with identified leads
Year One-Three – Mid-term Goals		
Goal	Description	Accountability
Develop and implement Guelph-based strategies	<ul style="list-style-type: none"> Establish key understanding of recruitment programs available including requirements for documentation for each (key component in international recruitment efforts) Develop local hosting activities to support the exposure of medical students and residents to the community (i.e., home for the holidays) Establish documentation/data base for physicians 	Guelph recruiter
Enhance liaison with medical schools	<ul style="list-style-type: none"> Establish key physician partners to support questions from medical students and residents (consider GW OHT primary care leads a source) Build relationships between Guelph and medical school programs Develop CRM tool to manage MD graduates in partnership with regional recruiters 	WHCA and Guelph recruiters
Establish a Guelph education lead	<ul style="list-style-type: none"> Coordinate with the local Education Lead(s) to increase number of positions for medical learners Liaise between medical school(s) and physicians to organize educational rotations Coordinate with the host organization to orientate medical trainees 	Guelph education lead(s)
Ongoing review and planning for physician and specialist needs for	<ul style="list-style-type: none"> For specialist recruitment, this is a joint effort with hospital Chief of Staff, CEO, and current specialist(s) in the specialty being recruited. 	WHCA and Guelph recruiters

Guelph and the County		
Develop an orientation plan for physicians in Guelph and continue to enhance existing orientation plans in the County	<ul style="list-style-type: none"> Coordinate with community partners and other local recruiters Familiarization, community tours and site tours Develop relationships to aid in supporting new physicians in settling into the community (e.g., housing, spousal employment, daycare, community incentives) 	WHCA and Guelph recruiters
Enhance support for recruitment and retention of providers in Guelph and Wellington County	<ul style="list-style-type: none"> Explore additional partnerships to create community incentives, monetary or non-monetary (including but not limited to the BIA, local service clubs, business education partners) Plan community engagement activities for interested physicians (e.g., dinners, outdoor activities) 	WHCA and Guelph recruiters
Establish annual strategy for recruitment event attendance	<ul style="list-style-type: none"> Attend recruitment events in coordination with SOPRA members to maximize efforts Strategically target events that support Canadian born internationally trained clinicians 	WHCA and Guelph recruiters
Website developments	<ul style="list-style-type: none"> Develop a website for job opportunities to support families of physicians Incorporate EW into existing web site resources 	WHCA and Guelph recruiters
Establish regular reporting cadence for OHT	<ul style="list-style-type: none"> Monitor KPIs and implementation of this Strategy Identify healthcare services, organizations, and professionals to support new physicians in client referrals 	OHT
Year Four-Six – Long Term Goals		
Goal	Description	Accountability
Ongoing review and planning for physician and specialist needs for Guelph and the County	<ul style="list-style-type: none"> For specialist recruitment, this is a joint effort with the hospital Chief of Staff, CEO, and current specialist(s) in the specialty being recruited Utilize contacts built through recruitment events, regional recruiters and hospital staff 	WHCA and Guelph recruiters

Enhance support for recruitment and retention of providers in Guelph and Wellington County	<ul style="list-style-type: none"> • Explore additional partnerships to create community incentives, monetary or non-monetary (including but not limited to the BIA, local service clubs, business education partners) • Plan community engagement activities for interested physicians (e.g., dinners, outdoor activities) • Continue to explore opportunities to arrange accommodations for medical learners and locum physicians through university funding sources, B&Bs, campus housing or other means • Continue building relationships with services in the community (e.g., housing, schooling, daycare, and new incentives) 	WHCA and Guelph recruiters
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Funding Examples for Physician Recruitment

To successfully implement the outlined physician recruitment strategy goals, sustainable funding structures should be established to support key initiatives such as funding the position of the Guelph-based recruiter and community engagement efforts. Physician recruitment efforts vary widely across different regions, with funding structures tailored to local needs, available resources and key partnerships. Table 4 provides an overview of physician recruitment funding models in various regions across Ontario, highlighting staffing allocations, annual budgets and strategic partnerships.

Table 4. Ontario-based physician recruitment funding models

Region	Funding Structure
Cambridge¹	<ul style="list-style-type: none"> • Annual Budget: \$100,000 • Funding Partners: <ul style="list-style-type: none"> ◦ City ◦ Hospital ◦ Private donors • Oversight: Chamber of Commerce
Durham⁷	<ul style="list-style-type: none"> • Annual Budget Suggestion: \$245,000 \$120,000 directed toward staffing and \$125,000 for operational costs, marketing, settlement, travel and events, professional stipend for physicians

