City of Kingston
Report to Council
Report Number 21-002

To:	**Mayor and Members of Council**
From:	**Lanie Hurdle, Chief Administrative Officer**
Resource Staff:	**Craig Desjardins, Director, Strategy, Innovation & Partnerships**
Date of Meeting:	**December 1, 2020**
Subject:	**Family Physician Supply Plan Update**

Council Strategic Plan Alignment:

Theme: 4. Strengthen economic development opportunities

Goal: 4.7 Invest in innovative workforce development and in-migration strategies.

Executive Summary:

The purpose of this report is to provide Council with the Kingston Family Physician Supply Plan that was approved in Council Report Number 20-022 on the December 3, 2019 as follows:

> **That** Council approves funding of up to $50,000 to be funded from the Working Fund Reserve for the development of a study of family physician supply in Kingston and subsequent Family Physician Supply Plan; and
>
> **That** the Mayor and Clerk be authorize to execute an agreement, in a form satisfactory to the Director of Legal Services, with the Kingston Community Health Centre to lead the development of a study of family physician supply and a Family Physicians Supply Plan in collaboration with the City of Kingston and Kingston Area Health Care Taskforce.

Staff have worked over the past year with the Kingston Area Health Care Taskforce and Kingston Community Health Centre to gather statistical data derived from several sources including a self-administered survey of Kingston family physicians, Health Force Ontario Marketing and Recruitment Agency (HFOMRA), the College of Physicians and Surgeons of Ontario (CPSO), the Canadian Institute for Health Information (CIHI), local family medicine

clinical leads, local family medicine clinic managers, and the Ontario Medical Association (OMA).

The report, attached as Exhibit A, has been delayed more than 5 months due to the pandemic that limited access to family physicians for survey data gathering. Highlights of the report findings include:

- Of the 312 Kingston physicians surveyed, 173 were identified as not practicing family medicine in the community but are engaged in other activities such as teaching, research, student health, or more sub-specialized areas of family medicine (i.e. long-term care setting) leaving a net 139 active physicians practicing comprehensive family medicine.

- Of the 125 family physicians who responded to the survey question regarding retirement plans, 38 (30.4%) are planning to retire within the next decade with 21 (16.8%) family physicians planning to retire within the next 3 to 5 years, and 17 (13.6%) within the next 6 to 10 years, or by 2030.

- Quantifying exact numbers of attached and unattached patients is a complex matter and had to be assessed using several data sources. Manual extraction from clinical electronic medical records (EMRs) and paper-based patient records from Kingston family medicine clinics and Community Health Centre (CHC) were used to supplement survey responses on patient details including location of residence /postal code data for active patients. Based on this data, as many as 43,980 patients from outside the Kingston region are currently attached to local family physicians. This is greatly compounding the physician supply problem in Kingston.

- The best estimation, based on the data analysis and sources referenced, would suggest that as many as 28,746 residents living in the Kingston region may be unattached or may be forced to see physicians outside the Kingston region because they are unable to attach to a local physician.

- The average panel (roster) size of surveyed Kingston family physicians is 1,230. The median age of all physicians in the region is 48.5 years and 50% percent of family physicians operate under the fee-for-service practice model.

With the current and future number of family physicians and a possible 28,746 Kingston area residents not served by a local physician, family physician supply and demand requires urgent attention. Not only is this situation a concern for the health of current residents but there is also a growing challenge and economic impact for employers when attracting new workforce talent to the region.

With the recent approval by the Province of the Ontario Heath Team (OHT) for this region, any solution to this problem will require a coordinated effort that includes all key stakeholders.

Recommendation:

That Council support the establishment of a multi-stakeholder working group to advocate for the Kingston region's designation as a high need community for family physicians with the Ministry of Health (MOH) by working towards the adoption of a more collaborative and comprehensive planning approach to physician recruitment and retention and further; that this new working group explore the launch of a new physician graduate support program to capitalize on the MOH's New Graduate Entry Program which could include both financial and non-financial incentives.

Authorizing Signatures:

ORIGINAL SIGNED BY DIRECTOR

Craig Desjardins, Director, Office of Strategy, Innovation & Partnerships

ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER

Lanie Hurdle, Chief Administrative Officer

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Community Services	Not required
Peter Huigenbos, Commissioner, Business, Environment & Projects	Not required
Brad Joyce, Commissioner, Corporate Services	Not required
Jim Keech, President & CEO, Utilities Kingston	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required
Sheila Kidd, Commissioner, Transportation & Public Works	Not required

Options/Discussion:

The journey to define and address the shortage of family physicians in Kingston has a long and complex history. Council will be aware of historical physician shortage and recruitment efforts outlined in Council Report Number 20-022. The current analysis, undertaken by the Kingston Area Health Care Taskforce, saw issues of data inconsistency across sources and lack of access to some datasets. Despite these challenges, excellent cooperation from Kingston family physicians has provided significant insights into the supply of physicians and evidence to support Kingston's case for high need status.

As highlighted in the report (attached as Exhibit A):

- For the purpose of this analysis, the total projected regional population for 2021 (including students with permanent residence in Kingston) is 151,990 residents.

