

**City of Hamilton's Physician Recruitment & Retention Program  
(Hamilton Physicians)**

Proposal to Transfer Program into the Greater Hamilton Health Network &  
Formalize Existing Funding Relationships

## Table of Contents

Executive Summary.....	4
Program Background .....	4
City of Hamilton’s Physician Recruitment & Retention (PR&R) Steering Committee .....	4
Working Group of the PR&R Steering Committee.....	5
The Physician Recruitment & Retention Program (Hamilton Physicians) .....	5
<i>Key Performance Indicators</i> .....	6
<i>Results</i> .....	6
<i>Financial Overview</i> .....	8
Background: Greater Hamilton Health Network (GHHN) .....	9
<i>Overview</i> .....	9
<i>Representation</i> .....	9
Issues with Current PR & R Structure .....	10
Issue 1: Obscure Accountability/Operational Oversight .....	10
Issue 2: Operational Inefficiency.....	10
<i>Payroll/Expenses</i> .....	11
<i>Duplication in Reporting</i> .....	11
<i>Maintaining Informal Partnerships</i> .....	11
Issue 3: Instability of Program .....	11
Issue 4: Limited Flexibility to Adapt to Evolving Healthcare Needs.....	12
Recommendation.....	12
Recommended Approach/Structure.....	12
<i>Operational Oversight/Structure</i> .....	13
<i>Funding/Budget/Property</i> .....	13
Staffing/Contracts .....	13
Office Space/Facilities .....	14
Branding/Website .....	14
Rationale .....	14

Eliminates Obscurity in Accountability and Operational Oversight.....	14
Addresses Operational Inefficiencies.....	15
Provides Stability for Long-Term Planning.....	15
Increased Responsiveness .....	15
Additional Benefits.....	15
Increased Exposure and Recognition within the Broader Medical Community.....	16
Improved Community Integration & Population Health Approach.....	16
Potential for Growth to Address Evolving Needs of Local Populations.....	16
New and Innovative Model of Healthcare Recruitment.....	17
Potential Challenges/Limitations.....	17
Broader Regional Scope.....	17
Time/Resources Required to Complete Transfer .....	18
Alternate Options.....	18
Alternate Option 1: Transfer Hamilton Physicians into an Internal Department within the City of Hamilton .....	18
Alternate Option 2: Altering the current reporting structure and approval process within the current PR&R program .....	19

## Executive Summary

The City of Hamilton's Physician Recruitment and Retention (PR&R) program currently operates as an external organization (Hamilton Physicians) reporting to Hamilton City Council through the Board of Health and the Physician Recruitment and Retention Steering Committee. Hamilton Physicians is a partnership between the City of Hamilton, the Hamilton Chamber of Commerce and The Hamilton Academy of Medicine and is funded through the City of Hamilton and informal partnerships with several community healthcare stakeholders. Operational oversight for the program is carried out by the Working Group of the Physician Recruitment and Retention Steering Committee.

The current organizational structure of the City of Hamilton's PR&R program has limitations and inefficiencies which hinder its ability to best respond to the evolving healthcare needs in the community. In recognition of these issues, and with the retirement announcement of the long-time Director of Physician Recruitment at Hamilton Physicians, the Working Group of the Physician Recruitment and Retention Steering Committee started exploring potential solutions in late 2019. Since that time, the need to amend the structure of primary healthcare recruitment in the City has become increasingly apparent.

To best address the limitations associated with the City of Hamilton's current PR&R program, it is recommended that the current PR&R Program (Hamilton Physicians) be transferred to a new Healthcare Recruitment department within the Greater Hamilton Health Network. In addition to the program transfer, this report also recommends maintained funding from current program sponsors and the formalization of these existing funding arrangements.

Evidence suggests that this approach would best address current program limitations with minimal implications while offering a number of ancillary benefits which will be outlined in this report.

## Program Background

### Physician Recruitment and Retention (PR&R) Steering Committee

The PR&R Steering Committee was formed in 2002 to address the critical shortage of family physicians in the City of Hamilton. The first Physician Recruitment Specialist was hired November 23, 2004 to develop and implement the strategic plan.

