

HEALTH RECRUITMENT PARTNERSHIP COMMITTEE

VIA ZOOM

MARCH 30, 2026

8:30 a.m. The meeting convened with Councillor Baldwin-Sands, Chair, presiding.

ATTENDANCE

Members

Councillor L. Baldwin-Sands, City of St. Thomas
Councillor J. Couckuyt, County of Elgin
Councillor G. Jones, County of Elgin
Mayor J. Preston, City of St. Thomas
A DeVries, St. Thomas and Area Homebuilders Association
Dr. K. Scott, Family Physician

Officials

L. Higgs, City Manager, City of St. Thomas
B. Parkin, C.A.O. County of Elgin
U. Ajogwu, Health Recruiter
M. Smale, Legislative Services Coordinator, City of St. Thomas
S. Steadman, Legislative Services Coordinator, City of St. Thomas

Regrets

S. Nolan, St. Thomas Elgin General Hospital

DISCLOSURES OF INTEREST

Nil.

MINUTES

Motion by A. DeVries - Councillor Jones.

THAT: The minutes of the meeting held on February 2nd, 2026 be confirmed.

Carried.

NEW BUSINESS

Activity Reports and Recruitment Projects - Health Recruiter - Appendix "A"

The Health Recruiter provided an overview of activities and recruitment projects for February and March, 2026.

The Health Recruiter discussed locum facilitation, opportunities for an out of province physician seeking to potentially relocate and parties interested in establishing clinics in the area as well as the fact that the St. Thomas-Elgin recruitment profile with Southern Ontario Physician Recruitment Association had been updated.

The members discussed the Health Care Connect portal and inquired if the number of potential patients still on the list was available.

Discovery Week 2026 Planning

The members discussed social events that the Partnership could facilitate as part of Discovery Week, June 1st to 4th, 2026.

Councillor Jones advised that the Elgin Federation of Agriculture would not be able to participate in Discovery Week events this year.

The members agreed to host participants at Dalewood Conservation Area on Monday, June 1st and at GT's on the Beach on Wednesday, June 3rd.

CONFIRMED _____ CHAIR

HEALTH RECRUITMENT PARTNERSHIP COMMITTEE - 2

Ms. DeVries advised that the St. Thomas Elgin Homebuilders Association would be hosting an appreciation event at Wildflowers Farm on Tuesday, June 2nd and that she would seek Board approval in the near future to invite discovery week participants to that event.

The Health Recruiter advised that she would extend an invitation to the GT's event to M.P.P. Flack once details had been confirmed.

Dr. Scott advised that in past years, Discovery Week participants had visited individual local practices providing more exposure to primary family physician settings whereas the 2026 itinerary seemed to be hospital centric.

The Health Recruiter advised that she would pass Dr. Scott's observation on to the event organizer at the Schulich school.

Welcome Event - 2026 Consideration

The C.A.O. advised that Elgin County would be hosting a welcome event at Skye Chase winery.

Dr. Scott advised that Doctor's Day is May 1st, 2026 and that she could connect with the Health Recruiter and County about extending invitations to local physicians for the Welcome Event.

Exploration of Municipally Operated Clinic Model - Brantford Example - Appendix "B"

The City Manager presented a municipally operated clinic model being offered in the City Brantford with 8-10 physicians.

The members discussed the cost to municipalities of operating such a clinic with the Brantford example estimated in the range of \$4 to \$5 million dollars.

The Strategic Initiatives Manager advised that increasing access to primary care through such means as a municipally operated clinic was noted in the City's Strategic Plan and that few comparator models existed at this time.

Elgin Medical Institute

The members discussed signage and a website that had gone up for the "Elgin Medical Institute" at the corner of Burwell Road and South Edgeware Road.

Dr. Scott advised that the clinic would house services offered by specialists currently working out of the St. Thomas Elgin General Hospital. She further added that a new clinic on Wellington Street was offering walk-in services 3 days a week at this time.

UNFINISHED BUSINESS

NEW BUSINESS

New FHO Plus Funding Model

Dr. Scott advised that the Province was instituting a new FHO Plus funding model effective April 1, 2026 that may make it more affordable for physicians to hire locums and encourage more interactions between physicians and their patients. She further advised that many clinics would be maintaining the status quo until the impacts of the new model were better known.