- Of the 312 physicians who received the survey, 173 do not practice family medicine in the community but are engaged in other activities such as teaching, research, student health, or more sub-specialized areas of family medicine, **thus leaving a net 139 active physicians practicing comprehensive family medicine in the Kingston region**. In this report, physicians who solely serve the student population are not counted as providing comprehensive family medicine, but those who do both (i.e., serve students and patients in the broader community) are counted. This finding identifies important and seemingly contradictory information about physician numbers on the websites of the South East Local Health Integration Network (SELHIN), which indicates that the Kingston region has 238 physicians, and the College of Physicians and Surgeons of Ontario (CPSO), which lists 295 family physicians with Kingston addresses.

- Based on an analysis of patients' postal codes provided by six family medicine clinics and Kingston Community Health Centres (KCHC), **as many as 43,980 patients attached to Kingston-region physicians live outside the region.** The analysis also shows that as many as 28,746 residents living in the Kingston region are not being served by local physicians; instead, they are either unattached or remain attached to physicians outside the region. While patient mobility would be expected as people seeks to access care not available where they live or that is more convenient do to proximity, restricting growth in the number family physicians in Kingston is causing hardship for many residents.

- Panel size refers to the number of patients a physician provides care to. The Ontario Ministry of Health's (MOH) recommended panel size is 1,380 patients. Therefore, if 28,746 residents are either unattached or remain attached to physicians outside the Kingston region, **then as many as 20 more family medicine physicians are needed in the Kingston region (28,746/1,380) to serve patients who are not attached to a local family physician.**

- The changing demographics of Kingston-region family physicians are significant. **Findings show that 21 family physicians plan to retire in the next three to five years, and 17 plan to retire in the next six to ten years.** This has significant implications for physician workforce planning, and it will be a challenge to replace these physicians given the current situation. Many older family physicians operate under a fee-for-service practice model, and younger physicians are trained in group practice models.

- Underrepresented groups, such as Kingston's Indigenous people, vulnerable persons, Black, Francophones, and military families have limited access to family physicians.

Conclusions that can be drawn from this most recent analysis of physician supply include the immediate need to engage with the MOH to discuss a revision of Kingston's lack of high-need status due to the large number of non-residents who are attached to local physicians. It is estimated that as many as 20 FTE family physicians are needed to meet the health needs of as many as 28,746 patients who are not served by a local family physician. The development of support programs to create system capacity will greatly aid in physician recruitment with an emphasis on non-financial incentives that recognize the high quality of life in Kingston.

Existing Policy/By-Law:

None

Notice Provisions:

None

Accessibility Considerations:

None

Financial Considerations:

None

Contacts:

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Other City of Kingston Staff Consulted:

None

Exhibits Attached:

Exhibit A - Kingston Region Physician Review Report

Kingston Region Physician Review Report

Kingston Area Health Care Task Force

November 2020

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Executive Summary

Reports of family physician shortages and difficulties accessing a family physician are frequent and long-standing in Kingston. This is an urgent problem because consistent access to high-quality family medicine is fundamental to maintaining the health of citizens and integral to a well-functioning and economically vibrant city. It's why municipalities play a large role in local health care by co-funding programs such as public health, long-term care and paramedic services, as well as contributing to capital campaigns of local hospitals. Municipalities are also key to attracting and retaining a physician workforce to meet the healthcare needs of citizens.

In 2020, due to continuing concerns about Kingston's supply of family physicians, the City of Kingston engaged the Kingston Area Health Care Task Force to review family physician supply and demand in the Kingston region, which the South East Local Health Integration Network (SELHIN) defines as the census subdivisions (CSDs) of Kingston, Loyalist Township (Amherstview, Amherst Island, Bath, and Odessa) and Frontenac Islands (Wolfe Island, Simcoe Island, and Howe Island).

This review also represents an effort to provide a clearer understanding of the number of unattached patients in the region. Granular data on physician and patient numbers is essential for proactive physician workforce planning. To that end, the task force gathered data through a self-administered survey (Appendix 3) sent to family physicians in the Kingston region and an analysis of postal codes obtained from Kingston-region family medicine physicians and clinics.

This is the first time this method has been used to explore family physician supply and demand in the Kingston region. The method was approved by the Queen's University Ethics Review Board.

To summarize the report:

- The total projected regional population for 2021 (including students with permanent residence in Kingston) is 151,990 residents[1, 2, 3].
- Of the 312 physicians who received the survey, 173 do not practice family medicine in the community but are engaged in other activities such as teaching, research, student health, or more sub-specialized areas of family medicine, thus leaving a net 139 active physicians practicing comprehensive family medicine in the Kingston

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1 Population, Housing and Employment Growth Forecast, 2016 to 2046, City of Kingston (Watson & Associates Economists Ltd., March 5, 2019)

2 Population, Housing and Employment Projections to 2046 (Hemson Consulting Ltd., Sept. 18, 2019)

3 Population, Housing and Employment Projections Study, County of Frontenac (Watson & Associates Economists Ltd., January 20, 2020)

region. (In this report, physicians who solely serve the student population are not counted as providing comprehensive family medicine, but those who do both (i.e., serve students and patients in the broader community) are.

This finding identifies important and seemingly contradictory information about physician numbers on the websites of the SELHIN, which indicates that the Kingston region has 238 physicians, and the College of Physicians and Surgeons of Ontario (CPSO), which lists 295 family physicians with Kingston addresses.