The Steering Committee provides the overall direction for physician recruitment and retention in the Hamilton and receives updates from its Working Group. The PR&R Steering Committee reviews the PR&R Program's performance, budget, funding, contracts, economic climate, Ministry and Ontario Medical Association (OMA) policies, and local factors influencing physician recruitment.

The PR & R Steering Committee is comprised of the following eight members:

- A representative from The Hamilton Academy of Medicine (preferably a family physician)
- A representative from the Hamilton Chamber of Commerce
- Three City of Hamilton Councillors
- The Mayor of the City of Hamilton
- A representative from the Department of Family Medicine at McMaster University
- A new physician practicing in Hamilton within five years of their graduation from residency

One member of the Steering Committee is chosen to be Chair and one Vice-Chair. The PR&R Steering Committee approves minutes, budgets and reports. Decisions of the PR&R Steering Committee are reported to Council for ratification, through the Board of Health.

### Working Group of the PR&R Steering Committee

The Working Group was formed to provide the operational support and oversight for the program. The Working Group provides updates, reports and recommendations to the PR&R Steering Committee on matters pertaining to physician recruitment in Hamilton.

Four members of the PR&R Steering Committee are chosen to sit on the Working Group of the Committee and include:

- One City of Hamilton Councillor
- One representative from the Hamilton Academy of Medicine
- One representative from the Hamilton Chamber of Commerce
- One representative from the Department of Family Medicine at McMaster University.

The Working Group advises the Physician Recruitment Program staff and reviews budgets and reports for recommendation to the Steering Committee for approval.

### The Physician Recruitment & Retention Program (Hamilton Physicians)

Hamilton Physicians was formed in 2004 as the operational arm of the PR&R Steering Committee. The program has historically focused heavily on family practice recruitment and retention and reports directly to the Working Group of the PR&R Steering Committee for operational oversight (budgets, key performance indicators (KPI), funding, and expenses). The program has historically operated with one to two staff. Human Resources support for the Program is administered by the Hamilton Chamber of Commerce.

The program supports family medicine recruitment and retention through a variety of methods including:

- Attending at recruitment conferences/events
- Presenting to both Residents and local Physicians
- Maintaining a database of available clinic space in the City (obtained through meetings with property developers/clinic managers)
- Advertising available practice opportunities and clinic spaces and connecting candidates with applicable parties

- Supporting succession planning for retiring physicians
- Providing guidance to new and retiring physicians to help navigate the recruitment process
- Working with external partners to increase Family Health Organization (FHO) availability throughout the City
- Maintaining a network of various healthcare/community partners to support general healthcare recruitment needs in the community
- Providing support and advice to active family physicians in Hamilton to address issues that may arise in their practices (to support retention)

### *Key Performance Indicators*

The performance of Hamilton Physicians is currently assessed based on a number of Key Performance Indicators Including:

- Number of family physicians recruited within Hamilton per year
  - Permanent and temporary (locum) physician recruitment
- Number of active family physicians in Hamilton
  - Expressed as both total physicians and separated by community (within Hamilton):
    - Ancaster
    - Dundas
    - Flamborough (including Waterdown & Carlisle)
    - Glanbrook (including Mount Hope & Binbrook)
    - Hamilton (Mountain)
    - Hamilton (Lower)
    - Stoney Creek
- Number of new physician contacts
- Number of physicians retained (typically through locum support)
- Average age of active family physicians in Hamilton

### *Results*

#### *Number of Family Physicians Recruited*

Since 2004, Hamilton Physicians has supported the recruitment of 412 family physicians to Hamilton:

- 268 permanent family physicians
- 144 locum (temporary) family physicians

In 2021 alone (December 1, 2020 – November 30, 2021), Hamilton Physicians supported the recruitment of 48 physicians (28 permanent physicians and 20 locum).

### *Number of Active Family Physicians*

The total number of active family physicians (including permanent and long-term locum physicians) in Hamilton has increased from 345 in 2005 (the first year that this data was collected) to 364 in 2021 for a total increase of 19 active family physicians. It is important to note that this increase represents additional physician capacity only and does not reflect the success of Hamilton Physicians in replacing existing capacity (for retiring physicians etc.).