NEXT MEETING

June 1st, 2026 at 8:30 a.m.

ADJOURNMENT

9:10 a.m. The meeting adjourned.

CONFIRMED _____ CHAIR

St. Thomas- Elgin Health Recruitment Partnership Committee

Update Report

February/March 2026

1. The HRP was approached by a recent graduate who was interested in any locum openings in our community. I have included her name in the locum list and will be keeping her posted as I get wind of any openings.
2. The CEO of Economic Development, Sean Dyke reached out to Lisa Higgs to say that one of the new companies has questions relating to physician recruitment. She shared my information with him, but yet to hear back. I have followed up via email, waiting to hear back from Economic Development or the company.
3. One of the ways of drawing awareness, showcasing our community, and increasing recruitment to the communities that are part of SOPRA is through social media campaigns. The SOPRA Social Media plan would be to feature a physician or the community. I have asked Rebecca Chouinard, Communications Coordinator at the City, to see if she can help come up with a piece I can present. Rebecca is currently putting this together.
4. Dr. Haruta had graciously reached out in consideration that the space he has is about to be leased to other health providers and not a FHO. He mentioned that he would be happy to offer it if there is an FHO that was willing and happy to take the space. I advised Dr. Haruta to proceed with renting the space, as I have not had any viable/ concrete interest in the space.

5. Discovery Week 2026 will be from June 1-5. There will be 16 first-year medical students in total -12 will be at STEGH, 2 at the East Elgin Family Health Team, and 2 will be at the West Lorne Community Health Centre. As was the case last year, we will factor in all the students while planning the community events.
6. I have reached out to Angela DeVries to get an idea of what their annual Trades' appreciation BBQ evening looks like and make sure the date aligns with our Discovery week. The BBQ will be on June 2 at Wild Flowers Farms. We are thankful that the St. Thomas & Elgin Home Builders' Association is contributing to making Discovery Week a great one for the students.
7. I have reached out to Mayor Jones to see if he can connect with the President of the Elgin Farmers Federation. I hope that we will have a repeat of the same avenue to showcase our community.
8. I have met several times with a physician looking to move from outside of our province. I have taken time to share opportunities available in our community; however, his preference is not to be in a standalone practice but would prefer a practice with other physicians in the same location. It is the plan for him to visit our area and see if this interests him.
9. Had an inquiry from an internationally trained physician who is a permanent resident but does not hold the necessary medical certification to practice in Canada. I pointed him to Practice Ready Ontario (PRO) and encouraged him to apply.
10. I registered to attend the New Physician Services Agreement Webinar hosted by Ontario Health on March 23, 2026. It is geared towards delivering information on the new physician services agreement, which includes updates to the patient enrollment models for the physician recruiter audience. The webinar will provide content on the

changes in the PEM models and the FHO model, and how this will inform physician recruitment in our community.

11. Met briefly with Blaine Parkin, and he has shared that The County is championing the Physician's Day Event this year, and Carolyn Krahm is working hard to put this together. Skye Chase Estate Winery is the proposed venue. I am hoping we can discuss the scope of the invitation and the overall number of guests invited to the event.
12. Shared information about a Paediatric Radiologist who is looking to move from the US with Dr. VanDaalen to see if this is something that will benefit STEGH. After some consideration, she declined pursuing the candidate as a bigger center may be more beneficial to the physician.
13. The HRP was approached by a physician looking for a locum physician for some coverage during the summer months. I was able to connect with one physician who has shown interest in the opening and have since linked the two physicians.
14. As a follow-up to the introductory meeting held in December 2025 with Lisa Higgs and Councillor Baldwin-Sands present, I had a phone conversation with their representative. Happy to share that he has several doctors lined up to start practice in St. Thomas sometime in summer of this year. I will keep the committee posted as we progress with this.

Submitted by Uzo Ajogwu (Health Recruiter - City of St Thomas - County of Elgin)



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Date November 12, 2024 **Report No.** 2024-504

To Chair and Members
Committee of the Whole – Planning and Administration

From Aaron Wallace
Director, Strategic Initiatives

1.0 Type of Report

Consent Item ☐

Item For Consideration ☒

2.0 Topic City-Operated Medical Clinic: Projected Capital and Operating Costs [Financial Impact: None]

3.0 Recommendation

A. THAT Report No. 2024-504 "City-Operated Medical Clinic: Projected Capital and Operating Costs" BE RECEIVED.

4.0 Executive Summary

This report responds to a Resolution of Council directing staff to investigate potential locations and projected costs of developing a City-Operated Medical Clinic.