	<ul style="list-style-type: none"> • Funding Partners: <ul style="list-style-type: none"> ○ Regional and area municipal governments • Oversight: Durham Physician Recruitment Oversight Taskforce
Hamilton and Haldimand	<ul style="list-style-type: none"> • Annual Budget: \$308,000 Budget supports two full time staff positions and operating costs (e.g., conferences, travel, marketing, physician events etc.) • Funding Partners: <ul style="list-style-type: none"> ○ City of Hamilton ○ McMaster - Faculty of Health Science ○ McMaster - Department of Family Medicine ○ Hamilton Health Sciences ○ St. Joseph's Healthcare ○ Haldimand County ○ Haldimand FHT ○ West Haldimand General Hospital ○ Dunnville War Memorial Hospital • Oversight: Greater Hamilton Health Network OHT and individual funders
Kingston¹	<ul style="list-style-type: none"> • Annual Budget: \$250,000 + \$35,000 • Funding Partner: City of Kingston • Oversight: Kingston City Council
Middlesex London¹	<ul style="list-style-type: none"> • Annual Budget: \$175,000-\$200,000 Budget supports 1 full time recruiter and operating costs • Funding Partners: <ul style="list-style-type: none"> ○ City of London ○ Middlesex County ○ London Economic Development, Schulich School of Medicine and Dentistry ○ London Health Sciences Centre ○ St. Joseph's Health Care ○ Middlesex Hospital Alliance • Oversight: Middlesex London OHT

Prince Edward County⁷	<ul style="list-style-type: none"> • Annual Budget: \$150,000 Budget supports 1 full time recruiter and operating costs • Funding Partners: <ul style="list-style-type: none"> ○ Family Health Team ○ County government • Oversight: Integrated in Family Health Team, supported by the County
Sarnia¹	<ul style="list-style-type: none"> • Annual Budget: \$100,000 • Funding Partners: <ul style="list-style-type: none"> ○ City of Sarnia ○ Lambton County • Oversight: Bluecoast Recruitment Task Force

Monitoring and Evaluation

Regular tracking of key performance indicators (KPIs) is vital for assessing the success of this Strategy. These metrics offer insights into recruitment effectiveness, workforce sustainability, medical learner engagement and patient attachment rates. Regular monitoring helps identify trends, address gaps and ensure alignment with GW's recruitment goals. KPIs can be measured annually or more often as needed to track the effectiveness of this strategy.

Suggested Key Performance Indicators:

1. Physician Recruitment

- Number of family physicians recruited
 - Reported by sub-region (i.e., Guelph and Wellington)
 - Reported by position type (i.e., permanent positions or locums)
- Number of specialists recruited
 - Reported by sub-region (i.e., Guelph and Wellington)
 - Reported by position type (i.e., permanent positions or locums)

2. Monitoring of Active Physicians

- Number of physicians projected to retire within the next five years (based on the number of active physicians over the age of 60)
- Retention rates of recruited physicians (e.g., percentage of physicians who stay beyond five years after initial recruitment)

3. Prospective Physician Outreach

- Number of prospective physicians added to physician recruitment contact list (i.e., physicians that have expressed genuine interest in relocating to the GW community)
- Number of medical learners added to physician recruitment contact list (i.e., medical students that have expressed genuine interest in relocating to the GW community)

4. Medical Learner Engagement

- Number of available medical learner positions in GW
- Percentage of existing medical learner positions that have been filled
- Retention rates of medical learners (i.e., percentage of learners who completed a rotation in GW, who then return to work in the community)

5. Patient Attachment

- Patient attachment rates for primary care

6. Recruitment Outreach and Engagement

- Number of conferences or external recruitment events attended, including a brief description of each event (national, international, local, academic, etc.)
- Number of recruitment events hosted by recruiters in GW

Conclusion

This Physician Recruitment Strategy provides a structured, evidence-based approach to addressing the ongoing physician shortage at GW. By implementing key recommendations such as investing in structural resources, providing comprehensive physician support and fostering community engagement, the GW OHT aims to create a sustainable and effective recruitment framework. The integration of short-, medium-, and long-term goals ensures a phased and practical approach, allowing for flexibility and adaptation to evolving healthcare needs. Continuous monitoring through defined KPIs will enable data-driven decision-making, ensuring accountability and measurable progress. Ultimately, this strategy seeks to secure a stable and resilient physician workforce, enhancing healthcare access and quality for all GW residents now and in the future.

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Appendix A: Search Strategy

Research question: What are best practices and innovative strategies for recruiting physicians in an Ontario context?

Searched: PubMed/Health Business/Google/Google Scholar

Search terms: (physician*[tiab] OR doctor*[tiab] OR locum) AND (recruit*[tiab] OR hire OR hiring OR retention [tiab]) AND ontario[tiab] OR ("physician recruiter*" OR (physician AND headhunter*)) Filters: English only/2004 to present

- Additionally, a literature scan was conducted on the peer-reviewed, grey literature, and other Ontario recruitment strategies in Ontario, including municipal plans, to ensure data saturation and all relevant literature was captured for the rapid review (Figure 2).

