



City of
Peterborough

To: Members of the General Committee

From: Blair Nelson, Commissioner, Infrastructure, Planning and Growth Management

Meeting Date: August 5, 2025

Report: Physician Recruitment, Report IPGED25-003

Subject

A report to identify key considerations for local physician recruitment, provide a review of municipal best practices and what is being done in municipalities across Ontario, and propose a multi-pronged approach for physician recruitment and retention for the unique medical community that is led by the City of Peterborough.

Recommendation

That Council approve the recommendation outlined in Report IPGED25-003 dated August 5, 2025, of the Commissioner of Infrastructure, Planning and Growth Management as follows:

That Council approve the physician recruitment program becoming a permanent program beginning with the 2026 fiscal year.

Executive Summary

- This report recommends converting the internal physician recruitment pilot program to a permanent program. Establishing a permanent in-house physician recruitment program will help ensure a sustained and coordinated municipal approach, working closely with partners such as the Peterborough Ontario Health Team, Family Physician Think Tank, and PRHC to design programs and implement a strategic work plan.

- The report outlines a multi-pronged physician recruitment and retention strategy, including continued financial incentives, refinement of the “Whole of Village” incentive program, and enhanced participation in international recruitment efforts through partnerships like the Eastern Ontario Physician Recruitment Alliance (EOPRA).
- Analysis included in the report highlights that over 13,000 additional patients risk becoming unattached if aging physicians retire without replacements.
- The recruitment and retention of family physicians to Peterborough is a critical issue for the community and is highlighted in the City’s Strategic Plan. High performing healthcare systems support community wellbeing and drive economic growth.
- Attracting and retaining healthcare professionals enhances the community’s appeal to residents and businesses, stimulates job creation, and supports local economic development by ensuring access to essential services.
- Recruitment efforts strengthen access to timely, quality healthcare, which directly improves public health outcomes, quality of life, and overall community resilience and well-being.
- A stable healthcare workforce reduces strain on emergency services and supports proactive care models, helping manage municipal healthcare-related costs and align with long-term planning goals.
- A growing and stable medical workforce supports the viability and future planning of healthcare facilities, transportation networks, and housing developments necessary to accommodate population growth.

Background

There remains a critical need for family physicians in Peterborough. Unattached patient counts and patient enrolment data is provided below.

The Primary Care Action Table (PCAT) Data package, used to support Ontario Health Teams and health system planners, reflects unattached patients by postal code that are on the Healthcare connect list:

Postal code (population)	K0L (83,290)	K9H (30,607)	K9J (47,147)	K9K (14,620)	K9L (8,361)
Unattached (%)	10,659 (12.8%)	5,086 (16.6%)	7,321 (15.5%)	1,900 (13%)	1,116 (13.3%)

Patient Enrolment Data: This information from all models of care compares all communities in Ontario, and outlines Population, physician counts and Rostered Patient counts.

2023 Population est.	Rostering physician Count	Rostered Patient count	Rostering physicians aged 60 or Greater	% of total rostered patient count	Rostering physicians over 65*	% total Rostered patient count
92,219	71	77,438	23.94%	32%	11.27%	17.26%

As a note, if all physicians over 65 retire in Peterborough, without replacements, over 13,363 additional patients would become unattached. This reiterates the urgency of the work being done for both Recruitment of new physicians and Retention efforts of local physicians.

To Date

During the current pilot project, in collaboration with community partners, the following have started practicing in the community (as of May 2025):

- 6 new Family Health Organization (FHO) physicians, keeping approximately 8,000 patients from becoming unattached
- 1 independent practice physician from the United Kingdom, that has rostered over 2,200 patients
- 3 Community Health Centre (CHC) physicians that are looking after vulnerable sector patients, and they will add more once clinic construction is complete.

In addition to the above, recruitment and retention initiatives that are ongoing include:

- **Unattached Patient Support:** Resources for unattached patients are regularly updated and distributed through Service Peterborough and online platforms to guide residents in accessing primary care.
- **New Physician Onboarding:** Staff provide individualized onboarding support, including incentive agreement and payment management, patient roster tracking, hospital and clinic orientation, electronic medical record (EMR) and clinical tools

resources, local referral pathways guidance, staffing support, and assistance with housing, schools, spousal employment, and community integration.

