

The Corporation of the Town of Tillsonburg

Community Health Care Advisory Committee Meeting

AGENDA



Tuesday, September 3, 2024
12:00 PM
Electronic Meeting

1. **Call to Order**

2. **Welcome New Members**

3. **Adoption of Agenda**

Proposed Resolution #1

Moved By: _____

Seconded By: _____

THAT the Agenda as prepared for the Health Care Advisory Committee meeting of Tuesday, September 3, 2024, be adopted.

4. **Disclosures of Pecuniary Interest and the General Nature Thereof**

5. **Adoption of Minutes of Previous Meeting**

Proposed Resolution #2

Moved By: _____

Seconded By: _____

THAT the minutes of the Community Health Care Advisory Committee of June 18, 2024, be approved.

6. **General Business and Reports**

6.1 **Roulstons Pharmacy Clinic Space - Laura P**

6.2 **AMO Delegations Debrief - Ministry of Health and Ontario Medical Association**

6.3 **Health Care Recruiter Update - Nadia F**

6.4 Committee Membership Discussion - Nadia F

7. Information Items

7.1 Primary Care Resource

[Primary Care Resources Online Link](#)

7.2 Huntsville Signing Bonus Article

7.3 Article - OHIP pays family doctors just \$37.95 a visit. No wonder so many are quitting

7.4 Article - 'Arms Races' to attract doctors are straining Ontario municipalities

8. Next Meeting

9. Adjournment

Proposed Resolution #3

Moved By: _____

Seconded By: _____

THAT the Community Health Care Advisory Committee meeting of Tuesday, September 3, 2024 be adjourned at _____ p.m.

The Corporation of the Town of Tillsonburg
Community Health Care Advisory Committee Meeting
MINUTES



Tuesday, June 18, 2024
12:00 PM
Boardroom CSC
10 Lisgar Ave.

ATTENDANCE: Mayor Deb Gilvesy
Deputy Mayor Dave Beres
Councillor Kelly Spencer
Nadia Facca
Mike Bastow
Teresa Martins

Regrets: Dr. John Andrew
Dr. Clay Inculet
Dr. Will Cheng
Dr. Mohammed Abdalla

Staff: Kyle Pratt, Chief Administrative Officer
Laura Pickersgill, Executive Assistant

1. Call to Order

The meeting was called to order at 12:02 p.m.

2. Adoption of Agenda

Resolution #1

Moved By: Councillor Spencer

Seconded By: Nadia Facca

THAT the Agenda as prepared for the Community Health Care Advisory Committee meeting of Tuesday, June 18, 2024, be adopted.

Carried

3. Disclosures of Pecuniary Interest and the General Nature Thereof

No disclosures of pecuniary interest were declared.

4. Adoption of Minutes of Previous Meeting

Resolution #2

Moved By: Councillor Spencer

Seconded By: Mayor Gilvesy

THAT the minutes of the Community Health Care Advisory Committee of April 9, 2024, be approved.

Carried

5. Presentations

There were no presentations.

6. General Business and Reports

6.1 Repayment of Matrix Costs Update

K. Pratt provided an update regarding a physician who did not complete their five year return of service agreement and was required to pay back the incentive provided under the shared matrix.

6.2 Introduction of Health Care Recruiter

N. Facca introduced Derrick Willcott, the new Health Care Recruiter. D. Willcott will communicate regularly to the Committee on any progress made on his action plan throughout the year.

C. Panschow's marketing team can connect with D. Willcott to provide marketing materials related to the Town.

N. Facca would like to send a joint letter from TDMH and the Committee to all of the Town's Family Health Organizations, physicians and community partners with D. Willcott's information and purpose in his role.

6.3 Imminent Physician Retirements and Relocations

T. Martins provided an overview of an upcoming meeting being held with the Oxford Ontario Health Team leaders. The physician lead for OHT has invited Tillsonburg physicians to attend a meeting to discuss their current needs and potential solutions objectives.

There are four confirmed departing physicians in Tillsonburg, with two retiring, one relocating to Woodstock and one relocating to Norwich. It was estimated that conservatively this will impact 3,000 residents on top of the already 1,900 unattached residents in Tillsonburg with not having a primary care provider.

The clinic at the Multi-Service Centre will begin to roster patients at the end of the month with patients being from a set marginalized group.

6.4 Changes to Primary Care Coverage in Tillsonburg

This item was discussed in conjunction with item 6.3.

6.5 Council Resolution - Committee Action Required

N. Facca will approach the Ingersoll Physician Recruitment Committee with the idea of funding part of the Health Care Recruiter position.