Inclusion criteria:

- Discussed recruitment strategies.
- Ontario-specific.

Exclusion criteria:

- Focused on retention strategies.
- International and out-of-province studies/literature.

Literature Selection Diagram

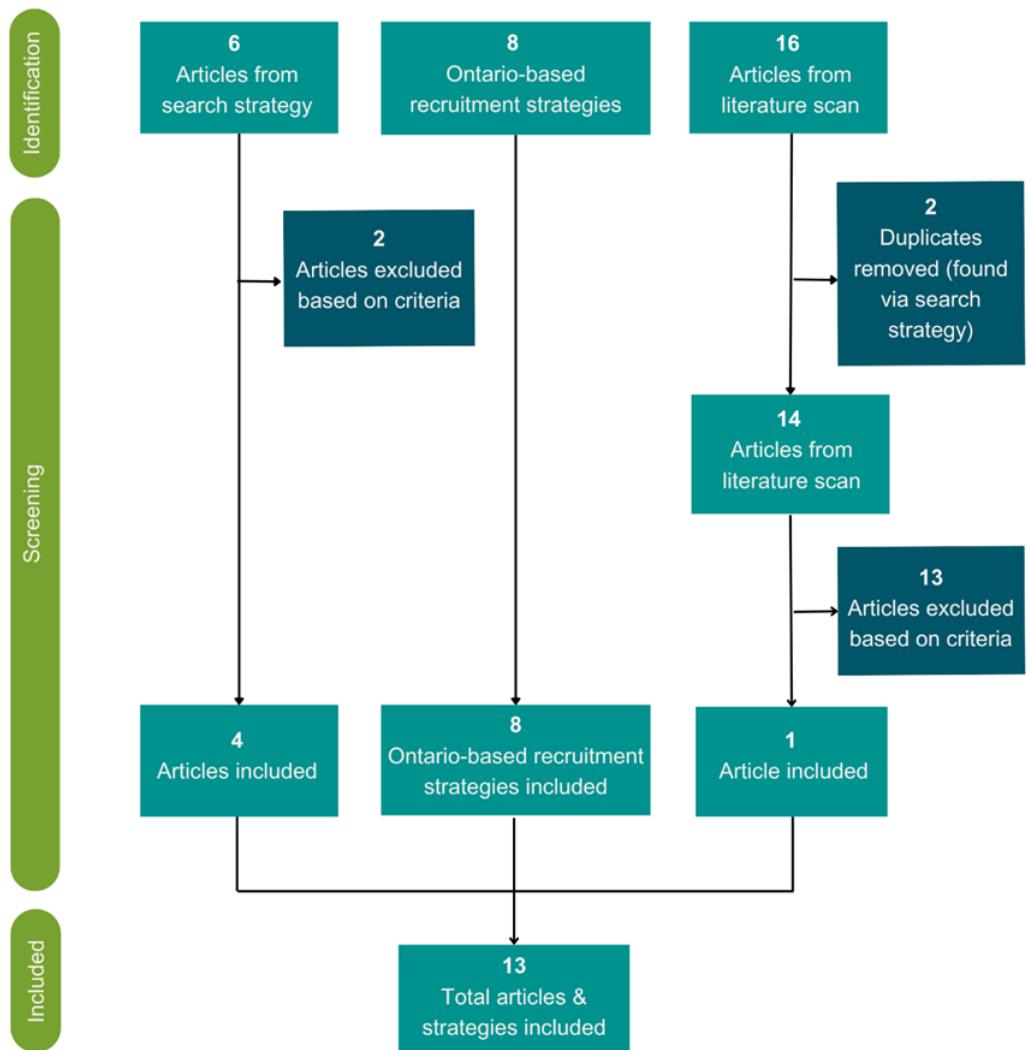


Figure 2: Literature selection process – including identification, screening, and included articles and Ontario-based recruitment strategies – for the rapid review.

Appendix B: Physician Recruitment Collaboration Considerations

Table 5. Examples of how collaborative processes can support best practices for physician recruitment.

Best Practice	Example Collaborative Processes
Structural Resources	<ul style="list-style-type: none">Establish a collaborative governance model with a variety of local partners to oversee physician recruitment efforts.^{4,6,9}Hold workshops and events to establish governance, funding and promotional activities.¹¹
Comprehensive Supports	<ul style="list-style-type: none">Connect with local physicians through questionnaires to determine aspects important to their practice decisions.⁸Work with the municipality and other partners to establish funding and physician supports.¹⁰
Community Exposure	<ul style="list-style-type: none">Work with community members (e.g., local businesses, organizations and practicing physicians) and medical schools to develop supports (i.e., mentorships and education opportunities) and financial incentives.^{5,9,10,11,16}