- **Expansion of Peterborough Family Health Team (PFHT) Clinic:** Support for the PFHT in opening a second Unattached Patient Clinic. From April 2024-May 2025, the clinic has had 11,540 patient visits with an Emergency Room (ER) diversion of \$444,771. 66.47% of patients reside in the city vs the county.
- **Retention Initiatives:** Supported local physician-focused events in collaboration with the Think Tank, Peterborough Regional Health Centre (PRHC) and other local partners
- **Regional Collaboration:** Through EOPRA and recruiter networks, staff are leveraging external expertise to navigate licensing and immigration complexities. City of Peterborough and Peterborough County meet regularly and work on shared goals, and joint advocacy.
- **Medical Community Promotion:** A focused effort was made to enhance website content and social media presence to better communicate the strengths of Peterborough's healthcare ecosystem and attract prospective physicians. This includes but is not limited to consolidating existing website and social accounts from prior to the pilot project, and creating a landing page on the City of Peterborough's website speaking to Physician Recruitment,
- **Medical Student Engagement:** Staff have worked with Undergraduate and Postgraduate Medical Education (UGME/PGME) learners through practice management presentations, residency match support (with an added focus for International Medical Graduates), and mentorship in scholarly activities to build local connections and professional development.
- **Resourcing and Funding Exploration:** Efforts continue to secure additional resources to expand physician recruitment and retention initiatives, including exploring provincial programs and partnerships with foundations and not-for-profits.

State of Physician Recruitment

An ongoing challenge in most communities is how to recruit physicians into a model that new graduates and internationally trained recruits do not perceive as financially attractive or flexible enough. Even with record numbers of new medical school positions, and family medicine residency spots in Ontario, the number of family physicians has not seen the same proportionate increase, further contributing to this shortage.

Recent trends in family medicine highlight a shift from comprehensive care to a more focused practice, especially for physicians in the first 5 years of practice. This is a by-product of things like: underfunding of primary care, hospital-based work (including

positions in emergency departments), locums (temporary placements for physicians) that provide flexibility and do not require a long-term commitment, and an increase in those entering a fee-for-service model of providing care.

Many family doctors in Peterborough work under a Capitation or Blended model within Family Health Organizations (FHOs). The Peterborough Family Health Team (PFHT) and five FHOs serve both the city and county, making collaborative recruitment essential across regions.

Additionally, many Peterborough family doctors also work in areas at Peterborough Regional Health Centre (PRHC) like emergency medicine, hospitalist care, and palliative care. These roles are often better compensated and help offset the costs of running a family practice.

From a healthcare system perspective, the growing number of unattached patients accessing primary care through emergency departments in the region has prompted PRHC to engage newly graduated family physicians to support lower-acuity care needs. This approach helps alleviate emergency department pressures and address immediate community health demands. However, it is a more costly way to deliver this care and may also influence the timing with which these physicians establish comprehensive, roster-based practices, potentially impacting long-term primary care capacity in the region.

Trends in Family Medicine Training

In Canada, family medicine training positions have increased by nearly 16% since 2020. However, in 2025, 276 of the 1,821 positions remained unfilled after the first match round, later filled mostly by International Medical Graduates (IMGs), who typically have return-of-service agreements.

Both Canada and the U.S. offer IMGs pathways into family medicine, but with differing match systems. In 2024, the U.S. had a significantly higher IMG match rate than Canada (61.2% vs. 38.4%).

For reference, Canadians studying medicine abroad, must return for residency training in Canada as IMGs. Working in fee-for-service, locums, and hospitals post-graduation can help offset the higher cost of having to live and study medicine abroad.

Many trainees are delaying graduating by pursuing additional training, 4 of the 6 current Peterborough Queen's family medicine residents are continuing focused training post the end of their 2 years here beyond June 30, 2025.

