



Physician Recruitment ANNUAL REPORT

Prepared for: City of Peterborough Council; County of Peterborough Council
Prepared by: Lori Richey, Executive Director Peterborough Family Health Team

Period: January 1, 2018 – December 31, 2018 (written September 21/18)

This past year has been a busy and successful year with respect to recruiting. Peterborough continues to attract physician interest from far and wide. There has been a notable shift in the work/life balance requested by incoming physicians which continues to present a challenge with respect to ensuring patient access. Various models of practice sharing are being explored for future recruits.

We believe that all residents of Peterborough City & County have a basic right to access to primary care. As a result, physician recruitment was identified as a priority through the work of the CE LHIN Sub Region Planning Table. I am pleased to report that the Peterborough Family Health Team (PFHT) has opened two clinics for unattached and seasonal residents that act as a “staging house” for patients and ensure that they are receiving the care that they require while they wait for a permanent physician.

Virtual Care Clinic (VCC) – launched on August 13th, 2018

- This clinic is operated in partnership with the Virtual Family Physician Network and the City of Peterborough, and currently has funding until March 31st, 2019. LHIN funding for this project has been put on hold while the PC Government completes their financial review of provincial spending.
- Patients attending the virtual care clinic meet with a Registered Practical Nurse and once in the exam room they will connect with a primary care physician through a secure Ontario Telemedicine Network session supported by a large television, camera, speakers, and microphone.
- The VCC is currently open 4 days/week.
- Patients are connected with local services as required
- Patients are able to access all PFHT Programs and Services (with the exception of 1 on 1 counselling services)
- If patients of the virtual care clinic require mental health services, the RPN can connect them with a virtual GP Psychotherapist, beginning in mid-September.
- The VCC can provide comprehensive care for up to 2,000 patients.

- Reception/Admin support is being provided temporarily by the Peterborough Family Health Team (in kind).
- Technology is working well.
- Walk in space remains available each day the clinic is open.
- Enough physicians are ready to work up to 5 days/week.
- Locally rostered patients are redirected back to their Primary Care Provider.

PFHT Clinic – launched on September 11, 2018

- This clinic is funded by the Ministry of Health and Long Term Care (there is a 50k annual shortfall that needs to be rectified).
- Patients attending the PFHT clinic meet with a Nurse Practitioner for their visit.
- Patients are connected with local services as required
- Patients are able to access all PFHT Programs and Services (with the exception of 1 on 1 counselling services)
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- This clinic is open 4 days per week (closed Wednesdays)
- Locally rostered patients are redirected back to their Primary Care Provider.

Data gathering is a large component of this work and both clinics have the following five elements that we will be working to achieve via these clinics:

1. Provide interim primary health care and connection/referral of unattached patients to existing health and social services;
2. Support recruitment new primary care practices (e.g. engagement of broader sector in recruitment efforts, establish EMR, complete patient assessment and initial service referrals).
3. Establish a reliable estimate of # unattached patients known/presenting to Planning Partner sectors
4. Understanding the health and social support needs of the unattached population;
5. Inform the design of appropriate primary health care model to address resident needs;

As of September 20th, 2018 it is estimated that our current unattached (or people without a physician or nurse practitioner) is approximately 7000 patients. One of the challenges that is encountered during the recruitment process is that physicians are seeking a “ready” practice of patients and do not want to have to build a roster of patients from scratch. The reasoning for this is that physicians are paid by the number of patients they have on their roster, and when they start from scratch it can take up to a year to build a reasonable income. The establishment of these two clinics is already proving successful in the bundling of patients.

Capacity Planning

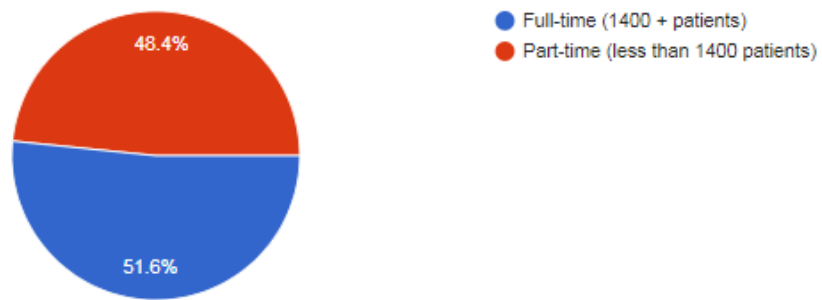
A capacity planning survey was conducted in 2018 with our local primary care physicians. The results of that survey can be found below and you can see from the data that physician recruitment will need to be an ongoing priority within our community if we wish to ensure that all residents of the city and county have access to care.

