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# HALDIMAND COUNTY

## Report CDS-07-2023 Physician Recruitment Strategy Options For Consideration by Council in Committee on October 10, 2023

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### OBJECTIVE:

To obtain Council direction relating to the County's role in physician recruitment and a decision relating to allocation of resources to a recruitment strategy.

### RECOMMENDATIONS:

1. THAT THAT Report CDS-07-2023 Physician Recruitment Strategy Options be received;
2. AND THAT staff be directed to proceed with Option #\_\_\_\_\_ as described in Report CDS-07-2023;
3. AND THAT a detailed budget be developed in relation to Option #\_\_\_\_\_ for consideration as part of the 2024 Tax-supported Operating Budget.

**Prepared and Respectfully submitted by:** Mike Evers, MCIP, RPP, BES, General Manager of Community & Development Services

**Approved:** Cathy Case, Chief Administrative Officer

### EXECUTIVE SUMMARY:

The 2022 to 2026 Term of Council Priorities identified a physician recruitment strategy to be developed and presented for consideration in 2023. Staff have developed a series of options for Council to consider that range from using internal resources to those of securing external supports. The options range in cost from low to high, and while examples of deployment of the various options exist across the Province, there is no single 'best way' or guaranteed approach to success. Any physician recruitment program comes with demands on County resources (staff, financial) and uncertainty of outcomes. The options available to the County are laid out in the subject report and staff are seeking Council's direction on the extent of commitment it wishes to make towards this initiative.

### BACKGROUND:

Physician recruitment was identified as one of the Term of Council priorities in early 2023. In setting that priority, staff was tasked with bringing forward strategy options for Council's consideration in the fall of 2023 such that, any resource commitments (i.e. financial) could be determined prior to the 2024 budget cycle. The reason for identifying this as a priority is due to the fact the County is in an area of high physician need as deemed by the Ministry of Health and Long-Term Care. In March 2021, Ministry data identified that 3.8 more primary care physicians (commonly referred to as 'family doctors') were needed in the County to support individuals that do not have a primary care physician. This deficit of physicians has only increased as our population grows and family physicians retire. The present and future state is of significant concern and is summarized as follows:

- In the past 5 years, Haldimand has seen 6 primary care physicians exit practice within only 3 moving into practice.

- 18% of Haldimand family doctors are over the age of 65. Four physicians are considering retirement in the next 1 to 3 years. Retiring physicians have extensive rosters of patients that need to be placed with other doctors but those doctors are at capacity.
- Physicians are retiring, or contemplating retirement, from family practice earlier in their career than done previously.
- Data from Health Force Ontario (2021) identified that Haldimand primary care physician average patient roster sizes are higher (>1,700) than those physicians in the surrounding areas (approx. 1,300).
- Haldimand is an underserviced area in the province, with a rate of physicians per 100,000 population dramatically lower than the provincial average (63.3 and 115.1 respectively) (2020).
- Although Haldimand is considered underserviced by the province, there are fewer physician incentives for new doctors compared to those in northern and other rural areas. This is influenced by the County's Rurality Index Ontario score which is 17. This score is well below the funding eligibility threshold of 40 (i.e. the higher the score the better).
- The County is experiencing significant growth pressures and is expected to see an increase in population of 27,000 people over the next 30 years.
- Many Haldimand primary care physicians, in addition to their primary care practice, also provide the only source of inpatient care in the hospitals and/or work in the emergency department, long-term care homes and retirement homes. Family doctors' involvement is crucial to sustaining hospital function in smaller communities. Additionally, in many communities, practicing primary care physicians often specialize in obstetrical, palliative, cosmetic and other medical care that take time away from their primary care practice. In Haldimand, some of these specialties are required in order for patients to have care close to home.