- Based on an analysis of patients' postal codes provided by six family medicine clinics and Kingston Community Health Centres (KCHC), as many as 43,980 patients attached to Kingston-region physicians live outside the region. The analysis also shows that as many as 28,746 residents living in the Kingston region are not being served by local physicians; instead, they are either unattached or remain attached to physicians outside the region.
- Panel size refers to the number of patients a physician cares for. The Ontario Ministry of Health's (MOH) recommended panel size is 1,380 patients[4]. Therefore, if 28,746 residents are either unattached or remain attached to physicians outside the Kingston region, then as many as 20 more family medicine physicians are needed in the Kingston region (28,746/1,380) to serve patients who are not attached to a local family physician.
- The changing demographics of Kingston-region family physicians are significant. Findings show that 21 family physicians plan to retire in the next three to five years, and 17 plan to retire in the next six to ten years. This has significant implications for physician workforce planning, and it will be a challenge to replace these physicians given the current situation. Many older family physicians operate under a fee-for-service practice model, and younger physicians are trained in group practice models.
- Underrepresented groups, such as Kingston's Indigenous people, vulnerable persons, Black, Francophones, and military families have limited access to family physicians.

This report will provide the City of Kingston with an opportunity to better understand the issues affecting the community's supply of and demand for family physicians. The task force accurately determined the number of practicing family medicine physicians in the

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4 Queen's PhD Community Initiative report, Physician Recruitment Team, Queen's University (April 2020, p.9)

Kingston region, their work patterns, and retirement plans. The task force also investigated the number of patients who are not attached to a local family physician. This report provides an opportunity to improve access to family physicians for these citizens.

Some of the report's most significant recommendations are that key stakeholders (potentially including the City of Kingston and other Kingston region community leaders, Frontenac Lennox and Addington Ontario Health Team (FLA-OHT), Greater Kingston Chamber of Commerce, Kingston Economic Development Corporation (KEDCO), Kingston Frontenac Lennox & Addington Public Health (KFL&A Public Health), and Queen's University):

1. Launch a new graduate support program to capitalize on the MOH's New Graduate Entry Program, recognizing that while financial incentives are important, other non-financial incentives are strong determinants of physician placement.

2. Adopt a more collaborative and comprehensive planning approach to physician recruitment and retention.

3. Establish a multi-stakeholder committee to review the Kingston region's designation as a non-high need community for family physicians with the MOH in light of the number of patients who are not attached to a local family physician.

The findings in this report will also support the planning and development of the FLA-OHT, whose full application to the MOH was approved in November 2020. The study provides an accurate tally of active practicing comprehensive family medicine physicians in the Kingston region and reflects the differences in practice patterns among physicians.
The results also highlight the need for additional family physicians in the Kingston region and outlying communities. The FLA-OHT process aims to adopt a more collaborative and comprehensive planning approach to health care. Insight into the mismatch between the supply of family physicians and demand for physician care will be helpful to the process.

Background

The City of Kingston's concerns about family physician supply date back to at least 2006. In that year, an ad hoc committee recommended that, through KEDCO, the city apply to the-then Ministry of Health and Long Term Care (MOHLTC) to designate the city as an "under-serviced area", which would open the door to more family physician positions in the city.

A KEDCO-led recruiting effort brought some new physicians to the city, but whatever relief they provided to ease the demand for care proved to be temporary. By 2015, there were a growing number of calls from Kingstonians frustrated with lack of access to a family physician and comments from local employers that were having issues attracting workforce talent to Kingston due to their inability to access a family physician. Family physicians also recognized the growing shortage of family physicians in the Kingston Area. In response, KEDCO commissioned a report to shed light on the process used by the Health Force Ontario Marketing and Recruitment Agency (HFOMRA) to designate Kingston as a non-high need area concerning the demand for family physicians.

In an apparent contradiction to the reality on the ground, HFOMRA had determined that Kingston had a sufficient number of family physicians to meet the healthcare needs of the city's population. HFOMRA also determined that the need for family physicians in other communities within the SELHIN was greater than Kingston's.

The analysis utilized by HFOMRA includes a metric to determine which communities have the greatest relative need for physicians' services. The metric incorporates criteria including an area's rurality index score, the family physician-to-population ratio, and relevant data on the area's special population needs. This metric is still used in the determination of an area's need for family physicians. Physicians are encouraged to practice in high-need areas, where the most desirable capitation group practice models – such as Family Health Organizations (FHOs) and Family Health Networks (FHNs) – are made available to them by the MOH.

The report produced by the KEDCO-contracted research team presented an analysis of the variables used by the MOH and described how Kingston compared with other SELHIN communities designated as high-need. The analysis revealed that Kingston had the highest emergency room utilization rate and the highest number of

unattached patients. Relative to population size, at least three other communities – Westport, Perth, and Bancroft, respectively – had more family physicians per capita than Kingston. Overall, the data suggested that the demand for family physicians' services was higher in Kingston.

The analysis also revealed that Kingston ranked third concerning the number of patients seen by older and aging family physicians. This finding has direct implications for physician workforce planning. Communities with higher numbers of patients attached to older and aging family physicians will likely have a greater need for new physician recruitment than those with fewer patients attached to such physicians.