L. Pickersgill will determine the deadline for the reporting that is due under this resolution and will let TDMH know.

Resolution #3

Moved By: Councillor Spencer

Seconded By: Mayor Gilvesy

THAT the Community Health Care Committee accepts all items provided under agenda item 6 - General Business and Reports.

Carried

7. Next Meeting

September 10th 12:00 p.m.

8. Adjournment

Resolution #4

Moved By: Councillor Spencer

Seconded By: Mayor Gilvesy

THAT the Community Health Care Advisory Committee meeting of Tuesday, June 18, 2024 be adjourned at 12:38 p.m.

Carried



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MEDICAL OFFICE SPACE AVAILABLE

Our multiple locations offer a variety of opportunities for prescribers. Elevate your practice in premium office space, and enjoy collaboration with our progressive pharmacy team. Become part of a dynamic community and embrace the future of healthcare.



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- Four Exam Rooms
- Available NOW



TILLSONBURG LOCATION

Rent Features:

- Reception
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- Two Exam Rooms
- Available September 2024

Direct contact Mark Stephens at **(519) 427-7643** or **mstephens@roulstones.com**

COLLABORATING PHYSICIAN REFERENCES AVAILABLE UPON REQUEST



Community Health Care Committee

TERMS OF REFERENCE

Mandate:

To acknowledge the importance of health care in the community and recruitment and retention of health care professionals to the Tillsonburg District Memorial Hospital (TDMH), Town of Tillsonburg and Physicians practicing in Tillsonburg. To plan and implement an integrated approach to: health care, recruitment and retention of Medical Practitioners with a focus on primary care.

Goals for 2022-2026 Term:

To increase health care capacity in the Town of Tillsonburg. Each member is responsible for providing regular reports to their constituency/sponsoring organization and for seeking support for strategies proposed by the Committee. Any action plan will clearly identify the responsibility of individual organizations.

1.0 Role of the Community Health Care Committee

1. Review current physician recruitment and retention initiatives, identify strengths, opportunities and barriers to successful recruitment.
2. Formulate action plans for recruitment, including numbers of physicians required.
3. Review successful initiatives elsewhere in Ontario, including proximal communities with whom collaboration might make sense.
4. Educate the Committee membership and their sponsoring organizations on the issues of physician recruitment in Ontario.
5. Educate the community on the physician resource shortage and the strategies of the Committee.
6. Identify sources and solicit resources to support the recruitment activities of the community, hospital, and local physician practices.
7. Develop criteria for and monitor the use of these resources.
8. Monitor eligibility for Ministry of Health and Health Force Ontario Northern and Rural Recruitment and Retention Initiative.

2.0 Organization of the Committee:

The Committee should be composed of people representing each of the partners. A cross-section of people should attempt to be chosen in order to bring to the Committee relevant technical and professional expertise as well as strong advocacy, communication and organizational skills.

The Committee shall meet at a minimum on a quarterly basis.

- 2.1 Town Committee Members appointed by Council.
- 2.2 The term of a Committee Member is four (4) years.
- 2.3 Additional members may be appointed throughout the term.
- 2.4 One member will be appointed by vote of the Committee at the first meeting of each

term to chair the meetings for that term.

2.6 A Municipal staff person shall act as secretary to the Committee.

3.0 Composition of the Committee

3.1 The Committee shall be composed of the following:

- A) Mayor of the Town of Tillsonburg
- B) Two (2) Town of Tillsonburg Councillors
- C) One (1) representative from the Town of Tillsonburg, Chief Administrative Officer
- D) Three (3) representatives from the Medical Staff Association Family Health Organizations
- E) Chief of Staff, Tillsonburg District Memorial Hospital
- F) President, Tillsonburg District Memorial Hospital
- G) Vice-President of Finance & Chief Operating Officer
- H) Chamber of Commerce representative
- I) One (1) representative of a Nurse Practitioner Office
- J) One (1) Additional Physician from Tillsonburg District Memorial Hospital
- K) One (1) representative Oxford Ontario Health Team

4.0 Meetings:

4.1 The Committee will hold a minimum of four (4) meetings a year.

4.2 The date and time of the regular meetings will be established at the first meeting of each term.

4.3 Meetings will have a formal agenda.

4.4 Agendas and information packages, that will include the Minutes from the previous meeting, will be sent electronically to Committee Members prior to each meeting.

4.5 A majority of Committee Members will constitute quorum for the transaction of business.

5.0 Role of the Chair:

The Chair is responsible for insuring the smooth and effective operation of the Committee and its' roles. This will include responsibility for:

5.1 Calling the meetings to order.

5.2 The Chair is encouraged to create an informal atmosphere to encourage the exchange of ideas such as using a roundtable format.