Lack of primary care physicians has many potential impacts, with the most critical being as follows:

- Lack of adequate primary care resources impact the emergency departments (use of ER when not necessary), County EMS (call volume increases, off-load delays), patient experience and overall community health, particularly among the vulnerable.
- Individuals without primary care access often choose to not seek healthcare and therefore suffer negative outcomes if issues were prevented or treated sooner.
- Individuals without family doctors have limited access to interdisciplinary team-based healthcare (Nurses, Nurse Practitioners, Social Workers, Dietitians, etc.).
- Access to primary care is foundational for residents, businesses and healthcare facilities in Haldimand - the current lack of resources has residents looking outside of the community for care, increasing travel, moving shopping away from the community and placing a greater burden on the existing stretched resources.
- A properly functioning health system has implications for economic development as a key attraction for new business is having access to primary care for their employees.
- Sustaining the function of local hospital inpatient and emergency departments.
- Providing care at local retirement homes and long-term care facilities.

### Physician Recruitment & Retention Committee

In the spring of 2022, a number of stakeholders came together to discuss this issue and brainstorm on a path forward. Those stakeholders were the Haldimand Family Health Team (represented by Barb Klassen, Executive Director), West Haldimand General Hospital (represented by Todd Stepaniuk, CEO), Haldimand War Memorial Hospital (represented by Sharon Moore, CEO) and Haldimand County (represented by Mike Evers, GM of Community & Development Services). These four organizations formed the executive of what became the Physician Recruitment & Retention Committee (PRRC) and committed to meeting to examine opportunities and ways to attract physicians to the County. The PRRC executive also created a larger committee which included

Chiefs of Staff from the two local hospitals, Health Force Ontario, Public Health, primary care physicians, local business leaders and others. The executive met regularly (typically bi-weekly) from spring 2022 to spring 2023, while the larger committee met every 6 to 8 weeks over the same time period. Both groups are currently 'on pause' while next steps relative to a recruitment strategy are determined.

While the work of the PRRC has been minimal for past number of months, it is important to summarize what has been accomplished over the approximate 1 year of its full function. While not an exhaustive list, the below highlights the key efforts and accomplishments:

- Attended a physician job fair in Kitchener on September 26, 2022. Our physician recruitment initiative had a visible presence as part of a booth that was shared with the recruitment specialist from the City of Hamilton. This event provided opportunity to market the County, its hospitals, and the broader health sector. A large amount of valuable County/hospital information was distributed at this event and the County was placed 'on the map' of a number of potential candidates.
- A virtual physician town hall was held on September 27, 2022 with local physicians in attendance. This provided an opportunity for PRRC members to share some of the work completed to date and some of its plans moving forward. It also provided an opportunity to stimulate discussion amongst the physicians (and obtain feedback for the committee) on what new recruits are looking for in a practice and what physicians can do to support the initiative of recruitment.
- Developed an information brochure (with support from Haldimand County, Economic Development & Tourism staff) which is being distributed to the broader business sector by email and in person. The brochure highlights the importance of the physician shortage issue and contains a 'call to action' for local business (i.e. to be ambassadors for their community).
- Developed and submitted a McMaster Medicine and Western University Medicine yearbook (2022) physician recruitment advertisement.
- Attended the Rural Ontario Medical Program (ROMP) Educational Forum November 21/22, 2022.
- Attended the Western Family Medicine (WFM) Retreat in Grand Bend January 28/29, 2023 and delivered a presentation on the County to about 100 residents. The fair was successful with approximately 22 participants interested in more information. It became evident again that Haldimand County is not well known even to residents that did their medical school at McMaster. Residents were interested in access to rural care so close to larger city centres in southern Ontario. A large number of these residents appeared to be interested in hospitalist and emergency care in addition to a primary care practice.
- Attended the Rural Ontario Medical Program recruitment fair in Collingwood on February 23/24, 2023. This was less successful than the WFM Retreat with fewer residents taking time to visit booths. A total of 5 residents showed interest in further information.
- Attended the "Docs on Ice" Tournament in Smith Falls and area March 31/April 1, 2023. This tournament/fund raiser brought doctors from across the province together, including many residents just finishing their schooling. A promotional booth was set up in Carleton Place and Beckwith, with a focus on residents. A total of 8 residents showed interest in further information.
- Provided a tour of the County to a doctor with interest in being a locum for our area. Tour included the Family Health Team locations and both hospital emergencies.
- A Primary Care Network (PCN) has been set up within the Greater Hamilton Health Network (GHHN) OHT. PCNs have been mandated by the Ministry for OHTs. How the PCN will support physician recruitment and retention broadly, and primary care more specifically within the GHHN is still to be determined. However, we do know that there is an interest in supporting Haldimand primary care as part of the larger GHHN.
- Obtained support from the Hamilton and Norfolk General Hospital physician recruiters, both as a member of the PRRC and in directing interested physicians and new graduates to our area.