In summary, in terms of factors such as emergency room utilization, the number of unattached patients, and the number of patients attached to older and aging physicians, Kingston ranked higher at that time than other communities who had been designated as high need.

Since then, Kingston residents have continued to report increasing difficulties in finding a family physician, employers continue to report difficulty in accessing a family physician for potential hires and their families, and family physicians continue to express concern about ever-growing patient waitlists.

In response, Kingston City Council passed a resolution in 2018 to further investigate family physician supply and demand. It is against this backdrop that the City engaged the Kingston Area Health Care Task Force (task force), with administrative support from Kingston Community Health Centres, to investigate these issues.

Methodology

The key data collection method used to gather primary data for this report was a self-administered survey (Appendix 3) that solicited information from Kingston family physicians including:

- Number of attached patients
- Hours worked per week in comprehensive family medicine
- When the physician plans to retire
- Practice model (e.g., Fee-for-Service or Capitation Group Practice)

The Ontario Medical Association (OMA) distributed the survey via email to 304 local physicians on behalf of the team. The task force later emailed the survey to eight physicians in the Kingston region who had not received it the first time it was sent out.

The survey and verification process[5] enabled the task force to identify every physician actively practicing family medicine in the Kingston region. Physicians working only in student health were not included in the report's tally of actively practicing physicians because students who are not full-time residents of Kingston were not included in the population numbers used for the basis of this study. Physicians working only in long-term care were also not included.

The task force found that, in total,139 physicians are practicing comprehensive family medicine in the Kingston region. Of these, 132 participated in the survey, giving a participation rate of 95% [n = 132]. The survey and distribution process were approved by the Queen's University Ethics Review Board.

To supplement the information extracted from the survey responses on patient residence, the task force also reviewed the postal codes associated with active patients in the Kingston region. Requests for the data were made of all family medicine clinics and one community health centre (CHC) in the Kingston region. The data were captured using methods such as manual extraction from clinical electronic medical records (EMRs) and paper-based patient records from six participating Kingston family medicine clinics and one CHC. Data obtained is representative of 42% of the total number of active patients in the Kingston region.

Survey and administrative data were entered into Excel and exported into STATA

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5 The verification process consisted of direct contacts (via phone calls, emails, and personal discussions) with each physician.

statistical software for analysis. Descriptive statistical techniques such as means, percentages, and cross-tabulations were used to analyze the data.

Additionally, the task force received data from Kingston Health Sciences Centre (KHSC) on the number of patients without a family physician seen by physician specialists (e.g., rheumatologists, respirologists, endocrinologists, etc.). The task force also reviewed Emergency Department (ED) utilization data obtained from the SELHIN.

Unfortunately, requests to the Institute of Clinical Evaluative Studies (ICES) and the SELHIN for further data regarding active patients and postal codes were not fulfilled.

The task force also drew on a variety of other information sources. These included HFOMRA, the College of Physicians and Surgeons of Ontario (CPSO), the Canadian Institute for Health Information (CIHI), local family medicine clinical leads, local family medicine clinic managers, and the OMA.

The Kingston region is the area used by the SELHIN for health planning purposes. It encompasses the City of Kingston, Loyalist Township, and Frontenac Islands (Wolfe Island, Simcoe Island, and Howe Island). The Kingston region's projected population for 2021 is 151,990[6,7,8].

The projected population also includes registered military personnel and their families at CFB Kingston. Full-time registered military personnel receive primary care on the base, but their families must seek care from family physicians in the community. According to information obtained from the Kingston Military Family Resource Centre (KMFRC), the estimated population of the base is approximately 8,650, of which approximately 6,650 seek primary care off base because they are family members of military personnel.

Kingston's post-secondary students – 25,250 Queen's University students[9] and 6,889 St. Lawrence College[10] students – are not counted in the region's projected population unless they are permanent residents of Kingston. In the fall and spring, when college and university classes are in session, the total Kingston region population can be as high as 184,129. At the time of writing of this report, about 20 physicians are working in student health in various capacities, but for the reasons noted above, neither the students nor the physicians serving these students were included in the survey.

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6 Population, Housing and Employment Growth Forecast, 2016 to 2046, City of Kingston (Watson & Associates Economists Ltd., March 5, 2019)

7 Population, Housing and Employment Projections to 2046 (Hemson Consulting Ltd., September 18, 2019)

8 Population, Housing and Employment Projections Study, County of Frontenac (Watson & Associates Economists Ltd., January 20, 2020)

9 Queen's University, "Quick Facts| Queen's University." [Online]

10 G. Ferguson and G. Vollebregt, Annual Report 2018-2019 (2018)

Findings

Number of practicing primary care physicians

When calculating the demand for family physicians, it's essential to know how many are available to serve the population.

The CPSO provides an online search tool that people can use to find physicians in their area. At the time of writing of this report, a search for family physicians in Kingston yielded the names of 295 registered family physicians whose practices have Kingston addresses.

From the CPSO search alone it would appear there is an abundance of family physicians in Kingston. However, the list does not tell the whole story. The task force found that 173 of the 312 physicians who received the survey are not actively practicing family medicine. In total, results indicate 139 active physicians are practicing comprehensive family medicine in the Kingston region.