5.3 Creating an Agenda in consultation with the Secretary.

5.4 Chairing the meetings.

5.5 Acting as spokesperson.

5.6 Representing the Committee on other committees when necessary.

5.7 The Chair shall conduct meetings in accordance with the Town's Procedural By-law.

6.0 Role of the Secretary:

The Secretary is responsible for insuring a complete up-to-date record for the Committee.

6.1 In liaison with the Chair, arrange date, time and venue for meetings.

6.2 In liaison with the Chair, set agendas and circulate to the members a minimum of three business days prior to the meeting.

6.3 Circulate draft minutes to the members.

6.4 Keep a complete up-to-date record of the committee minutes

7.0 Role of Members:

Membership on the Committee is a position of responsibility and requires a strong commitment to the Terms of Reference. Committee members are required to:

7.1 Attend all regular scheduled meetings. Members are required to notify the Chair or the Secretary if they are unable to attend a meeting.

7.2 Review all information supplied to them.

7.3 Prepare information for use in the development of materials for the Committee.

7.4 Promote the role of the Committee.

7.5 Attend training as required to effectively perform their role as a Committee member.

7.6 Committee Members are subject to *The Municipal Conflict of Interest Act R.S.O, 1990, c.M50* and must disclose any direct or indirect pecuniary interest. The disclosure must be recorded in the Minutes of the meeting.

8.0 Reports to Council:

The Committee may advise and make recommendations to Council in accordance with its role.

Reports may be submitted as follows:

8.1 Verbally by a Council representative.

8.2 Verbally by the Chair or the designated representative.

8.3 Written reports

An annual report will also be submitted to Council at the beginning of each new year outlining the Committee's accomplishments in the previous year.

Health Services for People Without a Family Doctor or Nurse Practitioner



IF YOU ARE EXPERIENCING A HEALTH EMERGENCY, CALL 911

Register with **Health Care Connect**, which refers people **without** a family health care provider to those accepting new patients in their community.

Call 1-800-445-1822 or [register online](#).

VIRTUAL CARE OPTIONS

A virtual urgent care appointment may be right for you if you or a loved one have a medical issue that is NOT life threatening but requires urgent medical attention. There is no cost accessing virtual primary care services with a valid OHIP card.

Health811

Receive advice from a nurse, ask questions about symptoms, find local services and get health information.

Health811.ontario.ca

811 (TTY 1-866-797-0007)

Available 24/7

Urgent Care Ontario

Connect virtually (video) with a doctor/nurse practitioner if you need access to timely care.

www.urgentcareontario.ca

Adult appts: Mon - Fri 1pm - 9pm

Sat & Sun 8am - 4pm

Children: Mon - Fri 1pm - 5pm

TelemedMD+

www.telmedmd.ca

1-888-350-2323

Mon - Fri 8:30am - 4:30pm

Tia Health

www.tiahealth.com

1-844-322-8806

Every day 6am - 11pm

PHARMACIST PRESCRIBING

Many local pharmacies have pharmacists who can be consulted to provide treatments for minor ailments. Check with your local pharmacy about what they offer.



WALK IN/URGENT CARE CLINICS

Tillsonburg Medical Centre Urgent Care Clinic

200 Broadway at the Tillsonburg Town Centre Mall

Saturdays from 8:30am - 12pm
May not be open every Saturday

Delhi Community Health Centre Walk-In Clinic

105 Main St , Delhi
226-549-4004 ext. 236

Thurs 5pm - 8pm
(registration until 7:30pm)
Sat 9am - 1pm
(registration until 12:30pm)

Registration time may be shortened due to demand. Patients with or without a Primary Care Provider accepted.

East Elgin FHT - Nurse Practitioner Community Outreach Clinic

Mon and Wed 9am - 4pm

Only open to people who live in Aylmer, Malahide or Bayham and who do not have a Primary Care Provider.

9254 Plank Road,
Straffordville Medical Clinic

Appointment Required
Call 519-773-3715

More on the following page



WALK IN/URGENT CARE CLINICS

St Thomas Walk-In Clinic

230 First Ave, Suite 105, St Thomas
519-633-9627
Mon - Fri 6pm - 9pm, Sat & Sun 9am - 3pm

Northwood Medical Centre Walk-In

35 Springbank Ave, Woodstock
519-537-6147
Tues 5pm - 8pm, Wed 1pm - 4:30pm, Fri 9am - 12pm

Jack Nathan Health Walk-In Clinic

499 Norwich Ave, Woodstock
(Inside Walmart)

519-286-2887
Mon - Fri 9am-5pm

*Please note, other services at this site may be private

Trusty Care Clinic

925 Dundas Street, Woodstock

519-537-2992
Mon - Fri 9:30am-5pm
Sat 9:30am-3pm



PRENATAL CARE

Norfolk Roots Midwives

norfolkrootsmidwives.ca

100 Colborne St. N, Suite F,
Simcoe Ontario

519-428-1414

Self referral

Southwestern Public Health

Free online prenatal classes

Link: [Online Prenatal Classes](#)