Despite all of these efforts made over the past year, there have not been any quantifiable results to date and no new physicians have re-located to the County. Further, none of the PRRC members have received any follow up communication from those individuals that showed interest at the various attended events.

### Road Ahead

The work summarized above has largely been ‘side of desk’ for the core committee members – meaning, it has been taken on in addition to the core responsibilities that those individuals have with their current positions. As a result, the recruitment initiative has typically not received the priority and attention it requires. In addition, the events attended were accommodated in existing budgets, some of which will not recur in future years. And so, available funds for future event attendance does not currently exist. If the work is to continue, and if it is to have any reasonable probability of success, it will require dedicated resources, both human and financial. The purpose of the subject report is to introduce options for Council’s consideration as it relates to a formalized physician recruitment program and resource commitments.

## **ANALYSIS:**

### Responsibility

As a starting point, it is important to clarify responsibilities. The provision of health care services and/or personnel is not a municipal responsibility. It belongs to the Province. The challenge in relation to local recruitment efforts is that the Province has not committed, and is not signaling any type of commitment, to providing resources for this. When a recruitment program is put in place, a municipality is walking a fine line between municipal efforts to retain doctors while recognizing healthcare is primarily the responsibility of Ontario’s Ministry of Health. All stakeholders on the PRRC have reluctantly stepped into their roles on the committee and the previously described work based on this fact. That said, all members also recognize the critical nature of the issue and the growing community need for physicians. Any future commitment and recruitment efforts (for the County in particular) would also be taken on reluctantly given we should not be in the recruitment business for any type of health care providers. And so, any recruitment program should be measured and temporary as a result, and only in place until the health care system in the Province and locally is properly fortified.

### What can the County do?

If the County wishes to continue their involvement in physician recruitment, there are a number of recruitment strategy options that can be considered with each representing a significant resource (financial and/or human) commitment. The main strategy options are summarized below along with some examples of how other Ontario municipalities are using them.

#### **Option #1a: Add a Physician Recruitment Specialist (PRS) to the County’s Staff Complement**

A Physician Recruitment Specialist (PRS) would represent a dedicated internal (i.e. addition to staff complement) or external (i.e. consultant) human resource that is trained in the health care area and familiar with the needs of physicians. A PRS provides a basis to bolster efforts in a really challenging job market and would enable work and time to be focused on the recruitment program as a whole and continuously – something the current PRRC simply cannot do given competing demands and work expectations. It is expected that a PRS would be tasked with the following types of duties:

- Develop and implement a recruitment and retention strategy for primary care physicians (‘physicians’) in Haldimand County, including health care resource and succession planning for physicians retiring or transitioning out of practice in consultation with local hospitals, health care teams and other community stakeholders.