The changes in the number of active family physicians per community between June 2009 (the first year that this data was collected) and November 2021 is represented below:

- Ancaster: Increase of five physicians (15 in 2009 vs 20 in 2021)
- Dundas: No change (22 in both 2009 & 2021)
- Flamborough (Waterdown & Carlisle): Increase of six physicians (18 in 2009 vs 24 in 2021)
- Glanbrook (Mount Hope & Binbrook): Decrease of one physician (two in 2009 vs one in 2021)
- Hamilton (Mountain & Lower): Decrease of three physicians (231 in 2009 vs 228 in 2021)
- Stoney Creek: Increase of 18 physicians (26 in 2009 vs 44 in 2021)

It should be noted that the areas of Dundas and Hamilton (primarily lower Hamilton) in which physician coverage remained unchanged or decreased represent the only areas in Hamilton where physician coverage was considered adequate by provincial standards based on census population data. This indicates that physician distribution throughout Hamilton has improved in high needs areas during this period.

### *Number of New Physician Contacts*

Between the year 2005 (the first year that this data was collected) and 2021 Hamilton Physicians has networked with 1406 physicians/residents and averages 82 new contacts per year. In 2021 Hamilton Physicians made 53 new physician contacts which falls below the average due to a reduced availability of in-person recruitment events due to COVID-19.

### *Physician Retention*

Physician retention is calculated based on the number of temporary (locum) physicians that have been recruited to support an existing family practice for coverage related to vacations, parental leaves, long-term practice support, medical leaves and so on.

Between the year 2005 (the first year that this data was collected) and 2021 Hamilton Physician has supported the retention of 179 local family physicians and on average the program supports the retention of ten physicians per year. In 2021 Hamilton Physicians helped to retain 17 family physicians through sourcing both short-term and long-term locum support.

### *Average Age of Active Family Physicians in Hamilton*

Understanding the average age of active family physicians is of vital importance when planning for future physician capacity. A younger physician population decreases the risks of sudden drastic decreases in capacity (due to retirements, medical leaves, and adjustments in work/life balance).

Since 2007 (the first year that this data was collected) the average age of active family physicians in Hamilton has fallen from 52.3 in 2007 to 49.3 in 2021. During this same period the number of active family physicians below the age of 50 in Hamilton has increased from 136 in 2007 to 187 in 2021.

This figure demonstrates Hamilton Physician's success in sourcing younger candidates to take over practices from retiring physicians.

### *Financial Overview*

#### *Current Program Operating Budget*

The working arm of the Physician Recruitment and Retention Steering Committee (Hamilton Physicians) has an annual budget of \$180,000 (plus an additional \$20,000 - \$30,000 per year in total In-Kind Contributions) comprised of contributions from the following sponsors:

#### *Funding*

- The City of Hamilton - \$75,000
- McMaster University - \$25,000
- Department of Family Medicine – McMaster University - \$15,000
- Hamilton Health Sciences - \$20,000
- St. Joseph's Healthcare Hamilton - \$20,000
- The Hamilton Family Health Team - \$25,000

#### *In-Kind Contributions*

- Department of Family Medicine – McMaster University – Office space (valued at ~\$5,000/year)
- The Hamilton Chamber of Commerce – Payroll Services (valued at ~\$15,000 - \$25,000/year)

#### *Office Space/Facilities*

- The PR&R Program (Hamilton Physicians) is currently housed at the David Braley Health Sciences Centre which is owned and operated by McMaster University.
- This office space comes at no cost to the program, as the space is provided as an in-kind contribution from McMaster University's Department of Family Medicine
- The program recently received an extension of the current co-location agreement that continues to provide office space for Hamilton Physicians at the David Braley Health Sciences Centre until December 31, 2022.

### *Available Funds*

- Due to yearly fluctuations in program expenditures, as of November 30, 2021 (the end of FY 2020-2021) the Hamilton Physicians program holds a surplus of \$443,706.76 which is held in an account with the City of Hamilton.