On October 17, 2023, a briefing note from the Chair of the Physician Recruitment Taskforce and the BCHS Director of Medical Affairs emphasized that newly trained family physicians can be deterred from practicing medicine by the increasing financial and administrative burdens of operating a clinic (Report

No. 2024-283 Appendix C “Physician Recruitment Committee Briefing Note”¹. As a result, family medicine has become a rapidly declining field, with 30% of residency spots going unfilled in 2023.

To date, provincial strategies have focused primarily on the education and training of new doctors, and not on the persistent barriers related to setting up a family medical practice.²

Several small municipalities have offered access to a turnkey medical space in an attempt to address the shortage of family physicians, inclusive of incentives such as waived rental fees and administrative support, and in some cases an additional cash incentive. These examples include St Thomas, Quinte West, and Municipality of Marmora and Lake. A further local example is the PrimaCare Family Health Team located within the County of Brant’s Cowan Health Hub (opened in November 2021), where new physicians are offered 18 months of free rent. Staff were not able to find examples of mid-size or large municipalities that have deployed this approach.

Developing a 10,500 sq/ft clinic that could accommodate 8-10 physicians in a City-owned facility would require a capital investment of at least \$3.74 - \$3.78 million, and an annual operating cost of between \$772,000-\$822,000. Of the existing City-owned facilities, only 399 Wayne Gretzky Parkway is partially feasible. This location is approximately 7500 sq/ft and could only accommodate 5-7 physicians.

This report summarizes alternative physician recruitment strategies, noting there is limited evidence to suggest these approaches are effective over the long term, particularly given the systemic shortage of family doctors across Canada.

Given the uncertainty of these approaches, this report does not recommend the City proceed with the development of a City-run medical clinic.

However, as per Report 2024-618, *Community Physician Recruitment Program 2024 and 2025 Action Plan*, the Community Physician Recruitment Committee has advised that it will disband following the 2025 program year.

¹ <https://pub-brantford.escribemeetings.com/filestream.ashx?DocumentId=21218>

² Ontario Ministry of Health. (2023). *Your Health: A Plan for Connected and Convenient Care*. Retrieved from: <https://files.ontario.ca/moh-your-health-plan-connected-convenient-care-en-2023-02-02-v3.pdf>

During 2025, staff will undertake a comprehensive scan of physician recruitment models and bring forward options, costs and recommendations to City Council prior to deliberation of the 2026 municipal budget.

5.0 Purpose and Overview

This report summarizes the feasibility of developing a City-Operated Medical Clinic, inclusive of a preliminary review of potential City-owned locations and estimated costing model.

6.0 Background

At the Committee of the Whole – Planning and Administration meeting held on May 14, 2024:

WHEREAS more than 20% of residents of the City of Brantford may have no access to a family physician; and

WHEREAS newcomers to Brantford in most cases must travel distances to return to their original communities for consultation with their family physician; and

WHEREAS residents without a family physician must in most cases seek care at Brantford General Hospital emergency room resulting in increased workload for hospital staff and significant wait times for residents seeking care; and

WHEREAS at present the need exists for a further 14 to 16 full time equivalent family physicians; and

WHEREAS it is estimated that a further 3-5 doctors will be retiring in the next 1-3 years; and

WHEREAS Brantford competes with every other community in Ontario to attract a too-small cohort of trained family physicians; and

WHEREAS it is desirable to be able to offer significant professional and business advantages to attract new family physicians to Brantford; and

WHEREAS the provision of City of Brantford owned and operated turn-key space made available to new family physicians could represent a significant advantage to our efforts of family physician recruitment.

NOW THEREFORE BE IT RESOLVED THAT the CAO be directed to undertake the following actions and REPORT BACK to City Council on or before 31 August 2024:

- A. Review the availability of City-owned space including but not limited to 177 Colborne St. West, 58 Dalhousie St; and 399 Wayne Gretzky Parkway and other properties which may be acquired by the City of Brantford; and
- B. Review costing and produce a preliminary budget for outfitting a family medicine clinic; and
- C. Review costing and produce a preliminary budget for ongoing operating costs.