To register: [New Submission](#)
(swpublichealth.ca)

Thames Valley Midwives

519-433-5855

Website: [THAMES VALLEY MIDWIVES \(tvm.on.ca\)](http://THAMES VALLEY MIDWIVES (tvm.on.ca))

Woodstock Satellite Clinic: 79 Montclair Dr. Woodstock (at the Inside U Health Centre)

Tues, Wed, Thurs

Aylmer Satellite Clinic: 424 Talbot St. West, Aylmer (East Elgin Family Health Centre)

Tues only

DIABETES EDUCATION

Diabetes Education Program

2nd Floor - 29 Noxon St. (in Alexandra Hospital) Ingersoll

Self referral

Call: 519-485-1700 Ext. 8455



CANCER SCREENING

Mammogram

Individuals 50-74 years old can self refer to Ontario Breast Screening programs (OBSP)

Tillsonburg Hospital: 519-842-6335
Woodstock Hospital 519-539- 7838

Cervical Screening

Individuals 25-70 years old can book an appointment at Southwestern Public Health

Call 1-800-922-0096 or [book online](#).

Colorectal Screening

Individuals 50-74 years old can call 811 (TTY 1-866- 797- 007) to have a fecal immunochemical test mailed to them

RESOURCES FOR CHILDREN

First Five

A program for children aged 0-5 years old who do not have current access to primary care.

To register, call 519-539-1111 or visit www.oxchc.ca
Clinics held in Ingersoll, Tillsonburg, and Woodstock.

The program is here to assist families and their children with:

- The regular schedule of Well Baby Checks
- Maintaining their child's vaccination schedule
- Developmental screening for physical and mental health
- Resource navigation
- Dietary support

They do NOT provide acute care to acute illnesses (i.e ear infections, coughs, colds, vomiting etc.), care for children 6 years or older, or pregnancy care



MENTAL HEALTH AND ADDICTIONS SUPPORT

Suicide Crisis Helpline

A safe space to talk 24/7

Dial 988
www.988.ca

Reach Out 24/7

A free, 24/7, confidential mental health and addictions support and services line

1-866-933-2023
reachout247.ca

Oxford County “Talk-In” Counselling

Provides local residents immediate access to counselling services, with clinics available in Tillsonburg, Ingersoll, and Woodstock, in safe and accessible community spaces.

ALL TALK-IN SESSIONS ARE BY APPOINTMENT ONLY.

Contact requested site in advance to pre-book appointment. Same day calls are welcome but not guaranteed.

TILLSONBURG

Mondays from 12pm - 7pm (All ages)
Canadian Mental Health Association
41 Broadway Street | 1-800-859-7248

INGERSOLL

Tuesdays from 3pm - 6pm (All ages)
Canadian Mental Health Association
Location: Ingersoll Nurse Practitioner-Led Clinic, 19 King Street East
1-800-859-7248

WOODSTOCK

Mondays & Wednesdays (Children/youth from birth to 17 years of age and their caregiver)
Wellkin Child & Youth Mental Wellness,
912 Dundas Street
1-877-539-0463
www.wellkin.ca

WOODSTOCK

Thursdays from 12pm - 7pm (All ages)
Woodstock Hospital (Athlone Entrance), 310 Juliana Drive
519-421-4223 ext. 3224.
Valid Health Card Required



OTHER CARE OPTIONS

Community Support Services

For those ages 55+ or 18+ with disabilities, CSS Central Intake can connect you to services such as:

- Dementia and Brain Injury Support
- Exercise Programs
- Foot Care
- Homemaking Supports
- Meals on Wheels
- Transportation

No referral is needed. Fees for some services may apply. Call 1-888-866-7518 or email oxford.intake@von.ca for more information.

Thames Valley Family Health Team Group Programs

The Thames Valley FHT offers the following virtual programs to the general public:

- Best Weight - practical strategies for nutrition, activity, and health behaviours
- Dream On: Cognitive Behavioural Therapy for Insomnia
- Heart Health - reducing your risk of cardiovascular disease
- Leave the Pack Behind - Tools to Quit Smoking
- Prenatal Information Group
- Steady & Strong: A Falls Prevention Group
- Sweet Talk: Managing Your Blood Sugars

To learn more [visit thamesvalleyfht.ca](http://visit.thamesvalleyfht.ca).