These trends reflect a dynamic shift in the practice patterns of family medicine graduates in Ontario, influenced by a combination of policy decisions, personal career preferences, and the evolving needs of the healthcare system.

Recent provincial announcements aim to reverse the decline in comprehensive family medicine and include:

Interprofessional Primary Care Teams (IPCT) Funding

As part of the first phase of the funding rollout, the Ontario government has launched a targeted call for proposals to create and expand up to 80 new primary care teams, aiming to connect 300,000 more people to primary care. This initiative is part of the broader \$1.8 billion investment to establish 305 new primary care teams across the province, with the goal of connecting two million more people to publicly funded primary care within four years. Focusing funding on interprofessional teams that include other allied health professionals puts Peterborough at an advantage with its strongly established Networked Family Health Team.

Primary Care Act, 2025

The Primary Care Act, 2025, establishes six clear objectives for Ontario's publicly funded primary care system:

- **Province-wide Access:** Ensuring every person across the province has the opportunity for ongoing access to a primary care clinician or team.
- **Connected Care:** Coordinating primary care with existing health and social services.
- **Convenient Access:** Providing timely primary care.
- **Inclusive Services:** Offering care free from barriers and discrimination.
- **Empowered Patients:** Allowing access to personal health information through a digitally integrated system.
- **Responsive System:** Adapting to community needs with transparent performance information.

These objectives support the development of team-based care by promoting integration, accessibility, and responsiveness in the primary care system. This also signals the key role primary care plays in the overall system.

Physician Recruitment in Other Municipalities

A jurisdictional scan of Ontario municipalities shows a range of financial incentives used to attract physicians. These incentives emerged in response to a strained, underfunded healthcare system and a declining number of family physicians practicing full scope family medicine, despite increases in residency spots over the last decade.

Municipalities have increasingly borne the burden by increasing recruitment incentives. The funding changes noted in the above section may reduce this burden over time.

Physician recruitment models vary in funding sources (municipalities, foundations, hospitals, OHTs, or combinations) and focus areas (family medicine, specialists, or allied

health professionals), making direct comparisons of incentive value difficult. The scope of practice available to physicians also influences recruitment success.

Previously reported incentives in other regions include:

- Hastings County provides \$150,000 over five years to medical students or residents as part of the agreements they offer.
- Belleville offers similar financial incentives.
- Kingston offers a \$100,000 incentive for a five-year commitment by physicians, but no retention incentives are currently in place.
- Peterborough County's Healthcare advancement coordinator position doesn't solely focus on physician recruitment. Incentives differ by township, but many are eligible for the Northern Recruitment and Retention Grant, (can range from \$80,000-\$125,000) available for full-time family medicine practitioners (funds distributed over 4 years).

Additional jurisdictional scans as of May 2025 include the following findings:

- Trenton & Brighton (Docs by the Bay):
 - \$100,000 incentive for full-time practice with a 5-year Return-Of-Service commitment (funded by the municipality).
 - A Return-Of-Service agreement is one where a physician commits to practicing in a specific community for a set period in exchange for financial support and/or other benefits.
 - Trenton: \$10,000/year retention for doctors (not on 5-year ROS) with a roster of 1000+ or other hospital/community services; 3-year trial (Year 1).
 - Trenton: \$25,000 one-time payment for taking 250 patients off HCC waitlist (for doctors not on 5-year ROS).
- West Northumberland (4 municipalities/townships):
 - County-wide recruitment plan in development via Ontario Health Team - Northumberland, with Toronto Metropolitan University facilitating.
 - Plan aims to unify all recruitment efforts across the county, including collaboration with two major hospitals.
- Frontenac County:
 - Budget has been allocated into a recruitment reserve for the past 2 years.
 - No retention incentives currently in place.

Analysis

Several options were considered as part of the research about potential options for the City of Peterborough's ongoing physician recruitment incentive program(s).

Previously, efforts in Peterborough were primarily focused on the traditional recruiter model and did not include any traditional retention efforts.

The physician-led Think Tank has provided invaluable guidance on retention strategies, emphasizing the importance of supporting current physicians while recruiting new ones.