7.0 Corporate Policy Context

- 2023-2026 Council Priorities Strategic Theme 2: Focus on productive and collaborative partnerships.
- 2023-2026 Brantford Brant Norfolk Ontario Health Team Strategic Plan Strategic Direction 4: Support priority populations to address BBNOHT's most pressing health needs in addition to the care provided to all.
- 2022-2025 Brantford Brant Norfolk Primary Care Council Strategic Plan Strategic Direction 2: Improve local access to primary care.

8.0 Input From Other Sources

- Facilities Capital Development – Engineering Services
- Real Estate Development - Economic Development, Tourism, and Culture
- Physician Recruitment Committee
- Cowan Community Health Hub
- Grand River Community Health Centre
- Brant Community Healthcare System
- Brantford Brant Norfolk Ontario Health Team

9.0 Analysis

9.1 Physician Recruitment and Retention: Contributing Factors

According to the Ontario College of Family Physicians, approximately 2.5 million people across the province do not have regular access to a family physician (up from 1.8 million in 2020).³ This number is likely to increase over the next few years as existing physicians are expected to retire. On a national level, it is estimated that Canada will require approximately 48,000 family doctors and general practitioners by 2031.⁴

Training programs have been unable to fill available family medicine residency spots. According to annual data collected by the Canadian Resident Matching Service (CaRMS), family medicine accounted for 76% of all available residency program vacancies in 2023, but 30% of these spots went unfilled.⁵ As a result communities across the country are competing for a rapidly shrinking cohort of newly trained family physicians. There are a number of contributing factors, including:

- **OHIP Revenue Compared to Inflation:** The Ontario Medical Association (OMA) emphasizes how over the past 10 years, inflation has risen by approximately 25% while yearling billings to OHIP have only risen by 6.1%.⁶ This has made it more difficult for physicians to keep up with the operational costs of a medical clinic.
- **Increasing Administrative Burden:** According to the Ontario College of Family Physicians (OCFP), the average family physician spends 19 hours a week on administrative tasks (inclusive of referrals, billing, insurance and benefit forms, staffing and facility maintenance, etc.).⁷ These administrative tasks are not eligible for OHIP billing, leading to increasing numbers of new graduates to

³ “New Data Shows There Are Now 2.5 Million Ontarians Without a Family Doctor.” Ontario College of Family Physicians (July 11, 2024): <https://ontariofamilyphysicians.ca/news/new-data-shows-there-are-now-2-5-million-ontarians-without-a-family-doctor/#:~:text=The%20list%20of%20Ontarians%20without,alone%2C%20according%20to%20new%20data>.

⁴ “General Practitioners and Family Physicians”. Canadian Occupational Projection System (2023): <https://occupations.esdc.gc.ca/sppc-cops/4cc.5p.1t.3onsummaryd.2tail@-eng.jsp?tid=105>

⁵ “Unfilled positions after the first iteration of the 2023 R-1 Main Residency Match – by discipline.” Canadian Residency Matching Service (2023): https://www.carms.ca/pdfs/5refg87STFj_R1_1_OverviewByDiscipline_EN.pdf

⁶ “An overview of physician payments and cost per service.” *National Physician Database, Canadian Institute for Health Information*, (November 2022): <https://www.cihi.ca/en/health-workforce-in-canada-in-focus-including-nurses-and-physicians/an-overview-of-physician>

⁷ “New survey shows full-blown crisis in family medicine.” Ontario College of Family Physicians (May 2023): <https://ontariofamilyphysicians.ca/news/new-survey-shows-full-blown-crisis-in-family-medicine/>

seek out work in hospital settings with access to established administrative staffing and processes.

The combined effect of the increasing financial and administrative burdens, and rising inflation, has made family medicine a less attractive choice for medical students

- **Increased Competition with Limited Resources:** Communities across Canada are experiencing similar physician recruitment challenges, especially in rural and remote areas. Over the past few years, municipal and regional governments have resorted to offering incentives to secure a family physician for a defined period of time (including cash signing bonuses of up to \$100,000, free rent at an existing clinic, free access to local amenities, etc.).