## Background: Greater Hamilton Health Network (GHHN)

### *Overview*

The Greater Hamilton Health Network (GHHN) is one of 42 Ontario Health Teams (OHTs) across the province, with a purpose of transforming healthcare in partnership with patients, families, care partners, primary care, local organizations and the community.

The GHHN is working to co-design a patient-centred health system grounded in engagement, health equity and the local needs of the communities that they serve.

The GHHN currently serves the populations of Hamilton, Haldimand, Niagara North West.

### *Representation*

The GHHN is a collaboration of local patients, families, care partners, and health and human service partners. The GHHN includes representation from more than 30 organizations, reflecting primary care, home care, hospitals, community agencies, long-term care, mental health, Indigenous health, post-secondary education, and the City of Hamilton (Healthy and Safe Communities Department, Public Health, and Paramedic Services).

The GHHN's Executive Council currently includes representation from all of Hamilton Physicians' current sponsors (with the exception of the Hamilton Chamber of Commerce) including:

- One representative from St. Joseph's Healthcare Hamilton
  - President at St. Joseph's Healthcare Hamilton
- One representative from Hamilton Health Sciences
  - President and CEO of Hamilton Health Sciences
- Two representatives from the Hamilton Family Health Team
  - Executive Director of Hamilton Family Health Team
  - Lead Physician of Hamilton Family Health Team
- Two representatives from McMaster University
  - Professor and Chair of the Department of Family Medicine at McMaster University
  - Professor and former Chair of the Department of Family Medicine at McMaster University
- Two representatives from the City of Hamilton
  - General Manager of the Healthy and Safe Communities Department

- Medical Officer of Health

In addition to this representation the GHHN's Executive Council also includes two patient representatives as well as a representative from Thrive Group (an organization representing a large group of Long-Term Care organizations throughout the Hamilton area).

## Issues with Current Physician Recruitment and Retention Structure

The PR&R program in Hamilton has remained relatively unchanged since its inception and the structure of the program requires revision in order to best meet the evolving needs of the residents of Hamilton. In recent years several challenges stemming from the PR&R program's organizational structure have surfaced which have highlighted the need for a program review. The primary issues with the existing PR&R structure today include unclear accountability/operational oversight, operational inefficiency, program instability, and limited flexibility to adapt to the changing needs in the community

### Unclear Accountability/Operational Oversight

Hamilton Physicians currently operates as a siloed organization which reports directly to the Physician Recruitment and Retention Steering Committee. As the operational arm of the Physician Recruitment and Retention Steering Committee, Hamilton Physicians adheres to the City of Hamilton's Human Resources policies and funds for the program are held by the City.

Despite this fact, payroll for Hamilton Physicians staff is currently administered by the Hamilton Chamber of Commerce (which is reimbursed by the City of Hamilton) and office space/IT support is currently provided by McMaster University's Department of Family Medicine.

These arrangements create a lack of clarity regarding which specific operational policies staff at Hamilton Physicians must adhere to, which resources to access, and who to contact for support.

Further complicating matters is the fact that funding for the program is provided informally by a variety of different healthcare and community partners with unique needs; several of whom lack any representation on the PR&R Steering Committee or Working Group. While the interests of these partners are often compatible, this arrangement does pose a challenge in determining which needs to prioritize in the event of a conflict.

### Operational Inefficiency

The existing structure of the PR&R Program in Hamilton creates duplication of work in number of areas including:

### *Payroll/Expenses*

Funds for Hamilton Physicians are held by the City of Hamilton, but payroll is administered through the Hamilton Chamber of Commerce. This creates unnecessary paperwork and delays in expense reimbursement each month as all program expenses must be first approved by the City of Hamilton and forwarded to the Hamilton Chamber of Commerce for processing.

### *Duplication in Reporting*

As each member sitting on the Working Group is also a member of the Steering Committee the same information must be presented twice to members before receiving approval. The Physician Recruitment and Retention Steering Committee reports to Council, through the Board of Health, which requires a long lead time for any necessary approvals for the Program. Given the nature of the PR&R Program many of the members on both the Working Group and Steering Committee are practicing physicians, City councillors, or other stakeholders with busy agendas and the current arrangement does not constitute the most efficient use of their time.