Through the pilot project, alternative approaches were explored along with financial incentives to support recruitment and retention.

Recruitment efforts have targeted family physicians, but local hospital (PRHC) staffing needs include family doctors for roles in palliative care, hospitalist, emergency medicine, and sub-acute care. These hospital opportunities impact recruitment in two ways:

- New graduates may prefer flexible hospital roles without committing to a practice.
- The ability to combine hospital and family practice work offers financial appeal, reducing the need for higher incentives alone.

Participation in Recruitment Organizations

The City of Peterborough engages in two organizations to support recruitment and retention efforts:

1. Eastern Ontario Physician Recruitment Alliance (EOPRA)

EOPRA unites 16 Eastern Ontario communities, each with unique recruitment plans to the common goal of better primary care access. This Alliance allows communities to leverage focus on attracting physicians abroad (U.K., U.S., Ireland) through shared tools and event coordination. The Alliance shares costs and rotates recruiters to attend more events outside Ontario and Canada, providing participating communities with access to new leads without replacing existing recruitment programs.

The pilot project did not have a focus on conference attendance, but rapidly changing conditions necessitated participation in a few key targeted international events that research showed were high impact and allowed the City to benefit from leveraging the cost sharing EOPRA supports. Data on events is monitored for engagement and success by the group.

The alliance is part of the larger Ontario physician Recruitment Alliance (OPRA) group, who have focused on partnerships and advocacy and have presented to the Ontario Medical Association (OMA), and meet regularly with PCAT on the importance of ethical community recruiters for sustainable recruitment.

2. Canadian Society of physician Recruitment (CaSPR):

CaSPR offers a means for those involved with physician recruitment from across Canada to share best practices, techniques, and tools which relates to all aspects of physician attraction and retention. At the annual CaSPR conference this year in April 2025, The City of Peterborough and Peterborough County were able to connect directly with Dr. Jane Philpott, the Chair of the Province of Ontario's Primary Care Action Team.

Recruitment of International Physicians

As the landscape has changed dramatically during the time of the pilot project, the City has adjusted, to ensure a dedicated plan on recruiting internationally trained physicians.

Ontario recognizes training in family medicine within certain designations from the following jurisdictions: U.K., Ireland, the U.S., and Australia.

Outside of the UK, Ireland, U.S., and potentially Australia, additional exams, supervision, or the Practice Ready Ontario (PRO) program are typically required. For now, applicants from other countries are not being targeted, though recent increases in IMG matches to Canadian family medicine residencies have opened additional pathways for them. Recruiting from the U.K., U.S., and Ireland involves shorter timelines and lower costs, though standard immigration challenges remain. In 2023, announced programs like Federal Express Entry and the Ontario Immigrant Nominee Program (OINP) can support permanent residency applications and aim to ease these challenges for physicians who meet certain conditions.

Criteria	United States (U.S.)	United Kingdom (U.K.)	Ireland
CPSO* Registration Pathway <i>*(College of physician and Surgeons of Ontario)</i>	Streamlined pathway available for American Board-Certified physicians. No supervision or assessment required.	Recognized qualifications allow for direct entry without supervision or assessment.	Like U.K. – recognized qualifications allow for direct entry.
CFPC* Certification Requirements <i>*(The College of Family physicians of Canada)</i>	CFPC certification without exam available for ACGME (Accreditation Council for Graduate Medical Education)-accredited residency graduates who are Board Certified.	May be eligible for CFPC certification without exam, subject to equivalency of training.	Often eligible for CFPC certification without exam, depending on program structure and alignment with Canadian standards.
Common Challenges	Navigating licensure paperwork, CPSO application process, and securing a job offer or Practice	Ensuring training aligns with Canadian standards; gathering documentation; adapting to new system.	Like U.K. — training often recognized, but documentation and adjustment to system may still pose barriers.

	Ready Assessment (if applicable).		
Estimated Timeline***	3–6 months, assuming complete documentation and eligibility for the streamlined CPSO pathway.	6–12 months, depending on credential review and CFPC certification approval timelines.	6–12 months, like U.K.; CFPC and CPSO may take time to process international verifications.