Smaller municipalities such as the County of Brant, St. Thomas, Quinte West, and Marmora and Lake have offered time-limited free or reduced cost access to turnkey clinical spaces, while some northern, rural and remote municipalities are offering cash incentives (ex. Huntsville, Timmons, Trenton and Dryden).

The County of Brant opened the Cowan Health Hub in November 2021 and included an offer of 18 months free rent to attract family physicians. At time of writing, five of the seven positions are filled within the PrimaCare Family Health Team, with one doctor currently receiving a rent waiver for the clinical space.

Mid-sized and larger municipalities have also offered cash incentives, including Kingston and Peterborough). However, at the 2024 AMO Conference, the Mayors of Sault Ste. Marie and London requested the Minister of Health to ban the use of cash incentives to recruit physicians, claiming that it drives up costs without increasing the number and availability of physicians overall.

9.2 Turnkey Medical Space: Cost Estimate

The following costing model was developed with information provided by the County of Brant, Grand River Community Health Centre, the City's Engineering Department (Facilities Capital Development), and local Family Health Organizations. These costs have been adjusted with the Bank of Canada's 2024 rate of inflation (4.26%) and are only inclusive of direct costs associated with retrofitting and operating a family medicine clinic.

Based on this information, retrofitting an existing facility to accommodate 8-10 family physicians will cost (at minimum) \$3.74 – 3.78 million in initial capital and \$772,000-\$822,000 in annual operating costs.

Table 1: Estimated Capital Costs

Capital	Estimated Cost
Retrofit of Clinical Space (to host 8-10 FTE family physicians)	\$3.41 million (\$280-\$325 per square foot)
20 Standard Exam Room Beds	\$200,000 (\$10,000 per exam bed)
2 Procedure Beds	\$40,000 (\$20,000 per procedure bed)
20 Diagnostic Stations	\$20,000 (\$2,000 per station)
Autoclave Sterilizer	\$10,000-\$50,000 (depending on model)
Computer hardware	\$60,000 (\$3,000 per setup)
Total Estimated Capital Costs:	\$3,740,000 - \$3,780,000

Table 2: Estimated Operating Costs

Operating	Estimated Cost
Building Maintenance	\$20,000-\$70,000 per year
Grounds Maintenance	\$30,000 per year
Custodial Services	\$37,000 per year
Security Services	\$17,000 per year
Telephone Services	\$5,000 per year
Hydro Services	\$63,000 per year
Gas Services	\$43,000 per year
Water Services	\$46,000 per year

Wastewater Services	\$27,000 per year
Insurance	\$9,000 per year
Computer Software	\$7,500 per year
Support Staffing (inclusive of Nursing and Administrative Support staff)	\$432,500 per year
Medical Supplies	\$35,000 per year
Total Estimated Operating Costs:	\$772,000-\$822,000 per year

Table 3: Comparison to Similar Models

Model	Build/Retrofit Cost	Capital Costs	Operating Costs	Total
Estimated Brantford City-Operated Medical Clinic (2024)	\$280-\$375/sqft x 10,500 sqft = \$3.41 million	\$330,000-\$370,000	\$772,000-\$822,000 per year	\$4.51-\$4.6 million
PrimaCare Family Health Team (2020) ⁸	\$252/sqft x 12,000 sqft = \$3.02 million	\$210,000	\$737,000 per year	\$4.4 million
Grand River CHC (2009)	\$170/sqft x 18,500 sqft = \$3.1 million	\$200,000	\$750,000 per year	\$4.1 million

9.3 Feasibility of Existing City-Owned Locations

To support the recommended 8-10 physicians, at least 10,500 sq/ft will be needed, inclusive of two exam rooms per physician, at least one procedure room, and administrative space. As per the Resolution, the feasibility of the following City-owned locations was investigated.

⁸ The PrimaCare Family Health Team accounts for approximately 40% of the entire Cowan Health Hub, which cost \$10.5 million to build (41,365 total sqft.).