Physician retirements

Of the 125 family physicians who responded to this survey question, 38 are planning to retire within the next decade. Survey results revealed that 21 (16.8%, n = 125) family physicians plan to retire within the next 3 to 5 years, and 17 (13.6%, n = 125) reported that they will retire within the next 6 to 10 years, or by 2030.

Number of patients receiving primary care

According to the task force's survey results, 167,224 patients are attached to family physicians in the Kingston region. This figure exceeds the Kingston region's estimated 2021 total population of 151,990, suggesting that these family physicians are providing primary care to at least 15,234 people who live outside the region.

Hours worked

The number of hours a physician works is also relevant to this analysis and will depend on the physician's panel size, the complexity of their patients' health needs, and how much time the physician puts into their family practice versus other pursuits or work. The accepted number of hours worked in a full-time equivalent (FTE) position in Ontario is 37.5 hours per week. The FTE method quantifies physician practice relative to what is considered a full-time load.

One hundred and twenty-three (123) physicians responded to the survey question concerning hours worked per week. Collectively, they worked a total of 4,606 hours per week. On average, each family physician worked 37.4 (4,606/123) hours per week in patient care and administrative tasks (charting, clinic management, etc.). The results translate into a total of 122.83 FTE (4,606/37.5) positions.

"I am winding down my practice currently largely due to issues of non-sustainability both from a financial and workload point of view. If there were an adequate number of physicians locally, the workload would be much more tolerable."

– PHYSICIAN SURVEY COMMENT

Sixteen physicians did not answer the survey question about hours worked. They are engaged in family practice, but the task force has no data on how many hours they work per week. If they work the same number of hours, on average, as those who responded to this question, then 138.8 (5205/37.5) FTE family physicians are active in the Kingston region.

As shown in Table 1 below, 57 physicians (46.34%) are working greater than full-time hours in family medicine, and the other 66 physicians (53.66%) are working fewer than full-time hours in family medicine. If all 139 active family physicians are working approximately the same number of hours, then 64 (46.34%) physicians may be working greater than full-time hours in family medicine, and 75 (53.66%) may be working less than full-time hours in family medicine. Any calculation of the supply of family physicians needs to consider the variations in the number of hours they work. Many family physicians are working more than full-time hours. The assumption that one physician is equal to another is flawed.

Table 1: Number of hours worked by family physicians in Kingston

Hours per week	Number of physicians	Percentage (%)
< 37.5 hours	66	53.66
≥ 37.5 hours	57	46.34
Total	**123**	**100**

Discussion

Access to primary care for underrepresented groups

While the task force found that there is an overall need for more family physicians in the Kingston region, it also found that the need is particularly acute in certain sub-populations including seniors, vulnerable persons suffering from economic disparities and mental health challenges, the Indigenous and Black communities, people of colour, a growing number of immigrants and refugees, Francophones, and military families. Each of these groups has particular health care needs. Seniors, for example, often present with multiple complex health conditions. Francophones may prefer to have a doctor who speaks French, and Indigenous people can be more comfortable with health care that is sensitive to their cultural background.

Of particular significance to physician demand in the Kingston region is the fact that the population of patients aged 65 or older is expected to grow substantially in the coming years. In the 2016 census, 19.4% of the city's population was aged 65 and over[11]. The percentage of the city population in the 75+ age group (seniors) has been forecasted to nearly double over the next 30 years, from 9% in 2016 to 16% in 2046[12].

In the 2016 census, while 2.8% of Ontario residents indicated Indigenous identity[13] the percentage was higher in Kingston and the surrounding area, at 3.6%[14]. Also, over 3% of residents identified as having French as their mother tongue[15]. Kingston has an estimated military population of 8,650 living on Canadian Forces Base (CFB) Kingston that contributes to the Francophone community within the Kingston region. According to Col. Kirk Gallinger, Commander, CFB Kingston, approximately 50% of the Kingston military community (or 4,325) is Francophone[16].

Registered military personnel (an estimated population of 2,000) receive primary care on the base; however, families of registered military personnel access family physicians either through a contract agency or elsewhere. In Kingston, it is reported that Military Family Services (a division of Canadian Forces Morale and Welfare Services) contracts agency services for two family physicians to serve an estimated military family population of 6,650 at Canadian Forces Base Kingston[17]. Military families report that it is often difficult to find a family physician as a result of multiple relocations, as well as a limited supply of family physicians in the Kingston region[18].

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11 Statistics Canada. 2017. *Focus on Geography Series, 2016 Census*. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.

12 Population, Housing and Employment Growth Forecast, 2016 to 2046, City of Kingston (Watson & Associates Economists Ltd., March 5, 2019), p. 5-6

13 Statistics Canada. 2017. Focus on Geography Series, 2016 Census. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.

14 Ibid.

15 Queen's PhD Community Initiative Physician Recruitment Team, Queen's University (April, 2020, p. 5)

16 S. Crosier. Commander of CFB Kingston sheds light on operations, life for CF members (The Kingston Whig Standard, January 10, 2019)

17 Personal communication, Kingston Military Family Resource Centre, September, 2020

18 Ibid.

Unattached patients

In this study, the number of unattached patients in the Kingston region is the key question to help establish the case for additional primary care physicians. For various reasons, it is difficult to come up with a universally agreed-upon answer. The local population fluctuates, physicians and clinics come and go, and some people living in the Kingston region have physicians in other parts of the province. Also, different researchers may calculate the number using different methodologies, data, and geographical areas.