***These timelines refer solely to medical licensure credentialing and exclude immigration processing. While some barriers have been removed, immigration timelines continue to remain highly individualized. This variability will be considered when developing Key Performance Indicators for recruitment efforts.

Canadian medical bodies are aligning policy and advocacy efforts to remove barriers and attract U.S.-trained physicians, and the City takes guidance from their actions. Below are some of the key steps being taken by various governing bodies in Ontario. These actions help recruitment initiatives by reducing processing times and regulatory barriers and increasing the completion rates of board exams under restricted license programs.

Canadian Medical Association (CMA)	<ul style="list-style-type: none"> • Issued a post-2024 U.S. election <i>Call to Action</i> (April 20, 2025) to attract U.S. doctors. • Recognizes a “rare opportunity” to recruit American-trained physicians. • Suggests U.S. political conditions are prompting physician interest in relocating.
College of physicians and Surgeons of Ontario (CPSO)	<ul style="list-style-type: none"> • Introduced major reforms in Sept. 2024 to facilitate U.S. physician registration: <ul style="list-style-type: none"> ○ Removed supervision/assessment for U.S. board-certified physicians. ○ Created "Pathway C" for those eligible for U.S. board exams. ○ Issued 3-year restricted licenses to board-eligible candidates. ○ Updated specialist recognition to include U.S.-trained doctors. • Reforms based on training equivalency and reduced regulatory burden.

Ontario Medical Association (OMA)	<ul style="list-style-type: none"> • Advocates for expanded and expedited pathways for internationally trained physicians, including U.S. doctors. • Supports overall system readiness to integrate foreign-trained talent.
College of Family physicians of Canada (CFPC)	<ul style="list-style-type: none"> • Offers alternative certification pathways for family physicians trained outside Canada.

Specific International Markets

i. United Kingdom

In 2024-2025, Canada has witnessed a notable influx of physicians from the United Kingdom, a trend driven by systemic challenges within the U.K.'s National Health Service (NHS) and Canada's proactive recruitment strategies.

Canada's healthcare system, characterized by its universal coverage and emphasis on primary care, presents an attractive environment for U.K.-trained doctors.

As part of ongoing recruitment efforts, the City is working with current physicians in the City to connect with other potential leads interested in relocating from the U.K. to Canada. Staff attended a high-yield recruitment OPRA General Practitioner Ontario event in Birmingham, U.K. in May 2025.

- 130+ Physician registered for the event, after 94 attended a virtual preview webinar about the event in April.
- Interacted in person with over 80 attendees to showcase the City.
- 20 physicians interested in the City and receiving follow-up information, with 5 having expressed immediate interest.
- 1 already scheduled for a tour of the City and surrounding schools.
- Event included a Canadian Immigration lawyer, MD Management, and an International Moving firm specializing in physicians.

This event was exclusive to community not-for-profit recruiters, whose warm welcome community-based approach offers to support physicians with their immigration, settling, and preparation for practicing medicine in Canada.

ii United States

A dramatic surge in interest from U.S.-based physicians seeking to practice in Canada has been documented across multiple indicators. The Medical Council of Canada

(MCC) reported that the number of U.S. medical graduates opening accounts on physiciansapply.ca - a critical first step toward obtaining a Canadian medical license- increased by an extraordinary 583% between October 2024 and March 2025 compared to the same period in the previous year. This spike suggests a fundamental shift in cross-border physician migration patterns that warrants serious continued focus as part of a recruitment strategy. Data on the split of specialist/family medicine applicants is not currently available.

Recent changes in U.S. academic medicine have led many researchers to seek opportunities in Canada. This underscores the importance of enhancing the medical community's teaching and research efforts through potential partnerships with Queen's Faculty of Health Sciences (regional education), Department of Family Medicine, and local collaborations with Trent University and Fleming College to support training for nursing and healthcare support worker programs.