- **399 Wayne Gretsky Parkway:** Feasible for a reduced complement of physicians (approximately 5-7 FTEs) as this facility is 7,500 sq/ft. There is adequate parking for clinic staff and visitors. The building is currently being used by Brantford Police Services until December 2025.
- **177 Colborne St. West:** Not feasible as this facility is only 2,500 sqft. This City's Housing Department is currently in the process of leasing the space to the Grand River Community Health Centre.
- **58 Dalhousie St.:** Not feasible as the available space within the basement of this facility is only 4,000 sqft. Adjacent-site parking is available at the Darling St. Lot.

9.4 Other Alternative Locations

The following properties are for sale that could feasibly accommodate the retrofitting of a City-Operated Medical Clinic:

- **16-18 Market St.:** 8,590 sqft. mixed use building inclusive of 8 residential and 3 commercial units (currently listed for sale at \$3.8 million).
- **180 Grand River Ave:** Approximately <0.5 acres of an approved mixed-use development (not yet built, currently listed for sale at \$2.29 million).

While these alternative locations have the required space and amenities required to develop a City-Operated Medical Clinic, further investigation would be required regarding appropriate zoning, parking and other considerations.

9.5 Other Strategies for Increasing Access to Physicians

Providing newly recruited physicians with access to a turnkey clinical space (through free rent and access to administrative resources) is only one example of strategies being deployed in communities across the province to increase physician recruitment and retention. Additional incentives for physicians include:

- **Access to Wider Scope of Resources:** The Ontario College of Family Physicians has emphasized that newly trained family

physicians are looking to work within teams comprised of registered nurses, nurse practitioners, social worker, dietitians, and pharmacists.⁹ As a result, a stand-alone doctor's office may not be a strong enough incentive to attract family physicians, even if the offer includes a free, turnkey facility.

- **Relocation Incentives:** Some municipalities have offered relocation incentives to attract new or returning physicians. The cities of St. Catharines, Woodstock, and Dryden offer relocation cash, accommodation, and/or local amenity incentives ranging from \$5,000-\$20,000. Relocation incentives for rural and remote communities are much larger. For example, the City of Timmons offers up to \$150,000 in interest free loans to help physicians start a new practice.
- **Signing Bonuses:** In addition to relocation and training incentives, some municipalities have begun offering cash incentives to attract new or returning physicians. For example, as of 2022 the City of Kingston offers \$100,000 signing bonuses (paid over 5 years) to newly recruited family physicians (from a budget of up to \$1 million from their Operational Working Reserve Fund).
- **Partnerships for Training and Scholarship Programs:** According to the College of Family Physicians of Canada, physicians tend to stay and set up practice in the communities where they are trained.¹⁰ Partnerships with medical schools to develop, maintain, and fill family medicine residencies, as well as other learning and training opportunities, may be crucial to ensuring communities can attract and retain newly trained physicians.
- **City-Issued Primary Care Clinic Grants:** In May 2024, the City of Kingston launched a Primary Care Clinic Expansion Grant which offers on-time grants of up to \$100,000 to local primary care clinics that demonstrate a comprehensive plan to expand patient rosters

⁹ "Ontario College of Family Physicians Calls for Immediate Support for Family Doctor: new data shows decline in comprehensive family medicine, deepening the crisis." (October 2023): <https://ontariofamilyphysicians.ca/news/ontario-college-of-family-physicians-calls-for-immediate-support-for-family-doctors/>

¹⁰ Fowler, N., Oandasan, I., Wyman, R., eds. *Preparing Our Future Family Physicians. An educational prescription for strengthening health care in challenging times*. Mississauga, ON: College of Family Physicians of Canada; 2022.

(by at least 1,000-1,200 patients) and increase overall accessibility of care.

- **Enhancing Local Capacity for Team-Based Care:** The Canadian Medical Association emphasizes that team-based care (such as through Family Health Teams) is integral to retaining newly recruited family physicians.¹¹ These teams are often inclusive of administrative support for patient navigation, referrals, ordering tests, etc., as well as other health and social services providers based on specific patient populations (ex. nurses with expertise in gerontology, mental health and addictions specialists, etc.).

9.6 Impact on Physician Recruitment

A 2015 study of financial incentives offered at the provincial and territorial level for newly recruited or returning family physicians showed that within the context of Newfoundland and Labrador's Return of Service Agreement, financial incentives can be effective in getting physicians to come to underserved areas, but they do not necessarily keep them in those communities.¹² In some cases within Saskatchewan and Quebec, physicians have opted to pay out part of their contracts and leave the community before the three or five year term is up.