OTHER CARE OPTIONS

Norfolk Family Health Team

The Norfolk Family Health Team offers community programs to anyone that lives in the surrounding area without a primary care provider.

Programs include:

- Chronic Non-Cancer Pain Management Program
- Foot Care Program
- Norfolk Prenatal and Newborn Health Program
- Registered Dietitian Services
- Sexual Health Clinic
- Talk-In Clinic (18+)
- Groups and Workshops
- And More

Call or visit their website for more information and availability.

Phone: 519 582-2323 (press 2 for Programs List)

Website: norfolkfht.ca

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 www.oxfordoht.ca

 info@oxfordoht.ca





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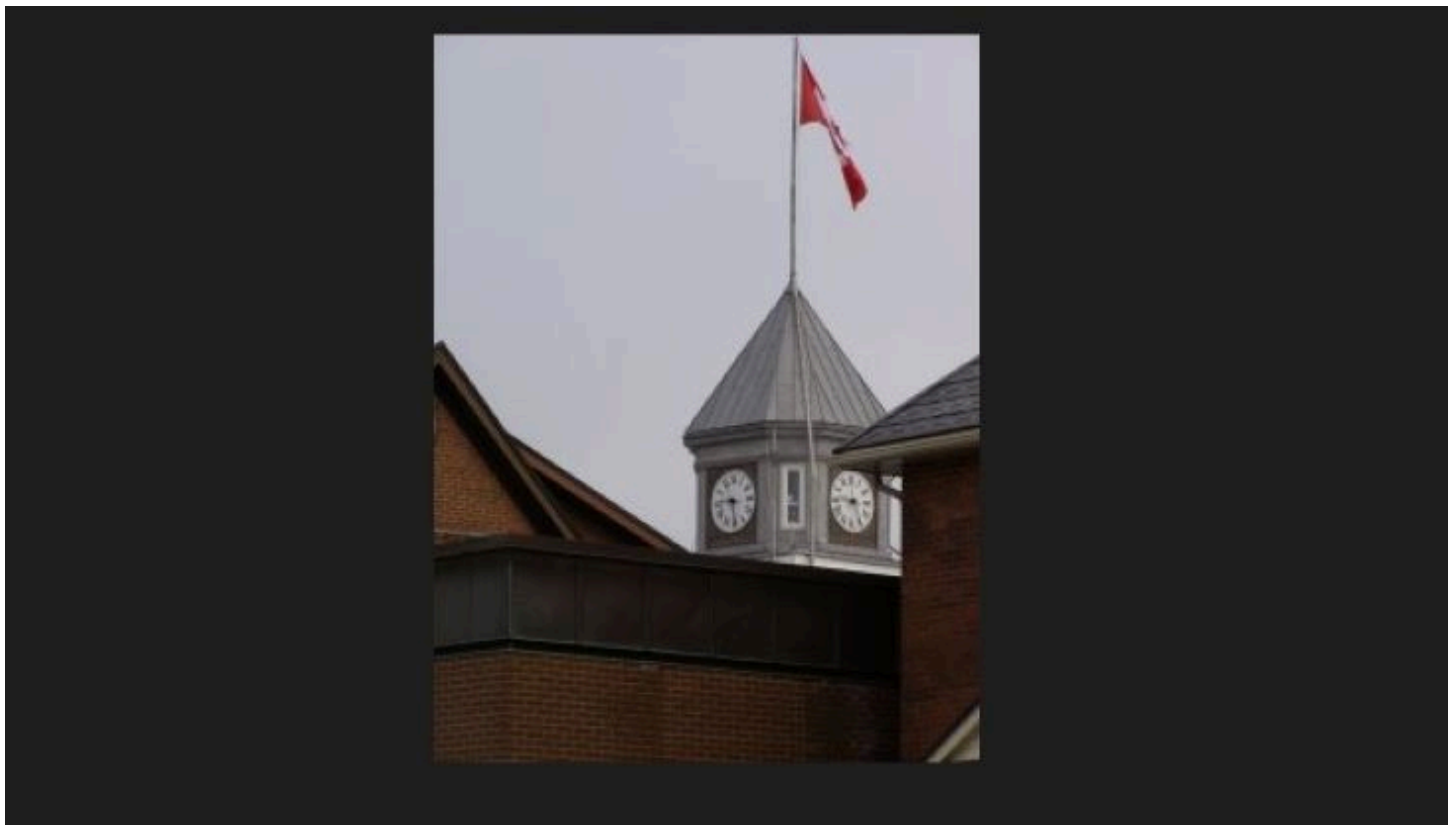


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× Huntsville Councillors to vote on whether to implement a \$60,000 signing bonus to attract doctors

BY DOPPLER ONLINE ON APRIL 2, 2024

NEWS



At a special April 3, 2024 Huntsville Council meeting, councillors will vote on whether to offer family physicians who move their practice to Huntsville a \$60,000 signing bonus.