- Responsible for all physician recruitment activities including, but not limited to, job description and posting development and advertising, sourcing and interviewing, governmental applications, and community onboarding of physicians.
- Create and maintain physician recruitment talent pipelines through candidate sourcing and referrals, attending job fairs, trade shows and other events.
- Build strong strategic partnerships with local hospitals, health care teams and other community stakeholders.
- Identify, in partnership with community stakeholders, any potential barriers and/or enablers (to local recruitment) and develop recommendations for responsive actions thereto.
- Develop marketing and advertising plans (with assistance of Haldimand County Economic Development & Tourism staff and community stakeholders).
- Establish and maintain an online presence for physician recruitment, regularly updating websites, social media and advertisements as required (i.e. hospital job sites, etc.).
- Liaise with educational institutions and Health Force Ontario to build a presence with regional medical learners (i.e. medical students, residents, etc.).
- Initiate and build strong relationships with potential candidates, maintain active communication and alter the individual recruitment strategy for each candidate as required.
- Act as the primary contact and coordinator when a physician wants to tour the community. Schedule and coordinate site visits, interviews, tours, etc. with candidates.

If Council is supportive of committing to the retention of a PRS, staff would recommend the following:

- A minimum three (3) year commitment be made to a contract as that is the base timeframe necessary to develop and roll out a program with any hope of success (as per experience of other municipalities and advice of Health Force Ontario).
- The PRS be retained by the County (under contract) and report to the Physician Recruitment & Retention Committee, which includes as co-chair the GM of Community & Development Services.
- The GM of Community & Development Services would provide regular reports to Council relative to the efforts and advancements being made by the PRS.

Based on a review of recruitment specialist information provided by Health Force Ontario, it is estimated that the annual financial commitment would be approximately \$150,000 which would include all aspects of the program (wages, event registration fees, marketing budget, mileage, etc.). At this time, none of the key partners on the PRRC (Haldimand Health Team, Haldimand War Memorial Hospital, West Haldimand General Hospital) are able to commit any level of funding to the retention of a PRS. As such, if Council wishes to advance it must assume that the County will absorb all of the financial commitment which could be \$450,000 over three years.

Municipal Examples:

- Hamilton: The City of Hamilton, along with Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, two family health teams and McMaster University, jointly fund and employ a permanent Recruitment Specialist (Hamilton Physicians) (recently transferred to the Greater Hamilton Health Network) that is responsible for the following:
  - Identify practice opportunities through collaborative efforts with the Municipality and physician leads as well as building relationships with all generations of physicians.
  - Represent Hamilton at medical schools and careers fairs in Ontario and Canada.
  - Act as recruitment liaison with the DeGroote School of Medicine, Niagara Campus.
  - Coordinate clinic and community tours based on practice and lifestyle preferences.
  - Transition family physicians into communities.
  - Manage the Family Medicine Locum Program.

- Niagara Region: Niagara Region Public Health employs a permanent Physician Recruitment & Retention Specialist. The staff person works in collaboration with all 12 lower tier municipalities to do the following:
  - Identify practice opportunities through collaborative efforts with municipalities and physician leads.
  - Represent Niagara at medical schools and careers fairs in Ontario and Canada.
  - Act as recruitment liaison with the DeGroote School of Medicine, Niagara Campus.
  - Coordinate clinic and community tours based on practice and lifestyle preferences.
  - Transition family physicians into communities.
  - Manage the Family Medicine Locum Program for Niagara.

The focus of most municipal programs is recruitment through avenues such as new graduates finishing family medicine training and the international medical graduates – i.e. not targeting those that are actively working in their family practice in other Ontario (or Canadian) communities.

### **Option 1b: Hire a *Shared Physician Recruitment Specialist (PRS)* within the Greater Hamilton Health Network**

Haldimand County has been assigned by the province—along with Hamilton and Niagara Northwest (Grimsby and West Lincoln)—to the Greater Hamilton Health Network (GHHN). The GHHN is a new organization formed under the new Ontario Health Team (OHT) structure. OHTs are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population. Under the OHT model, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team.

As it relates to physician recruitment, there could be opportunity as a broader community to fund 1 to 2 full-time staff (i.e. recruiter(s) and/or coordinator) for the whole GHHN region. This would demand a commitment of financial support by numerous parties including the Haldimand Family Health Team, area hospitals and municipal councils. In this approach, the County would be a contributor to a larger “pot” with a portion of funding/staffing being for representation in Haldimand.