Since its inception in 2021, the City of Kingston's \$100,000 signing bonuses, in addition to pre-existing relocation, training, have resulted in the recruitment of 17 new physicians (as of early 2024). As this is a relatively new initiative among larger cities, the longer-term impact and sustainability of these incentives is not known.

Overall, incentives do not appear to be a long-term solution to the systemic and wide-spread family doctor shortage.

9.7 Next Steps

¹¹ "Why Canada's Health System Needs (a Lot More) Team-Based Care." *Canadian Medical Association* (2024): www.cma.ca/our-focus/workforce-planning/why-canadas-health-system-needs-lot-more-team-based-care.

¹² Mathews, Maria et al. "Evaluation of physician return-for-service agreements in Newfoundland and Labrador." *Healthcare policy = Politiques de sante* vol. 8,3 (2013): 42-56.

Given the uncertainty of these approaches, this report does not recommend the City proceed with the development of a City-run medical clinic.

However, as per Report 2024-618, *Community Physician Recruitment Program 2024 and 2025 Action Plan*, the Community Physician Recruitment Committee has advised that it will disband following the 2025 program year.

During 2025, staff will undertake comprehensive scan of physician recruitment models and bring forward options, costs and recommendations to City Council prior to deliberation of the 2026 municipal budget.

10.0 Financial Implications

This report does not have direct Financial Implications. Given the wide range of existing incentive programs, and the limited evidence that these approaches are effective over the long term, staff is not recommending the City proceed with the development of a City-run medical clinic at this time.

11.0 Climate and Environmental Implications

This report does not have any direct climate and environmental implications. Should plans proceed to develop a City-Operated Medical Clinic, a fulsome capital development proposal will include the facility's expected annual energy and fuel use, water consumption and waste generation. A location-specific proposal will also include additional measures that can be taken to reduce the environmental impact of retrofitting and operating a medical clinic, such as through incorporating insulated building envelopes, green roofs and solar panels, and energy efficient fixtures and equipment.

In the meantime, Energy Star benchmarking tools with data from the Commercial Buildings Energy Consumption Survey (2016) shows that medical office buildings' (without diagnostic equipment) average electricity consumption is 14.3 kWh per sqft.¹³ Therefore, it can be estimated that a City-Operated Medical Clinic will use at least 150,150 kWh of electricity per year (generating approximately 62,598kg in GHG emissions per year).

¹³Energy Use in Canada: Trends Publications. Natural Resources Canada. 2016.
<https://oee.nrcan.gc.ca/publications/statistics/trends/2016/commercial.cfm?wbdisable=true>

12.0 Conclusion

This report provides a projected budget for the development and annual operation of a City-Operated Medical Clinic, based on feedback from local healthcare providing partners and the City's Engineering Services department (Capital Development). If the City of Brantford were to retrofit a City-owned facility to host 8-10 physicians, it would require a capital investment of at least \$3.74-\$3.78 million and between \$772,000-\$822,000 per year in operational costs.

To date, only one City-owned location can feasibly be retrofit for this purpose (399 Wayne Gretzky Parkway) but could only support the practice of 5-7 physicians.

However, as per Report 2024-618, *Community Physician Recruitment Program 2024 and 2025 Action Plan*, the Community Physician Recruitment Committee has advised that it will disband following the 2025 program year.

During 2025, staff will undertake comprehensive scan of physician recruitment models and bring forward options, costs and recommendations to City Council prior to deliberation of the 2026 municipal budget.



Aaron Wallace
Director, Strategic Initiatives

Prepared By:

Brooke Papple, Manager, Social Development and Policy

Laura Almeida, Administrative and Project Coordinator

Attachments (if applicable)

NA.

Copy to:

Report No. 2024-504
November 12, 2024

Page 14

In adopting this report, is a by-law or agreement required? If so, it should be referenced in the recommendation section.

By-law required ☐ yes ☒ no

Agreement(s) or other documents to be signed by Mayor and/or City Clerk ☐ yes ☒ no

Is the necessary by-law or agreement being sent concurrently to Council? ☐ yes ☒ no