As each member of the Working Group and Steering Committee maintains a busy schedule and must balance their commitment to the PR&R Program with the needs of their individual organizations, this reporting structure has historically resulted in significant meeting delays and cancellations which limit the PR&R program's ability to respond to program and community needs in a timely manner.

### *Maintaining Informal Partnerships*

With a lack of formal funding arrangements/partnerships in place, staff at Hamilton Physicians (and often the Chair or Vice-Chair of the Steering Committee) must reach out to program sponsors on an annual basis to confirm ongoing support. Once funding is confirmed invoices must be sent out by the City of Hamilton to each stakeholder, and follow-up is often required to ensure that funds are received.

For office space Hamilton Physicians must also reach out to McMaster's Department of Family Medicine on an annual basis to confirm ongoing support. Once confirmed an agreement must be signed by the Chair or Vice-Chair of the Working Group and returned to McMaster's Department of Family Medicine.

These informal partnerships require consistent oversight, while alternative options may be able to provide equal accountability with fewer administrative requirements.

### *Instability of Program*

In communities throughout Canada, it is widely recognized that a systematic effort is required to recruit and retain healthcare providers. Even in communities with adequate physician coverage, recruitment

and retention initiatives remain in place to offset physician turnover and to recruit other vital healthcare providers. Despite this fact the City of Hamilton's Physician Recruitment and Retention Program lacks the stability and security that formalized funding arrangements afford.

Since the retirement of the last Director and during the search for a new Director and the subsequent program review, Hamilton Physicians staff have typically operated on short-term contracts of 6 months to 2 years in length which fail to ensure employment beyond the contracted terms. In the current economic climate this instability and uncertainty will create challenges for sourcing qualified candidates for future positions and may result in retention difficulties as staff may seek greater stability elsewhere.

The lack of formal partnerships means that the PR&R Program priorities and activities may change at any time due to funding limitations, rather than the needs of the residents of Hamilton.

### *Limited Flexibility to Adapt to Evolving Healthcare Needs*

With healthcare needs in the community constantly evolving, the current organizational structure does not allow the program to respond to these needs in a timely manner.

The current operational structure of the PR&R Program requires several layers of approval for revisions to program operations and staff contract renewal. Quorum is required at all meetings of both the PR & R Working Group and Steering Committee. As the members sitting on both groups are busy physicians/stakeholders within the community scheduling meetings and obtaining quorum poses a significant challenge, and meetings are often delayed or deferred (sometimes for several months) for this reason.

## Recommendation

In response to the various issues outlined above a transition of the City of Hamilton's PR&R Program (Hamilton Physicians) into the Greater Hamilton Health Network (GHHN) and the disbanding of the Physician Recruitment and Retention Steering Committee is recommended. The recommended approach includes the transfer of operational oversight of the PR&R Program and the management of all PR&R funds to the GHHN. With the transfer of the program into the GHHN the formalization of existing funding arrangements is also recommended.

### Recommended Approach/Structure

The recommended approach to transfer of the City of Hamilton's PR & R Program (Hamilton Physicians) into the GHHN and formalize existing funding arrangements is outlined below.

### *Operational Oversight/Structure*

It is recommended that Hamilton Physicians transfer into the GHHN as an independent department reporting directly to the Executive Director of the GHHN (and by extension the Executive Council of the GHHN). This approach would involve disbanding the current PR&R Steering Committee, and accountability for PR & R in the Hamilton area would transfer to the Executive Council of the GHHN.

From the date of the transfer onward, PR & R Program staff would move to the GHHN and so would then adhere to GHHN policies (HR, IT, Privacy etc.) and would receive IT and HR support directly from the GHHN.

Key Performance Indicators would remain unchanged upon the initial transfer and any future changes would require approval from the Executive Council of the GHHN.

### *Funding/Budget/Property*

It is recommended that all existing funds and property accrued/purchased by Hamilton Physicians be transferred to the care of the GHHN and that payroll and reimbursement for expenses for PR&R staff to be administered by the GHHN from the date of the Program's transfer onward.