The duties of the PRS in this option would be the same as those outlined in option #1a with some fundamental differences as follows:

- Reduced cost to the County given the funding would be shared across multiple parties for things such as wages, conferences, booths at events, marketing, etc. The amount of financial commitment by the County cannot be determined at this time given the willingness/ability of other organizations to participate is not known;
- The recruiters/coordinator would collectively work to attract physicians for the entire region that exists under the GHHN umbrella. And so, the focus would not be solely on Haldimand County. In this option, the County would be sharing recruitment costs with municipalities it is effectively ‘competing’ against for physicians; and
- Notwithstanding the above bullet, there could be benefits that flow from this approach, including pooling of resources, casting a wider recruitment net, and greater chance of getting on the radar of candidates.

#### **Municipal Examples:**

Staff were unable to identify any examples where a region or Ontario Health Team has taken this approach. And so, this would be a first – something for which there is no template or tried and tested example.

## **Option #2: Contract a Headhunter**

Another approach to recruitment would be using a “headhunter”. In this option, a fee is paid to a consultant for each physician they bring to the County. Based on a review of various headhunter websites, a fee is typically calculated as 20 to 25% of first year’s starting salary. As such, the fee per physician recruited could range from \$30,000 to \$60,000. In a sense, this is a ‘pay for performance’ type of recruitment program which would only see the County expending tax-payer dollars upon the delivery of real and tangible results.

If Council wished to go in this direction, it could set an upset fee per physician and cap the number per year so as to have some predictability. For example, Council could establish a fee of \$30,000 per physician, with a maximum of 3 recruits per year, for a total annual commitment of \$90,000. This approach limits the risk to the County that otherwise exists in options #1a and 1b which could see the County committing large amounts of money without any certainty of results. The main downside to a headhunter is that they typically approach those that are already employed, and so, this type of strategy represents a kind of poaching from other jurisdictions. This would address issues locally while creating issues in other municipalities, and so, the entire health system remains at risk. A further limitation of headhunters is they are typically not permitted entry to physician conferences and recruitment events. As with the options #1a and 1b above, none of the key partners on the PRRC are able to commit any level of funding at this time and so Council must assume that the municipality would need to absorb all of the financial commitment.

Municipal Examples:

- Belleville: A fee of not more than \$20,000 is paid to a consultant (“headhunter”) who brings a physician to the city.

## **Option #3: Introduce Financial (Cash Bonus) Incentives**

A competitive market is pitting municipalities in Ontario against each other in creative attempts to lure family doctors. Although no official statistics about the incentives doctors are tempted with exist in the Province, the practice appears to be growing, and especially in eastern Ontario. Several municipalities from across Ontario are offering incentives to recruit new physicians to either take over an existing practice or establish their own practice with a new roster of patients. Offering incentives has had a positive impact for some of these municipalities.

If Council were interested in offering a financial incentive, it would likely need to be a minimum of \$100,000 per physician for a 4 to 5 year community commitment. Anything less than this would put the incentive below the majority of offerings that are presently available across the Province. Incentives are a nice ‘carrot’, but the reality is they may not solve the problem given introducing them may only put the County on a level playing field with other municipalities – i.e. it won’t set the County apart. Rather, it may be better to focus on promoting and improving upon what does set the County apart. That would play into the role of a recruiter as described in options #1a and 1b.

Incentives also do not typically do well as a stand-alone strategy and they are most effective when bundled with a recruiter or headhunter who would have the task to promoting both the County and the financial incentive to candidates. And so, the financial commitment would become even more significant if those approaches were combined.