Through the City's EOPRA membership, the City will realize the value of participation in over twenty events across the U.S. in 2025/2026. This scalability allows the benefit of representation at all events including those the City is unable to attend. In addition, staff explore targeted in-person participation at events that are deemed high yield and offer potential. An additional benefit of the EOPRA membership is that employment opportunities across all communities are promoted to candidates, helping community recruiters find the best long-term matches.

These events, organized by groups like PracticeMatch and promoted through medical journals and social media, include major conferences such as the American Academy of Family Physicians (AAFP) Future (formerly National Conference), which targets family medicine residents and students.

One of the trends identified is noted in the above section on IMGs training in the U.S. family medicine programs. In Peterborough, the availability of supplemental work at PRHC appeals to U.S. trained residents, as it aligns with their training requirements.

The City continues to explore additional opportunities above and beyond to ensure Peterborough is positioned as a city of choice when U.S. based physicians are looking to relocate. This involves working with the Family physician Think Tank and other local physicians and partner organizations on a collaborative warm welcome approach.

iii) Ireland

Ireland has been experiencing a notable outflow of general practitioners (GPs). Between 2021 and 2022, 42 Irish-trained or Irish citizen GPs emigrated to countries like Australia, New Zealand, Canada, or the U.K. Family physicians trained in Ireland are increasingly seeking opportunities to practice in Ontario, driven by a combination of professional aspirations, systemic challenges in Ireland, and favorable immigration and licensing pathways in Ontario.

Like the strategy in the U.S. and U.K., there is potential to target high yield events. CaSPR runs a 2-day conference in Ireland in the fall that was attended by Peterborough County, and Kawartha Lakes last year through EOPRA. Day 1 is a Canadian Student Repatriation Event and Day 2 focuses on GP recruitment. Potential partnerships for representation at this event can and will be explored. Ongoing contacts with local students studying there continue as the City explores unique opportunities like connecting them with the local Think Tank, OHT, and PRHC for research opportunities, or other scholarly activities for them closer to home. Local students wishing to return to the Peterborough community for observerships and other activities to ensure future residency match success, often need guidance in navigating the medical community and the process for securing elective placements through the Rural Ontario Medicine Program.

The City is monitoring policy changes across provinces to identify potential advocacy opportunities and maintain its competitiveness for foreign-trained physicians. Ongoing research into U.K., U.S., and Irish primary care trends will help ensure the City's strategies remain relevant and cost-effective.

Implications for Ontario

For Ontario, these trends present a strategic opportunity to address physician shortages by attracting qualified doctors from the U.K., Ireland and the U.S. Streamlining licensing processes and offering competitive incentives could position Ontario as a desirable destination for these professionals, thereby enhancing healthcare access and quality for residents.

Recommended Approach

That Council approve the physician recruitment program to become a permanent program beginning with the 2026 fiscal year.

The following actions could be taken:

- Continue the existing \$15,000 incentive (over three years) for family physicians that establish new practices in the City of Peterborough;
- Refine and focus the “Whole of Village” incentive program, engaging local physicians, organizations, and businesses as part of the recruitment efforts;
- Consult with the local Family Physician Think Tank, Ontario Health Team, and other stakeholders about short, medium, and long-term actions for family physician recruitment and retention in Peterborough;
- Convert the internal physician Recruitment Coordinator position from a contract role to a permanent position to support the ongoing design of programs as needed and implement a strategic workplan; and

- Develop and implement an advocacy plan related to the provincial health care system to support physician recruitment efforts.

The recommendation is that staff report to Council quarterly on the status of the in-house physician recruitment program efforts and recruitment services.

Additional information

The following details are intended to provide additional information about the recommended approach. To deliver short, medium, and long-term deliverables in support of this community priority, a suite of parallel actions could be taken.

Continuation of Existing Incentives

The City of Peterborough currently offers a \$15,000 incentive (over three years) for potential physicians practicing in the boundaries of the City of Peterborough. There are currently multiple agreements in place with local physicians that require continued support in 2025 and 2026. This continued support is accounted for in the pilot project budget.

Continuing this incentive would help maintain momentum in engaging potential physicians, ensuring no interruption in recruitment efforts, while allowing time to develop a comprehensive, sustainable, and adaptable long-term program.