Under this scenario the PR&R will maintain existing funding partnerships, but future invoices will be issued by the GHHN instead of the City of Hamilton. The formalization of existing funding arrangements/partnerships is also recommended. Funding partners will be asked to commit to long term funding arrangements with the GHHN, which would account for healthcare recruitment operating costs.

The transfer of the balance of the PR&R Program's current surplus funds (\$443,706.76 as of November 30, 2021) as well as all future PR&R funding contributions to the GHHN will be conditional upon a formal commitment from the GHHN that these funds will be earmarked for healthcare recruitment and retention initiatives only. As all current sponsors of the PR&R Program (with the exception of the Hamilton Chamber of Commerce) are represented on the GHHN's Executive Council (including 2 representatives for the City of Hamilton), recruitment reports/KPI will be presented to the GHHN's Executive Council on a regular basis to ensure ongoing accountability.

The current operating budget of \$180,000 would also transfer to the GHHN and future adjustments to this budget would be negotiated with the GHHN and PR&R funding partners.

### *Staffing/Contracts*

The transfer of existing contracts for Hamilton Physicians staff to the GHHN with the same rates and entitlements (and with consideration to annual inflationary adjustments) is recommended. Future contracts, the hiring of new staff, and contract renewals would be negotiated within the GHHN.

In consideration of the existing funds to be transferred to the GHHN, a longer contract term of a minimum of 3 years for Hamilton Physicians staff is also recommended, which may be transferred to a permanent position in the event that funding partnerships are formalized.

### Office Space/Facilities

As the current co-location agreement with McMaster University expires on December 31, 2022, no changes to this arrangement are recommended at this time.

Future arrangements related to office space for PR&R staff would be negotiated within the GHHN.

As Hamilton Physicians has purchased office supplies and computer hardware, this property would be transferred to the GHHN and earmarked for use within the newly formed department.

Hamilton Physicians also has current annual arrangements for website and email hosting which may remain in place or transfer to current GHHN providers.

### Branding/Website

As the “Hamilton Physicians” brand is well known throughout the healthcare community and with respect to funds that have already been allocated to promoting this brand, the recommended approach would be to maintain existing branding and combine the Hamilton Physicians website with the GHHN’s website.

## Rationale

Transferring operational oversight of Hamilton Physicians to the GHHN and formalizing existing funding arrangements will address the aforementioned issues while providing a number of additional benefits to the Program (and by extension the residents of Hamilton).

### Eliminates Obscurity in Accountability and Operational Oversight

This option would clarify operational oversight and allow for more linear accountability and reporting relationships for PR&R staff. Operating as a separate department within the GHHN will provide the program with the flexibility to respond to healthcare recruitment staffing challenges in a timely manner and the proposal to issue longer contracts would provide PR&R staff with the stability to pursue long-term objectives. With all current PR&R funders represented on the GHHN Executive Council (with the exception of the Hamilton Chamber of Commerce), this option enhances program accountability. As payroll, HR, and IT support would all be handled through the GHHN the existing obscurity in which policies PR&R staff must adhere to is eliminated.

## Addresses Operational Inefficiencies

With the transfer of payroll/HR/IT administration to the GHHN the current operational inefficiencies tied to having these services offered externally are eliminated. The establishment of a linear reporting relationship between the newly formed GHHN healthcare recruitment department and the Executive Director of the GHHN (and by extension the Executive Council of the GHHN) eliminates duplication in reporting and allows for a more efficient use of resources while maintaining accountability to program stakeholders.

Formalizing funding arrangements/partnerships would also decrease the time and resources dedicated to administrative tasks associated with annual funding renewals. These resources could then be redirected towards program operations and fulfilling established objectives.

## Provides Stability for Long-Term Planning

The establishment of a department focused on healthcare recruitment within the GHHN and the proposed formalization of funding partnerships provides the stability and structure required to set long-term objectives and track progress on these objectives. Longer contracts for program staff will help to ensure that program objectives continue to reflect the interests of the community and of each funding partners on a long-term basis.