Municipal Examples:

- Quinte West, North Grenville (bordering Ottawa) and Kingston all offer physicians a financial incentive of \$100,000 in exchange for a five-year commitment to their respective community. These cash bonuses have been in place for a number of years.
- Hastings County recently approved a budget that would see its physician incentive program increase from \$100,000 to \$150,000 for a minimum four-year commitment. It also added another

\$75,000 incentive to help cover relocation costs for licensed doctors returning from elsewhere in Canada or overseas. This incentive program has been in place since 2006. Of note, Hastings had reduced the incentive to \$100,000 in 2017 but increased it this year as the lower amount was not enough of a draw. Since 2006, Hastings has successfully signed 21 candidates and retained 16 of them. It is reasonable to conclude that some of this success can be attributed to the incentive program.

- Niagara Region: Several municipalities in Niagara offer financial incentives to support physicians in their transition to the area. The value ranges from \$5,000-\$100,000 with a 5 year return of service contract.
- City of Welland: Welland Council is currently considering setting up a \$1 million fund for a physician recruitment incentive program. The aim is to attract 10 new physicians through this with the fund offering \$100,000 for each new family physician taking over an existing practice or establishing a new roster of patients.
- Belleville has adopted a formal recruitment policy to attract medical professionals to the city and has a budget of \$605,000 annually for health care recruitment. Belleville's program is broad and includes nurse practitioners, registered nurses and emergency room physicians in addition to primary care physicians. The program has been in place for over a decade and has attracted 43 family doctors, nurses and specialists over the years. Highlights include:
  - New Physicians – it features \$150,000 for a new family doctor to be paid over six years in return for a five-year commitment to work in Belleville.
  - Established Family Physicians – operates under the principle that the city will not try to lure a doctor away from a current roster of patients – however, should the physician be looking to move for whatever reason (from another jurisdiction), the city would provide a \$75,000 incentive for a full-time commitment for five years.

Of note, some return of service contracts state that they can only access the funding if they have not accepted another incentive package in the past, which is intended to prevent 'community hopping'. Notwithstanding, the experience of numerous municipalities suggests that after 4 or 5 years of service, physicians are generally committed to the region and have a higher retention rate.

On the opposite side, there are municipalities that have taken a different position and decided not to implement any such program or offer incentives. One such example is Middlesex-London. In July 2023, the Middlesex-London Ontario Health Team (MLOHT) requested \$80,000 annually for three years from the City of London to help fund a pilot-project to recruit and retain primary care physicians in the Middlesex-London area. The city (as of the time of writing of this report) had taken a position of non-support for the request with several Councillors indicating that municipal tax-payer dollars should not be going towards something that is a provincial responsibility.

#### **Option #4: Status Quo**

A fourth option for Council to consider is the status quo, which is basically to rely on the PRRC to complete what it can, when it can. While it would be the least costly, this is the option with the lowest probability of success. Simply put, limited effort and focus cannot be expected to yield anything more than limited results. That said, should Council wish to maintain the status quo for now to allow for more time to gauge the environment, staff recommend that a budget of \$40,000 be established. This amount would be intended for and sufficient to accommodate attendance at 3 to 4 recruitment events annually (booth registrations/accommodation/mileage) and some limited marketing (medical school yearbook ads, etc.).

#### **Additional Considerations**

A larger group of physician recruiters, under the organization of the west region Ontario Health Teams (which includes the GHN), have recently submitted a proposal to the Ministry of Health's Innovation

Fund. The outcome of the submission is unknown at this time, but the highlights from that proposal are as follows:

- development and implementation of a Southern Ontario Physician Recruitment Alliance (SOPRA) to increase international visibility of Southern Ontario, draw more physicians to the area, and increase cost-effectiveness and efficiency of physician recruitment efforts;
- physician recruiters from across Ontario Health West (OHW) work individually, attending limited international events alone, representing their small corners of OHW, footing the bill for event booths, etc. SOPRA, however, would approach international recruitment from an OHW regional perspective. Recruiters would work together to attend more international events, reach untapped markets, share candidate leads and locum interest, better distribute candidates across OHW, and improve the candidate experience when starting the journey of transitioning to Southern Ontario.