Refinement of a “Whole of Village” Incentive Program

A “Whole of Village” incentive program was developed and implemented through the pilot project. Through the City’s continued work, it will look to refine the program and explore additional opportunities to ensure maximum reach and effectiveness in supporting its recruitment and retention mandate.

As the City explores these opportunities, consulting with local physicians and residents will be key. This includes the local Family Physician Think Tank, Ontario Health Team, Peterborough Family Health Team, Primary Care Network, Peterborough Regional Health Centre (Medical Affairs), and other partners in the broader Peterborough healthcare ecosystem. These stakeholders will continue to be a part of this work to develop a governance model for any new incentive program, or any broader support program as the City looks at all aspects of supporting physicians as they locate to practice in the City of Peterborough.

Valuing Local physicians’ Expertise

In recognition of the expertise and ongoing recruitment efforts of local family physicians, the City of Peterborough will continue to strengthen its relationship with the Family Physician Think Tank. This group—open to all physicians practicing comprehensive, community-based family medicine within Peterborough—works as an arms-length consulting body to provide evidence-based, physician-driven, and solution-oriented recommendations for short-, medium-, and long-term recruitment priorities.

Following the initial pilot project's success, City staff will collaborate with the Family Physician Think Tank to explore this partnership's future scope. This includes applying a long-term lens to recruitment and retention and engaging in collaborative research to better understand and communicate the current state of family medicine in Peterborough.

Ongoing physician input will help ensure that municipal actions remain responsive to the real-time needs of physicians and medical residents. Given that local physicians often play a direct role in recruitment by leveraging their own professional networks, the City will continue to support this group's efforts. This includes sharing City-produced recruitment materials—such as videos and social media content—directly with local physicians to assist with peer-to-peer outreach and engagement.

The Family Physician Think Tank, will also serve as a valuable source of local data and insight, supporting evidence-based decision-making by the City. This may include providing access to reports, surveys, and studies that inform municipal planning and program development related to physician attraction and retention. Finally, the City and the Think Tank will work together to design and deliver strategic, targeted, and physician-led recruitment and retention events.

Building on this successful collaboration, the City will also continue to expand its relationships with other key healthcare partners, including the Peterborough Ontario Health Team, Peterborough Family Health Team, Primary Care Network, Peterborough Regional Health Centre (Medical Affairs), and others. These relationships will support a coordinated, well-rounded, and representative approach to the design and implementation of new physician recruitment and retention programs.

Permanent In-House Physician Recruitment Coordinator

As the City of Peterborough continues to address the ongoing challenges related to physician recruitment and retention, staff recommend that the current temporary full-time in-house physician Recruitment Coordinator position be converted into a permanent, full-time role as part of the physician recruitment program becoming permanent. This recommendation supports the development of a long-term, sustainable approach to physician recruitment within the municipality and aligns with Council's strategic priorities around community health and well-being.

The permanent program would be responsible for implementing a strategic work plan focused on attracting and retaining family physicians in Peterborough. Key responsibilities would include:

- Coordinating efforts with the Family Physician Think Tank, Ontario Health Team, Peterborough Family Health Team, PRHC and other key stakeholders in the local healthcare ecosystem;
- Supporting the design and implementation of pilot programs to address physician attraction and retention;

- Working with the City's Communications Division to develop marketing materials, including social media content and promotional videos;
- Maintaining ongoing relationships with Peterborough-based medical students, including outreach and engagement activities;
- Organizing and executing targeted events (e.g., engagement sessions with Queen's University medical students, and virtual career fairs);
- Serving as the primary municipal point of contact for physician recruitment stakeholders.

The role will be structured with measurable performance objectives and tracked through key performance indicators to ensure accountability and outcomes-based reporting.

Additionally, the physician Recruitment Coordinator will work in collaboration with the Director of Economic Development and the Manager of Government Relations and Corporate Strategy to explore broader, medium- and long-term municipal strategies related to physician recruitment.

Potential areas for medium to long term consideration may include:

- Exploring the potential for establishing teaching medical clinics on City-owned lands, aligned with recently announced Provincial funding.
- Assessing childcare support options for physicians relocating to the region.