Plan to Retire

In next 2 years	2-5 years	5-10 years	More than 10 years
5	11	13	34
Patients Impacted			
8,000	15,720	18,324	33,911

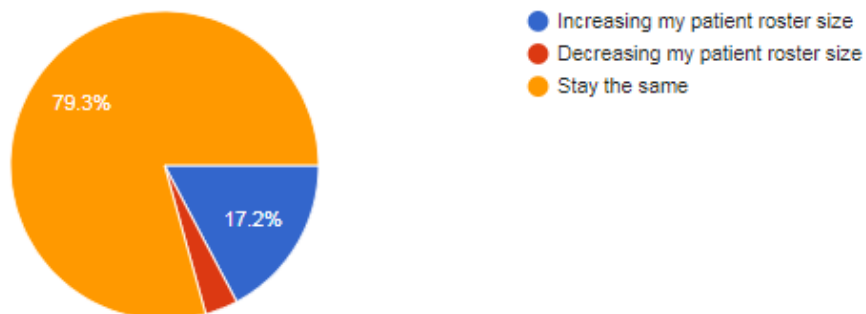
Is your current practice:

62 responses



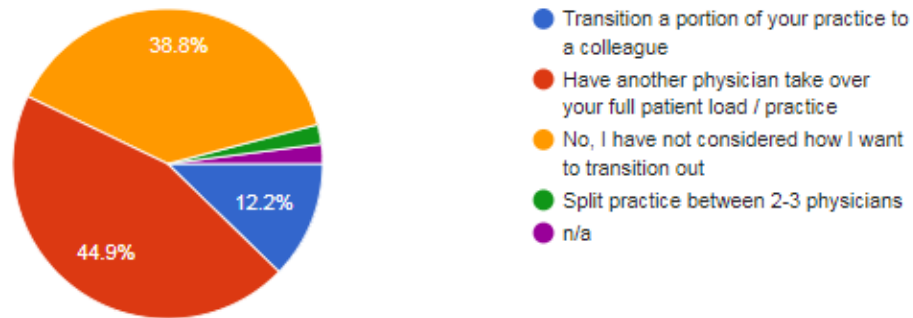
I plan on

58 responses



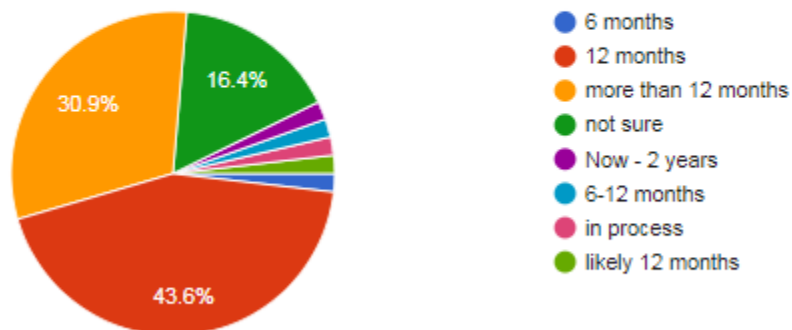
How do you picture transitioning out of your current practice

49 responses



How much advance warning do you plan to give prior to retiring / departing?