As noted, the focus of this initiative (if approved by the Ministry) would be on the global market and attraction of physicians to Southern Ontario as a region. And so, it could serve to be the County's relied upon strategy or as an augmentation any locally-focused recruitment option, should one of those outlined above be selected by Council.

### Options Summary

In summary, staff have identified 5 options for Council to consider. The table below summarizes the 5 options, with focus on the cost and expected effectiveness. As follows:

<b>Option</b>	<b>Cost</b>	<b>Effectiveness</b>
Option #1a – Physician Recruitment Specialist	High - \$150,000 annually (minimum 3 year commitment)	Medium – this option provides the greatest likelihood of success given there would be a full-time dedicated resource working on the program, promoting the County, making connections, etc. It also would focus on those entering the medical profession or returning to the profession (i.e. from out of country) which represents the best chance for creating community interest and a job match. This option also represents a fixed cost in that it would not change regardless of the recruitment results.
Option #1b – Shared Physician Recruitment Specialists/Coordinator	To be determined – depends on number of partners/proportion of cost assigned to each	Low/Medium – in comparison to option #1a, this would have a (slightly) lesser likelihood of success mainly due to the fact that the recruiters would be shared amongst a number of parties and the focus of their efforts would not be solely on Haldimand. In a sense, the recruiters would be shared with the County's 'competitors' (Hamilton, Niagara Northwest). However, there could also be benefits that flow from a multi-party approach that pools resources and casts a wider net.  The fixed cost for the County could be reduced given there would be multiple parties sharing in the initiative. The extent of the cost reduction would depend on the number of parties participating and the proportion for which they would be responsible.

Option	Cost	Effectiveness
Option #2 – Headhunter	Medium/High – minimum \$30,000 per physician recruited	Low/Medium – this option, while less costly than a full-time recruitment specialist, would be less effective given there would not be a full-time dedicated resource and there would be limited ability to manage the amount of effort or focus on the County that is put forward by the headhunter. It would also focus on/target physicians that are currently practicing elsewhere which may be more challenging in terms of generating interest in the community and a match.
Option #3 – Financial Incentives	High – minimum \$100,000 per physician recruited (note: incentives should also be bundled with a recruiter or headhunter to serve as part of the package they can offer interested candidates – that further increases total cost)	Low if stand-alone. Low/Medium if bundled with option #1a, #1b or #2. Many municipalities are offering generous incentive packages in return of service contracts and establishing one in the County would not necessarily set it apart.
Option #4 – Status Quo	Low - \$40,000 annually	Low – using existing staff of the stakeholder organizations will lead to limited time being dedicated to this initiative. While some recruitment events can be accommodated annually (as was done in 2022/23), the benefits of these efforts are still to be determined.

### Next Steps

Staff are seeking Council's direction in terms of the above options. If Council decides that the municipality should take on the responsibility of physician recruitment (again, as noted above, something that is a provincial responsibility), it is staff's opinion that option #1a, notwithstanding its high cost, is the most likely option to yield results, although not guaranteed, and represents the most manageable scenario for County staff and other stakeholders. Should Council agree, staff (with support from members of the PRRC) would proceed to work on the following:

- Develop a detailed job description (for multi-year contract).
- Determine the appropriate procurement process for securing the services of a recruiter.
- Determine the reporting relationship and other critical contract details.

The above would be rolled out upon receiving budget approval in spring 2024.

### FINANCIAL/LEGAL IMPLICATIONS:

The level of financial impact and commitment is dependent upon which of the above options are selected by Council. Whichever option Council selects, it will require staff to develop a more detailed budget for the initiative which would be considered as part of Council's review of the 2024 Tax Supported Operating Budget. The full financial impact can only be determined when the selected option is considered in the context of the balance of the 2024 budget.

## **STAKEHOLDER IMPACTS:**

Not applicable.

## **REPORT IMPACTS:**

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

## **REFERENCES:**

None.

## **ATTACHMENTS:**

None.