This permanent position would provide continuity and leadership in addressing one of the City's most pressing workforce development challenges and ensure alignment with healthcare partners in advancing innovative solutions for physician recruitment and retention.

Advocacy to Provincial Government

Health care delivery, particularly primary care, is under the authority of the provincial government. As Ontario implements its Primary Care Action Plan—with the goal of connecting every resident to a family doctor or primary care team by 2029—there is a critical opportunity for municipalities to help shape and accelerate these changes.

Previously referenced, the Province of Ontario announced \$1.8 billion in funding to connect every person in Ontario with a primary health care team. This is being rolled out in two rounds, with the first round of proposals that was due May 2, 2025. It was focused on the communities by postal code that have the highest number of unattached patients. Peterborough had three (K9H, K9J, K0L) that could submit applications through the Peterborough Ontario Health Team (OHT). The Peterborough OHT submitted three applications as outlined in report IPGED25-001 and are awaiting feedback on the submission.

This was followed by a \$300 million announcement by the Minister of Health, Sylvia Jones in May 2025 to expand teaching clinics and connect an additional 300,000+ people to primary care and train more family physicians.

A robust municipal advocacy strategy should focus on ensuring that provincial investments and innovative programs address local needs, especially in communities facing persistent physician shortages. This strategy can include planned meetings with elected officials and senior Ministry of Health representatives and ongoing participation in provincial consultations and working groups.

By maintaining regular dialogue with provincial partners and leveraging the leadership of local physicians, the municipality can ensure that local perspectives are reflected in policy decisions and that new provincial programs are responsive to community realities.

Strategic Plan

Strategic Pillar: Community & Well-being

Strategic Priority: Work proactively with provincial and federal governments to explore all options and seize opportunities to provide housing support for people experiencing homelessness, and to respond to mental health challenges, addictions, and the need for family physicians.

Implementing a dynamic, multi-pronged approach is continuing to enhance physician recruitment and retention in Peterborough.

Engagement and Consultation

Staff engaged with members of the local and provincial medical community as well as relevant stakeholders in other municipalities to prepare this report.

Examples of this engagement include:

Ontario Health Team (OHT):

- Ongoing discussions focus on mapping the full medical ecosystem in Peterborough.
- Support continues for the work of the Primary Care Network, POHT and collaboration with the County where mandates and services overlap. Identifying space that can be utilized in primary care initiatives.

- Efforts are underway to align City priorities with OHT initiatives and strategic planning. A Strategic Plan for the Peterborough OHT is forthcoming.

Peterborough Regional Health Centre (PRHC):

- Continued collaboration with the Medical Affairs group to support current and future learners training in the community.
- Hospital opportunities are promoted to family physician candidates interested in hospital-based practice.
- Recruitment updates have been presented to the Professional Staff Association.
- Specialist candidates returning to Canada are referred to Medical Affairs for recruitment support.

Peterborough Family Health Team (PFHT):

- Active recruitment support for various Family Health Organizations (FHOs), including the PFHT unattached patient clinic.
- Regular recruitment updates provided to FHO administrators.
- Design of Recruitment Workflow in conjunction with Think Tank to promote consistency on how candidates are managed.

Peterborough Family Doctors:

- Engage in planning conversations with physicians wishing to make retirement strategy plans, and to learn about practice opportunities that arise.
- Engage with physician leaders to stay connected to ongoing trends and opportunities in the local landscape.

Budget and Financial Implications

In order to implement this dynamic, multi-pronged approach, approval is requested to convert the pilot physician recruitment program to a permanent program to support the ongoing implementation of physician recruitment and retention activities. This will be included in the City's Draft 2026 Budget. The program is fully funded for 2025 and would see no impact on the current budget.

Conclusion

The City of Peterborough has an opportunity to continue to update its approach to physician recruitment and long-term retention and workforce planning to ensure the City is remaining agile and responsive to the changes in the market. By implementing a suite of parallel actions, a creative and local plan for action could be pursued.

Submitted by,

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