On March 25, 2024, Council directed Huntsville Councillors Bob Stone and Scott Morrison to work with staff to create an incentive program to attract family physicians to the community and report back to council for approval. However the incentive program is not yet in place and according to the motion going before council, “there are currently several physicians imminently exploring relocation options for their family practice, one location being the Town of Huntsville...”

If the resolution is approved, it would allow the municipality to offer the \$60,000 signing bonus to up to six physicians for the remainder of the 2022-2026 term of council. The motion does not provide details about the signing bonus other than that the parameters of the signing incentive to be outlined in an agreement ought to be to the satisfaction of the Chief Administrative Officer.

If approved by council, the funds would come from the Municipal Accommodation Tax reserve.

With three Huntsville physicians expected to retire in the next six months, the number of people without a family physician in Huntsville is expected to grow to an estimated 6,600, Stone told fellow councillors on March 25, 2024.

UPDATE:

[Council votes in favour of pulling all the stops to attract physicians to Huntsville](#)

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Adam: OHIP pays family doctors just \$37.95 a visit. No wonder so many are quitting

THE DOCTOR DRAIN: Family practice is really a small business — but with government-imposed price controls. In Ontario, it's getting harder and harder for burned out physicians to make things work.

Author of the article:

[Mohammed Adam](#)

Published Aug 06, 2024 • Last updated Aug 09, 2024 • 8 minute read

Ten months into her new job at a Peterborough hospital, former family doctor Natalie Leahy is having the time of her life as a physician. She doesn't have to worry about overheads or the stress of running a family practice. She can totally focus on patient care.

"I have less stress and I haven't felt burnout," she says. "I am happier, and I am finding more joy in my career."

Leahy was at the breaking point when she left her Oshawa family practice last September to become a general practitioner in oncology. Her earnings, she says, weren't enough to cover expenses. At one time, she had to take a second job as an overnight on-call physician at a local hospital.

Overstressed and burned out, she quit, and took her current hospital job. There is no going back, she says.

Leahy is one of a growing number of family doctors who are fleeing private practice. From Ottawa to Kingston to Wawa, Ontario's family doctors are walking away, complaining about poor pay, unbearable workload and burnout.

Similar reports abound. For instance, "burnt-out" Ottawa doctor Ramsey Hijazi left his Carp practice to work in a local hospital because he said his family practice was not sustainable. In a poignant first-person account in Toronto Life, Dr. Fan-Wah Mang, a Mississauga family doctor, said rising costs, increasing workload and stress combined to force her to close her practice.

Last month, 10,000 patients were orphaned in Sault Ste. Marie after their family doctors at the Group Health Centre resigned or retired. (The Ontario government is setting up a nurse practitioner team to help take care of the patients.)

Dr. Nasimeh Rakhshani, a family physician in Toronto's Liberty Village, says that this year, four members of an 11-member clinic are quitting because of the stress. "It is

getting more and more expensive for us to work as small business owners,” she says. “It’s a scary situation to be in because you see your colleagues jumping ship.”

Rakhshani says doctors don’t just snap in a moment and leave. Their departure is the culmination of years of frustration and stress that reach a tipping point. “It is distressing.”

By now, everyone is familiar with the damning statistics: Some 2.5 million Ontarians don’t have a family doctor, and in two years, the number is expected to hit four million. Across Canada, 6.5 million are without a family doctor or primary care provider. An Ontario College of Family Physicians’ survey found that 65 per cent of family doctors plan to leave or change their practice in the next five years.

Dr. Alykhan Abdulla, an Ottawa family doctor, may be one of them after more than 30 years in practice. “I am further along in my career and see retirement in the next five years,” he says.

Another statistic to ponder: Doctors over 50 years of age have patient rosters of 1,370 on average, while the under-40s have an average roster of 986. This means that as older physicians retire, they leave behind a higher proportion of patients compared to doctors still working. More worrying still, 1.7 million Ontarians have a family doctor who is 65 or older, meaning the physician is close to retirement.

Even worse, the proportion of “family doctors” who actually practise family medicine has been decreasing over the years. In 2008, 77 per cent of family physicians practised family medicine. By 2022, the figure was down to 65 per cent. Many carry the badge of a family doctor, but actually work in other fields such as sports medicine, chronic pain, cosmetics and hospitals because it is less stressful.