## Increased Responsiveness

The linear accountability associated with the proposed transfer of the PR&R Program to the GHHN would reduce delays in decision-making which would allow the Program to respond to shifting healthcare recruitment needs in the community in a timely manner. Through direct reporting to the Executive Director of the GHHN (who meets regularly with the Executive Council of the GHHN), accountability is maintained while the need for several layers of approval and duplication in reporting is significantly reduced.

## Additional Benefits

In addition to addressing the issues associated with the current PR&R Program structure, the proposal to transfer the Program into a new department within the GHHN provides a number of additional potential benefits.

## Increased Exposure and Recognition within the Broader Medical Community

As the operational arm of the Physician Recruitment & Retention Steering Committee, Hamilton Physicians currently operates as a siloed program with a relatively small annual budget. While the Hamilton Physicians brand is now widely recognized within the City of Hamilton, there is reduced awareness of the Program in the broader healthcare community. In contrast, as the Ontario Health Team for the Greater Hamilton Region, the GHHN is widely recognized throughout the province. A new healthcare recruitment department within the GHHN would be positioned to benefit from the GHHN's widespread recognition and exposure throughout the broader healthcare community.

## Improved Community Integration & Population Health Approach

The recommended merger of the PR&R Program into the GHHN would enable efficient data sharing between both parties. The GHHN is currently well connected with the local healthcare community and receives data/feedback from a wide variety of community stakeholders through various sub-committees as well as the GHHN Executive Council. Seamless access to this information will facilitate a well-informed healthcare recruitment strategy which would benefit all residents of Hamilton.

With improved data and feedback from a wider variety of community stakeholders, healthcare recruitment can be targeted to better meet the needs of each of Hamilton's communities and populations of highest need in the region.

## Potential for Growth to Address Evolving Needs of Local Populations

Throughout the province there is a dire need for both physicians and other healthcare providers. While the City of Hamilton's current PR&R Program limits recruitment efforts to family physicians, the transfer of the program to the GHHN will support potential growth into other areas of healthcare recruitment in the future if necessary.

While the recruitment and retention of family physicians will remain a cornerstone of the program, growth into other areas of healthcare recruitment (which may necessitate the need for additional staff and resources) would be easier to achieve within the GHHN than under the current Program structure. Any expansion into other areas of healthcare recruitment would be determined/approved by the Executive Council at the GHHN which includes representation from current PR&R funding partners. With IT, HR, and payroll support provided internally through the GHHN, program growth would not rely as heavily on increased support from a variety of external stakeholders. This proposal would pose fewer barriers to growth, as approval from the Executive Council of the GHHN would be less complex compared to the existing structure of the PR&R Program.

Overall, growth into other areas of healthcare recruitment through a targeted and data-driven approach would increase the access to services for residents of Hamilton and improve the quality of care in the community.

## New and Innovative Model of Healthcare Recruitment

The creation of a new healthcare recruitment department within an Ontario Health Team (such as the GHHN) is an innovative and unique approach that has the potential to become a benchmark of healthcare recruitment in the province.

Despite the growing need for healthcare recruitment throughout Ontario, the structure and funding of recruitment initiatives differs across every region and community. With the adoption of OHTs across the province, the City of Hamilton has the opportunity to become the first community to formally adopt healthcare recruitment into the OHT and become recognized as an innovator in the field.

## Potential Challenges/Limitations

Despite the overwhelmingly positive outcomes associated with the recommendation to transfer Hamilton Physicians into the GHHN, potential challenges may arise. These issues may be mitigated through proper consultation and coordination while completing the program transfer.

## Broader Regional Scope

The Greater Hamilton Health Network (GHHN) currently serves the populations of Hamilton, Haldimand, and Niagara North West. By transferring the City of Hamilton's PR&R Program to the GHHN, the resulting healthcare recruitment department would potentially be responsible for providing healthcare recruitment services to a broader regional population which in theory may dilute the resources dedicated to recruitment in Hamilton.

