



# Brant Community Healthcare System

## Briefing Note

<b>To:</b>	Mayor Davis and Members of Brantford City Council
<b>From:</b>	Lebené Numekevor, Director of Medical Affairs Sandra Vos, Chair Family Physician Recruitment Taskforce
<b>Date:</b>	October 17, 2023
<b>Subject:</b>	<b>Funding Request 2024 Recruitment Year</b>
<b>Purpose:</b>	For Approval

<b>Background:</b>	<p>The City of Brantford and Brant Community Healthcare System have had a partnership for the last twenty years to support the recruitment of family physicians and specialists to the region. The funds provided by the City of Brantford have been used to offset the associated recruitment costs as well as cover a portion of the salary for the human resources involved in the recruitment.</p> <p>The initiative first started in 2002 with a budget of \$51,000, that budget was increased to \$110,000 in 2009 and has not been increased since despite inflation and significant changes to the healthcare environment and the local community.</p>
<b>Issue</b>	<p>A lot has changed within the healthcare environment in the last three years and even the last post pandemic year, even more so in comparison to fifteen years ago when the budget was last increased. Currently Canada is experiencing a chronic physician shortage. The estimated shortage of physicians in 2020 was estimated to be nearly 17,000 across the country, it is projected that that number will increase to nearly 44,000 by 2028<sup>1</sup>. We are not training enough physicians in order to keep up with the aging populations' needs.</p> <p>This is felt even more so for the family medicine specialty. Since 2014 the number of residency candidates ranking family medicine as their first choice has decreased from 56% to under 47% in 2023<sup>2</sup>. Despite increases in the number of residency spots, the number of unfilled family medicine residency spots has also increased from 6% in 2014 to nearly 20% in 2023.</p> <p>The other important factor is the number of family medicine residents who end up going into family practice. More and more family medicine residents are going on to complete additional competency training in specialties such as emergency medicine, palliative care or family practice anaesthesia providing them with additional skills to support work in the hospital. Based on patterns in the region, it is estimated that only 2 out of every 10 family medicine residents go on to family practice in some capacity (locum or full time). Hospitalists are the most common route for family medicine residents as it allows them to practice the full scope of their work without having to worry about the stresses associated with running a business that is family practice.</p> <p>This will be further exacerbated when Canada transitions from a two year to a three year residency program currently scheduled to take effect in 2027. This means that there will be an entire year gap when no family medicine residents graduate in Canada (with the exception of those with extended residencies for various reasons).</p>

We have known that the number of physicians retiring was going to continue to increase in the next few years and we are seeing this effect now. Previously we lost an average of 1-2 physicians per year to retirements or moves, this year alone we have lost 5 physicians for various reasons with 2 of those being due to retirement. We know this trend will continue to get worse as currently over 25% of the Brantford family practice physicians are estimated to be aged 60+ as of today<sup>3</sup>. That average increases to almost 30% when including Brant County and the Six Nations. We anticipate that number will increase to 36% of physicians who will be over 60 in the next five years and 48% in the next ten years. With those numbers it will nearly be impossible to recruit enough physicians to catch up with the retiring physicians if something drastic does not change soon.

It is also important to note that new family physicians are not practicing in the same manner that family physicians used to. Physicians who have been practicing for years are used to larger roster sizes, sometimes having rosters to the upwards of 2,000 to 2,400 patients. They work full time most of them working 5 days a week with limited additional supports. The average physician today prefers a roster closer to 1,400 with the flexibility to work part time if possible. They also prefer models with interdisciplinary teams providing additional supports for their practice. Family Health Teams that provide salaries for their physicians are the most desirable but are few and far between.

Compared to other neighbouring communities that have full time recruiters dedicated to recruiting family physicians and budgets to complement all the expenses associated with recruitment, our taskforce budget and associated resources have been limited. What started as a 0.5 FTE recruiter in 2009 has decreased to less than 1/3 based on the previously allocated funds.

**Proposal**

With the changing environment, additional resources are required in order to successfully manage this work. Based on information collected from partners as well as historical data from the previous few years, the estimated cost to effectively run the recruitment taskforce in the current environment is \$245,000 a significant increase from the current \$110,000 budget.

The budget ask for the 2024 recruitment year is **\$200,000** with the hope of progressing to \$245,000 by the 2025 recruitment year. This is broken down as follows:

**Recruiter Salary and Benefits** \$90,000\*

\*Funds for a 0.9 resource to support this work (split across two individuals)

**Recruitment and Retention Costs** \$110,000

**Table A1. 2024 Budget Breakdown**

2024 Budget	
Advertising, Promotion and Marketing Materials including Digital Marketing Strategy (regional, provincial, national and international)	\$ 20,000
Recruitment Tours, Events and Conferences (regional, provincial, national and international - registration fees)	\$ 45,000
Travel Expenses (includes inter-provincial travel - travel, hotel, meals, phone)	\$ 10,000
<b>Recruitment Supports</b>	<b>\$ 20,000</b>
Physician Retention Activities (activities to keep turnover low to keep costs of recruitment down)	\$ 10,000
International Recruitment Partnership	\$ 5,000
<b>Salary Portion</b>	
Recruitment Support (Director & Recruitment Associate)	\$ 90,000
<b>Total Budget</b>	<b>\$200,000</b>

	<p>The increased budget will better align the taskforce with other partners in the province. It will also:</p> <ul style="list-style-type: none"> <li>• Provide much needed funds to support the increased costs associated with recruitment activities including costs for lead sharing databases.</li> <li>• Provide support for the dedicated human resources required to support this recruitment work in a meaningful way that is required to ensure success for the future.</li> <li>• Allow for flexibility in recruitment including the ability to attend applicable international events.</li> <li>• Allow for the exploration of various types of support to not only recruit but retain physicians to the area.</li> <li>• Support partnerships with other organizations to find innovative ways to recruit physicians to the area.</li> <li>• Provide opportunity to partner with local primary care organizations to advocate for interdisciplinary primary care models desired by the next generation of family physicians.</li> </ul>
<p><b>Next Steps:</b></p>	<p>Please confirm the council’s approval of the requested increase to the Family Physician Recruitment Taskforce budget for the 2024 recruitment year.</p>
<p><b>Attachments</b></p>	<p>1. Appendix A. Data Sources</p>



## **Appendix A. Data Sources**

1. Proof Point: Canada Needs More Doctors. [Proof Point: Canada needs more doctors—and fast - RBC Thought Leadership](#)
2. CaRMS Quota Applications by Discipline. [Quota and applications by discipline - CaRMS](#)
3. Rostering Physician and Rostered Patient Counts for Hamilton Niagara Haldimand Brant (HNHB) LHIN: Rostering Physicians Aged 60 or Greater and Related Age Breakouts. June 14 2023