The exodus of family doctors practising family medicine, combined with fewer and fewer medical students choosing family practice, is creating a perfect storm that threatens the future of health care in Ontario, perhaps Canada.

There can no longer be any debate over the doctor shortage even if the Ontario government has maintained that the supply of doctors is outpacing population growth. In instances such as the long lineups in Kingston for a chance to snare a family doctor, people can see that the physician shortage is real and abiding.

But many people also see doctors as part of the well-heeled and well-paid, so the idea that family physicians are struggling financially comes as a surprise. What really is happening?

To understand, we must first examine how family practice works. When people go to see their family doctor, they think of it the way they do when they go to a hospital: it’s publicly funded, you go in, show your OHIP card, get treatment you need and walk away. The government takes care of everything.

In reality, it is not that simple. Family practice is really a small business, no different from a lawyer or dentist's office — or indeed your neighbourhood mom-and-pop shop. The doctors are independent contractors but they are paid a certain sum through OHIP billings to provide medical care for patients. They get \$37.95 for every appointment, plus a few add-ons. Under the Family Health Organization (FHO) model, doctors get a lump sum a year for each patient: \$312.77 for women and \$262.08 for men.

From the global amount OHIP pays them, family doctors lease or rent office space, buy medical supplies and equipment, pay staff, taxes and insurance, and fund other ancillary services required to run a clinic. Unlike government or many private-sector employees, family doctors don't get benefits such as vacation pay, pension, sick leave, short or long-term disability, medical or dental benefits.

Doctors on maternity leave get \$17,000 for 17 weeks from the Ontario government, after which they must go back to work. Family doctors pay for their benefits from their own pockets, including saving for retirement. Their overheads run between 30 and 40 per cent of gross income, depending on the size and location of the practice.

Family doctors have many complaints, but perhaps the biggest is that while business costs increase year after year, income from OHIP billings has, time and again, failed to keep up with inflation and other price increases. While a lawyer or grocer can hike fees or prices to account for these factors, family doctors point out that they cannot increase fees, which are cast in stone by the government.

According to the Ontario College of Family Physicians, 33 per cent of doctor funding, on average, goes to paying business expenses. Over the last 10 years, the college says, costs have gone up 25 per cent, while funding increases from the Ontario government went up six per cent. Staff costs have risen 15 per cent since 2017, while office rentals went up 18 per cent over the same period. In the last year alone, the cost of equipment, medical supplies and new technology went up seven to eight per cent.

Add to this increased workloads and administrative chores and a mountain of paperwork, including forms that no one else has to fill out at the volume doctors face. They must complete applications for disability, insurance, OC Transpo applications, disabled parking, functional ability forms, photo identity cards, passport forms, forms to say when an employee can work from home or not, sick notes and many more. Some employers don't want only sick notes; they have their own forms that have to be filled out.

And some of the forms are inordinately long. A CRA disability credit form that used to be a few pages has grown to 16. In Ottawa, the form for Para Transpo, the city's disabled transit service, is 17 pages long. It never ends, doctors say. "We are conscripted by the insurance companies and the government to be the gatekeepers on a zillion things," says Ottawa family doctor Michael Yachnin, a partner at the Greenboro Family Health Centre.

“People need notes because they are sick. Why does the employer not hire a company doctor to make those decisions? What do I have to do with that?”

Doctors spend 19 hours a week, the equivalent of more than two working days, on administrative chores, and this not only takes time away from patient care, but eats into time that should be spent with family at home. “There is no time to do anything. I don’t know how I would manage if I didn’t have an understanding wife because, at home, she does it all,” says Yachnin. It all builds up the stress, and helps explain why some family doctors are leaving, and others are questioning whether the practice is the right choice.

“For your typical family doctor, family medicine isn’t the pathway to luxury people imagine it is,” Mang says. “Family doctors are not trying to get rich. We just want to earn enough money to keep the lights on and allow us to protect our patients.”

Some may say \$140,000 gross (before taxes), which is about what Mang made in 2022, is good money. But doctors say people should ask themselves if they can do the exacting work of family doctors and put up with the disorder it causes in many families. They should ask themselves if they could take care of large numbers of patients and carry the heavy burden of life and death decisions.

Hard as it is, Rakhshani is determined to keep going. She is only able to do so because she does extra work at a private clinic and a hospital to “subsidize” her income. Without the extra income, she’d struggle. “I work Monday to Thursday at my clinic, and every Friday, I do the walk-in at a clinic called Medcan,” she says. “And every three months I do three weeks at Toronto Western. I do this so I have extra income so I can afford my life in downtown Toronto.”