This issue is minimized when consideration is given to the fact that many patient populations from these regional areas that fall outside of the City of Hamilton's current PR&R jurisdiction currently travel to Hamilton to receive healthcare. This means that recruitment support to surrounding regions could benefit patients and physicians within Hamilton through reduced waitlist for primary care physicians and reduced hospital visits for patients without a primary care physician.

This potential issue may also be addressed through additional funding arrangements with the surrounding regions to ensure funding amongst stakeholders remains fair and equitable. In the event that recruitment services are set to expand to regions outside of the City of Hamilton's boundaries, additional comparable/equitable funding arrangements from each of the regions would be required.

## Time/Resources Required to Complete Transfer

In the short-term, the tasks associated with transfer of the City of Hamilton's PR&R Program into a new healthcare recruitment department within the GHHN significantly increase program workload. This transfer requires consultation and approval from current PR&R stakeholders as well as GHHN leadership, and the administrative tasks associated with the transfer may cause a temporary increase in workload. Many of these conversations have already begun as part of the preparation of this proposal.

Any potential short-term increase in the resources required to complete this transfer is offset by future long-term improvements in efficiency.

## Alternate Options

While the recommended approach of transferring the City of Hamilton's PR&R Program to the GHHN would best address each of the aforementioned issues associated with the current Program organization/structure, alternative options may be explored if necessary.

### Alternate Option 1: Transfer Hamilton Physicians into an Internal Department within the City of Hamilton

While evidence suggests that the recommended option of transferring the City of Hamilton's PR&R Program into the GHHN would provide the greatest benefit to the community with minimal drawbacks, the option of transferring the program into a department within the City of Hamilton and creating a permanent staff position within the department to accommodate current Hamilton Physicians staff may also help to address several of the current issues/limitations associated with the Program.

Based on the type of work completed by staff at Hamilton Physicians and an assessment of similar positions in other jurisdictions throughout Ontario, the recommended departments within the City which could adopt the program are:

1. Healthy and Safe Communities (Public Health)
2. Planning and Economic Development

Transferring the City of Hamilton's PR&R program into a City department provides a many of the same benefits to the recommended option of transferring the program into the GHHN, with a few notable exceptions.

The transfer of the Program into a department within the City of Hamilton would increase the costs to the City of Hamilton for managing program operations, as all HR, Payroll, and IT support currently provided by external stakeholders would transfer to the City of Hamilton. Also of note is the fact that the field of physician recruitment is unique from other municipal departments in terms of expense

requirements. Staff at Hamilton Physicians must regularly book and attend conferences/recruitment events at local, provincial, national, and international venues and these events as well as applicable travel and accommodations costs are currently reimbursed through the Program's annual budget. As recruitment is also heavily reliant on a strong network within the healthcare community, Hamilton Physicians staff often incur costs associated with meeting stakeholders to build and maintain these relationships (dining costs, tours of the City of Hamilton, coffee meetings etc.). Given the importance of these resources, it is crucial that the transfer of Hamilton Physicians into a department within the City of Hamilton provides the flexibility required to carry out these tasks.

Absorbing the PR&R Program into a City of Hamilton department would not address the structural impediments identified as among the limitations of the current Program. The existing challenges would instead be maintained or made more pronounced given the departmental reporting structures and requirements.

### Alternate Option 2: Altering the current reporting structure and approval process within the current PR&R Program

Amending the current structure and reporting relationships of the PR&R Program to allow for increased responsiveness and enhanced operational efficiency remains a third option which has the potential to address several of the program's current issues and limitations. This option would require significant changes to or disbanding of the current PR&R Steering Committee and the establishment of more linear reporting relationships. While this has the potential to address the issue of the PR&R Program's current limited flexibility to adapt to evolving healthcare needs there is the potential that several existing program limitations will remain unaffected including:

- Unclear Accountability/Oversight
  - if IT, HR, and Payroll support continue to be provided by separate stakeholders)
- Operational inefficiencies
  - if IT, HR, and Payroll support continue to be provided by separate stakeholders)
- Instability of Program
  - If funding partnerships are not formalized

The potential costs/benefits associated with this option are highly dependant on the specific amendments that are implemented which are not yet determined.