As of June 2020, Health Care Connect – a government-funded service that attempts to find physicians for Ontarians who don't have one – had registered approximately 2,200 people in the Kingston region who are seeking a family physician[19]. The task force knows that, anecdotally, patients avoid signing up for HCC for a variety of reasons.

"I have been on this [HCC] list for four years!!!"

– A COMMENTER ON CITY OF KINGSTON – MUNICIPAL GOVERNMENT FACEBOOK PAGE

"Almost 2 years and just get the reminder messages for all of us saying we are still waiting."

For example, some report being on the list for 3+ years. Others refuse to give up their previous physician from outside the region, which is what people faced with these types of long waits and uncertainty must do to register with a new one. In contrast, estimates from the 2018 MOH Health Care Experience Survey (HCES) show that approximately 11.3% of Kingstonians who responded to the survey do not have a family physician, which would be approximately 14,429 if extrapolated to the region's population at the time of the survey[20].

According to the SELHIN report "Primary Care Access for Residents presenting at Emergency Departments (ED) in Ontario by Fiscal Year for selected Forward Sortation Areas (FSAs) and Postal Codes in the Kingston Region", 282,931 people living in the Kingston region presented to the ED between 2016 and 2019. Of these patients, 29,142 (10.3%) reported that they did not have a family physician[21].

In 2019 alone, 71,362 people living in the Kingston region presented to the ED, and 7,350 (10.3%) of them indicated that they did not have a family physician[22]. If this percentage is applied to the projected 2021 population of 151,990, then approximately 15,655 Kingston region residents do not have a family physician.

For Internal Medicine services at KHSC, for both in-patient and same-day cases for the period January 2019 to July 2020, 7.5% of patients – 615 people out of 8,172 – identified that they did not have a family physician. For other specialist services (endocrinology, respirology, rheumatology, etc.), 6.6% or 1,302 patients of a total of 19,687 indicated that they did not have a primary care physician[23].

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19 Personal communication, Health Care Connect, June 23, 2020

20 For purposes of this report, calculation based on the City of Kingston 2016 population of 127,686 found in Population, Housing and Employment Growth Forecast, 2016 to 2046. City of Kingston (Watson & Associates Economists Ltd., Exhibit A, March 5, 2019, p. 5-3)

21 Ibid.

22 Ibid.

23 Kingston Health Sciences Centre, 2020

Findings from postal code data

The task force's survey found that 167,224 patients are attached to family physicians in the Kingston region. This finding indicates at least 15,234 people who live outside the Kingston region are attached to local family physicians. To further explore this finding, all of the family medicine clinics in the Kingston region were asked to provide data on the total number of patients they serve, as well as the number of active patients they serve whose addresses have postal codes within the Kingston region. Six family medicine clinics and one CHC responded to the request. Their total number of active patients is 69,843, or 42% of the Kingston region's total number of 167,244 attached patients. Of the active patients at these clinics, 51,443 (73.7%) are associated with postal codes within the Kingston region, and 18,400 (26.3%) are not.

If the proportion of patients with local postal codes is the same in other clinics as it is in responding clinics, then 73.7% of 167,224, or a total of 123,244 Kingston region clinic patients, likely have local postal codes. As well, approximately 43,980 (26.3%) of Kingston region clinic patients likely have postal codes outside the Kingston region and are being served by local physicians.

If approximately 123,244 Kingston region clinic patients have local postal codes, then about 28,746 residents living in the Kingston region are not being served by local physicians. They are either unattached to a local physician or remain attached to physicians outside the Kingston region due to a lack of access to family physicians in the Kingston region. As well, some patients may remain attached to physicians outside the Kingston region because they want their cultural or linguistic preferences to be reflected in the primary care they receive.

There are various explanations for the high number of physicians providing care to patients from outlying communities. For example, young adult patients who have relocated from Kingston to pursue higher education or work in another city may not have sought a physician in their new community or are unable to find

"Before I started with my current practise, I locumed at various practices in the Kingston area for several years, and I can absolutely attest to the severe shortage of family physicians for a large segment of the Kingston population."

– PHYSICIAN SURVEY

About
28,746
residents living in the Kingston region are not being served by local physicians

As many as
31.9 FTE
(43,980/1380)
family physicians are providing care to 43,980 patients from outlying communities

> *"I am a citizen of the city of Kingston, I live in Williamsville and I've had to get a doctor outside the Kingston Frontenac Lennox & Addington region for want of anyone locally accepting patients. That means I don't have a Kingston doctor... It's been this way for more than a decade now – and I've had no continuity of care ..."*
>
> – **ONLINE COMMENT TO KINGSTON AREA HEALTHCARE TASK FORCE**

one, so they have retained their physician at home. Alternatively, older adults who have moved to other communities may have retained their Kingston-region physician because they cannot find a new physician in their new community. If it is easy for a patient to get to Kingston from outside the city, or if a family physician is not available in their home community, they may not be willing or able to seek medical services in their home community and seek care from a Kingston-region physician.