55 responses



RECRUITMENT ACTIVITIES

- Secured a Fleming marketing student to work with PFHT and the GPEDC to create a fulsome marketing and recruitment plan that aligns with the current promotional materials of the city and county.
- An initial meeting with PRHC has been conducted regarding better alignment of our recruitment activities. This will continue to be strengthened over the next year. The ability to attract specialists to the area has an impact upon the ability to recruit family doctors. Family doctors are hesitant to come to a community that does not have

adequate specialist support. We are also finding that as more women are entering medical school more and more “couple” physicians are presenting as interested in the community. In many cases, one is a specialist and one is a family physician. Specialist recruitment is even more complex and to be successful, Peterborough must think outside the box and offer something different than other communities. Specialists work both within the hospital setting as well as in the community doing patient consults and surgery follow-ups. Due to the fact that this is part time work it is difficult for specialists to justify renting space for the short duration that they are in office. An idea of providing “sponsored” shared space is being discussed – this space could be used by specialists or primary care providers to provide additional coverage in a centralized location. **Money for this space would need to be secured and I ask that the City and County give consideration to providing some funding for this endeavour in the 2020 budget year. Private business as well as service organizations will also be approached regarding this.**

- Discussion is ongoing at the Sub-Region Planning Table about creating a Recruiting Advisory Group with local health, service and private organizations. The concept of this is that recruitment is larger than one person, and a team approach will reap more leads for the community.
- Currently we have 40 active leads for our community that we continue to communicate with.
- Based on the fact that we did not garner any leads from our print advertising in MD publications we are focusing our recruitment efforts on the Queen’s Medical Residents, Health Force Ontario website, PFHT Website as well as the Medical School Recruitment Forums.
- Sponsored dinner for group of 6 Rural Ontario Medical Program Students.
- Conducted an orientation session with the Queen’s PGY1 & 2 Residents. We continue to work to integrate them into the Family Health Team.
- Met with PGY1 & PGY2 Queen’s Residents in small groups to share opportunities for affiliation with PFHT in the future.
- Attended a Recruiters Forum with other CE LHIN Physician Recruiters
- Continue to secure short and long term locum doctors for our physicians who require time off or are looking to transition into retirement

PHYSICIANS RECRUITED

Date	Location	Name	FT/PT Status	
April 1, 2018	Peterborough	Dr. Chloe Corbeil	PT	Joined the Partners in Pregnancy Clinic
April 1, 2018	Apsley	Dr. Paul Hasson	FT	Assumed the practice of NP Hub and Dr. Wagdy Rayes
Sept. 1, 2018	Lakefield	Dr. David Hurst	FT	Taking unattached patients from Health Care Connect and the PFHT Clinics
Sept. 1, 2018	Peterborough	Dr. Emily Selby	PT	Assumed the practice of Dr. Joan Himann
Oct. 1, 2018	Peterborough	Dr. Laura Lawson	PT	Assumed a portion of a practice from a physician getting ready to retire as well as unattached patients from the PFHT Clinics
Nov. 1, 2018	Peterborough	Dr. Kanwarpal Multani	FT	Assumed a portion of a practice from a physician getting ready to retire as well as unattached patients from the PFHT Clinics
Nov. 1, 2019	Peterborough	Dr. Matthew Moore	PT	Assuming a portion of a practice from a physician getting ready to retire. Matt is a local Queen's grad.
Nov. 1, 2019	Peterborough	Dr. Madura Sundareswaran	PT	Assuming a portion of a practice from a physician getting ready to retire. Madura is a local Queen's grad.
	Peterborough	Dr. Natalie Friesen		Assuming a portion of a practice from a physician getting ready to retire.
	Peterborough	Dr. Jeff Friesen		

As of the writing of this report there are currently two fulltime and one part time physician who are seriously considering opening a practice in 2019. It is my hope that these physicians will focus on the “unattached” patients that are currently being cared for by the Virtual and PFHT Clinics.

Respectfully submitted
Lori Richey



**Physician Recruitment Budget Request
January 1, 2019 - December 31, 2019**

Expenses	Budget
Salaries	\$25,000.00
Website, Publicity & Advertising	\$3,000.00
Cell Phone	\$500.00
Goodwill	\$500.00
Accommodations for prospective physicians	\$500.00
Job Fairs	\$6,095.00
Total Expenses	\$35,595.00
City of Peterborough Funding (58.62%)	\$20,866.00
County of Peterborough Funding (41.38%)	\$14,729.00
	\$35,595.00