Rakhshani has three children and the extra work she does comes at a price. Her husband helps and her parents chip in twice a week, but she misses quality time with her children. “I do often find my children say that they wish I was able to be home more, or that they wish I could join them on field trips like their peers’ parents,” she says. “I often wish I could somehow clone myself because I’m getting pulled in so many directions.”

How much do family doctors make, and why is it not enough? Tomorrow, we delve further into the figures.

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'Arms races' to attract doctors are straining Ontario municipalities

"It is a nightmare for smaller communities because we are bound to lose."

Elizabeth Payne

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Some compare it to an arms race pitting Ontario municipalities against each other and undermining health equity. At least one municipal leader is asking the provincial government to put a stop to the growing practice of municipalities offering cash incentives in a bid to attract physicians to their communities.

"It is an unsustainable model," said Mayor Matthew Shoemaker of Sault Ste. Marie. "It is not helping the system."

As the number of Ontario residents without family physicians grows — now topping 2.5 million — municipalities are playing an increasing role in attracting new doctors. Some municipalities are offering cash incentives to attract them. This year Huntsville began offering bonuses of up to \$80,000 for doctors to relocate there and to commit to staying for five years. Kingston offers bonuses of up to \$100,000. Other communities are following suit.

This week, at the Association of Municipalities of Ontario conference in Ottawa, Shoemaker met with Minister of Health Sylvia Jones and asked her government to ban the practice in order to level the playing field for municipalities in recruiting physicians and health workers.

He is far from the only municipal leader concerned about the trend which they say is making a bad situation worse.

"It is a nightmare for smaller communities because we are bound to lose," said Todd Kasenberg, the mayor of North Perth. "An arms race is how I have been describing it, with no winner."

The Association of Municipalities of Ontario says the municipal competition to attract doctors, nurses and other health care providers is diverting municipal dollars and undermining equal access to health care around the province at a critical time. It wants the province to take a bigger, more comprehensive approach to the health human resources crisis.

Sault Ste. Marie's Shoemaker found himself at the centre of the primary-care crisis in Ontario this year when a clinic there was forced to drop 10,000 patients from its roster because of the acute doctor shortage. A nurse practitioner-led walk-in clinic has helped "plug the hole" in the short term, but Shoemaker said as many as 6,000 more residents risked losing access to care by the end of the year because of physician retirements.

Anxiety over the situation has gripped the community of almost 80,000, he said.

Shoemaker, like other municipal leaders, has been increasingly focused on ways to improve access to healthcare in his community.

He warns that Sault Ste. Marie is not alone. "What is happening in Sault Ste. Marie today is going to happen in every community in Ontario."

The issue was top of mind at the annual meeting of Ontario's municipalities.

Like other municipal leaders across the province, Shoemaker wants more co-ordinated help from the province in addition to a ban on the practice of offering cash incentives to attract doctors.

He would like to see a campus of the Northern Ontario School of Medicine University in Sault Ste. Marie to encourage more physicians to stay there. The university already had campuses in Thunder Bay and Sudbury.

Kasenberg, of North Perth, has other ideas to help recruit doctors to his community. He would like to see the province improve financial support for virtual medicine, something that would help smaller rural communities get residents the care they need. He is also looking to communities such as Renfrew County, whose virtual triage and assessment program is increasing access to primary care and reducing the burden on hospitals there.

Kasenberg thinks the province should set up a health-care innovation fund to encourage similar innovative proposals from hospitals, health teams and municipalities to improve access to care.

Dr. Sarah Newbery, a rural family physician, associate professor and associate dean of physician workforce strategy at the Northern Ontario School of Medicine University, says Ontario is falling behind other provinces when it comes to promoting the province to graduating physicians, something that leaves municipalities trying to market to new doctors on their own.

"It feels a bit jarring to have Wawa, Timmins and Chapleau at these conferences without a provincial presence," Newbery said.

The Association of Municipalities of Ontario wants the provincial government to play a more comprehensive role in solving the health human resources crisis, taking some of the burden off individual municipalities, according to Lindsay Jones, AMO's director of policy and government relations. It is calling for a provincial, sector-wide health human resources strategy to improve access to health care across the province.

Among other things, Jones says such a strategy should address issues such as burnout, fair compensation, adequate staffing and the unique needs of communities in rural and Northern Ontario.

Alexandra Adamo, spokesperson for the health minister, said Jones and ministry staff met with more than 100 delegations at the AMO conference “and look forward to continuing to work with municipal leaders to help recruit and attract physicians to come work here in Ontario.”

Adamo noted that the government had added 12,500 physicians to the workforce since 2018, increased the health-care budget by 31 per cent and launched the largest expansion in medical school education in more than 15 years. It has also expanded primary care and reduced barriers for internationally educated physicians.