The result in the Kingston region is that thousands of patients living outside the region are accessing primary care from a physician in Kingston, which may limit that physician's capacity to provide care to residents who live in the city. This scenario helps to explain Kingston's large number of unattached patients.

Physician workforce planning

The service outputs of family physicians vary because of differences in practice intensity (i.e., patient health needs), hours worked, and practice patterns. Physicians may be semi-retired, working part-time, and/or participating in a mix of clinical, practice management, or other activities. These factors need to be considered in physician workforce planning.

"I would leave tomorrow if I could find a doctor to take over my practice."

– SURVEY RESPONSE

The survey results show 46.34% of Kingston-region physicians work more than full-time, and many of them are older and planning to retire. Twenty-one (16.8%, n = 125) family physicians plan to retire within the next 3 to 5 years, and 17 (13.6%, n = 125) reported that they will retire within the next 6 to 10 years, or by 2030. New physicians who will presumably replace these older retiring physicians are trained in group capitation models that generally provide more comprehensive care.

"Three years before I got a doctor, then got a guy who moved on. Now no doctor again."

– COMMENTER, CITY OF KINGSTON – MUNICIPAL GOVERNMENT FACEBOOK PAGE, MAY 2020

In the Kingston region, 50% percent of family physicians operate under the fee-for-service practice model and have a median age of 49.5 years[24]. Anecdotal evidence from a variety of physicians in the Kingston region also suggests that older physicians tend to care for larger panel sizes in a fee-for-service practice model which is unattractive to younger physicians. If retiring physicians are not replaced by new physicians, the result could be a large number of orphaned patients.

Of particular salience to local physician workforce planning is the survey's finding that Kingston-region physicians are serving as many as 43,980 people who live outside the region. According to the survey data, Kingston family physicians have an average panel size of 1,230, suggesting that as many as 35.8 FTE (43,980/1,230) family physicians in the Kingston region are providing care to these 43,980 patients. If the MOH standard panel size of 1,380 is applied, as many as 31.9 FTE (43,980/1,380) family physicians are providing care to these patients. The implication is that local family physicians currently have limited capacity to provide care to unattached Kingston-region residents and that more physicians are required to serve this population.

"My capacity to take more patients into my practice is limited by the model I practice in. With improved FHO funding I could afford more staff and expand my practice"

– PHYSICIAN SURVEY

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24 Queen's PhD Community Initiative report, Physician Recruitment Team, Queen's University (April, 2020, p. 11)

Recommendations

The City of Kingston can support adequate physician supply through comprehensive and effective recruitment and retention strategies. Physician workforce planning must ultimately deliver consistent access to family physicians because it improves and maintains the health of the population, reduces ED utilization rates, and ultimately lowers the cost of health care.

As many as 28,746 residents living in the Kingston region may be unattached or may be forced to see physicians outside the Kingston region because they are unable to attach to a local physician. Many patients who are unattached or who are without a local family physician present to the ED or delay caring for their health, which drives up health care costs and often affects patients' productivity at work and daily quality of life. To address these concerns, the task force recommends that the City of Kingston:

1. Partner with FLA-OHT, Greater Kingston Chamber of Commerce, KEDCO, MOH, Queen's University, and leaders of other Kingston-region communities to investigate the launch of a new graduate support program to capitalize on the MOH's New Graduate Entry Program (NGEP)[25], a three-year program whereby the physician agrees to work for less than the amount of pay that they would earn in an FHN or FHO, but then qualify for a full position in one of these practice models after three years. To create new capitation model positions for the Kingston region that are better able to attract physicians, the task force recommends Kingston subsidize the start-up costs of the support program in return for a Return of Service agreement with participating physicians. The NGEP currently applies to physicians who have graduated in the last three years and can potentially stipulate the postal codes patients must belong to to ensure the Kingston region's population is being cared for by local physicians.
2. Work with partners to launch a coordinated effort, with political support, to lobby the MOH to review Kingston's non-high need status to facilitate the pairing of unattached patients with local family physicians. Such an effort is essential to help the FLA-OHT succeed. (This matching approach will not completely alleviate the residual unattached patients from Kingston for a variety of reasons, such as lack of physicians in other outlying areas and preferential pre-existing physician-patient relationships.)
3. Work with partners and local physicians to support retirement and succession planning. Targeted financial incentives and strategies must be made available to keep older physicians in the workforce to make the best use of their expertise and experience.

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25 Information about the NGEP can be found at http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/11000/bul11147.pdf

Further, the task force recommends that:

4. Partners, in collaboration with local physicians working in capitation models, facilitate job-sharing among physicians who have an identified need for it. The goal should be to make the best use of these positions when physicians may be working in other areas of medicine and there is residual capacity.
5. Partners take a coordinated approach with the FLA-OHT and HCC to facilitate matching individuals with doctors closer to their place of residence if at all possible. As many as 28,746 residents living in the Kingston region are not being served by a local physician, and as many as 43,980 people from outside the Kingston region are attached to a local physician. These results indicate that patients living in the Kingston region do not have enough access to local physicians.
6. Partners continue to ensure that allied healthcare providers in the region, such as nurses, nurse practitioners, pharmacists, dieticians, social workers, and psychologists are working in an integrated fashion to the full scope of their practice, will allow primary care to meet the needs of patients more efficiently and effectively. This additional skilled support will ideally allow more patients to be attached to primary healthcare providers.
7. Partners ensure the Indigenous Health Council is involved in physician recruitment and workforce planning initiatives to ensure that the needs of Indigenous people are clearly understood and met.
8. Partners include representatives of the Francophone community in physician workforce planning discussions. Research suggests that 18% of family physicians in the Kingston region are French-speaking[26]. The Kingston region, however, does not have a designated Francophone healthcare facility or a public roster to locate French-speaking physicians[27]. Some suggestions include the need for self-identification during the intake process with a family physician, for instance, as well as a public roster of French-speaking physicians.
9. Partners advocate for a review of physician funding formulas by federal and provincial health authorities, to meet the unique health needs of military families living in Kingston.
10. Partners ensure that the unique healthcare needs of the Kingston region's vulnerable populations such as immigrants, refugees and temporary residents (15%)[28], and Black persons and people of colour help to shape physician supply and workforce planning.

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26 PhD Community Initiative, Physician Recruitment Team, PowerPoint (Queen's University, April, 2020)
27 Informal Discussions, Kingston Military Family Resource Centre and ACFOMI, February and September 2020
28 PhD Community Initiative, Physician Recruitment Team, PowerPoint (Queen's University, April, 2020)

Conclusion

The challenges facing the Kingston region in physician supply and demand are not new. Given the current supply of 139 comprehensive family medicine physicians and considering that as many as 28,746 Kingston-region residents are not served by a local physician, the matter of family physician supply and demand needs urgent attention. Several factors – Kingston's ongoing designation as non-high for family physicians, aging practitioners, differences in practice patterns, and growing demand for health services – challenge efforts to maintain an adequate supply of family physicians. The difficulty of accessing local primary care physicians is also impacting the ability of firms to attract and retain workforce talent.

The approximately 43,980 patients from outside the Kingston region who are currently attached to local family physicians greatly compounds the physician supply problem in our community. While this study did not include an exploration of the reasons for the attachment of out-of-town patients to Kingston-region physicians, people who move from the Kingston region likely have difficulty finding physicians in their new communities. They retain their physicians in the Kingston region because it can take many years to find another family physician who will care for them. It is also possible that patients living outside the Kingston region but within a reasonable driving distance of Kingston have actively sought to attach themselves to local physicians due to the lack of family physician services in their home communities.

Discussion with the MOH is necessary to explore Kingston Region’s lack of high-need status and the large number of non-residents who are attached to local physicians. It is estimated that as many as 20 FTE family physicians are needed to meet the health needs of as many as 28,746 patients who are not served by a local family physician. Financial and programmatic support to create system capacity for physicians is necessary to recruit and retain family physicians to practice in the Kingston region. But while financial incentives are important to physician recruitment, there is growing evidence that non-financial incentives are strong determinants as well. These include work-life balance and other factors such as partner employment, community engagement, and ongoing communication and outreach with new physicians.

Physician and health workforce planning is important to address the urgent health care needs of the elderly and other vulnerable populations. It is also important to plan for a high number of local physician retirements. The number of family physicians who have indicated they plan to retire in the next three to ten years is of critical significance. The practice models of those who plan to retire may be unattractive to new replacement physicians, so capacity expansion initiatives are important to attract new family physicians to the Kingston region.

Family physicians are often the entry point to health care. They also help identify the social service needs of patients. The current practice models of many retiring physicians do not provide the resources new family physicians need to fund the infrastructure that enables them to meet the comprehensive health and social needs of their patients. Understanding this reality will be key to physician recruitment and workforce planning initiatives.

Infrastructure is also required to capture self-identification data from Francophone, immigrant, Black, racialized, and Indigenous populations, which is necessary to planning a culturally sensitive healthcare system.

Lastly, more robust and coordinated physician workforce planning activities are necessary to ensure that the supply of physician services meets the demand. The FLA-OHT has proposed a team-based health care delivery model centred on the Patient's Medical Home (PMH). A patient's PMH is part of a patient's medical neighborhood (PMN), which represents a wider network within which primary care practices can coordinate and address various patient health care needs with other health and social service providers[29]. The FLA-OHT encompasses a larger population base of approximately 226,000 people living in an area that includes Kingston, Napanee, and outlying rural communities such as Denbigh, Deseronto, Sydenham, and Sharbot Lake. This report serves to support both the FLA-OHT process and physician workforce planning by providing a better understanding of the current number of active practicing family physicians in the Kingston region, the differences in their practice patterns and hours worked, and the number of people living in the Kingston region who are either unattached or not rostered by local physicians.

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29 Frontenac, Lennox and Addington Ontario Health Team, Full Application, 2020

References

Hemson Consulting Ltd. (2019). Population, housing and employment projections to 2046. Loyalist Township. Author. Retrieved from https://www.loyalist.ca/en/council-and-administration/resources/Documents/Growth-Projection-Study-2019.pdf

Ph.D. Community Initiative. Physician Recruitment Team. (2020, April). *Queen's University*. Queen's University, "Quick Facts| Queen's University." [Online] Retrieved from

https://www.queensu.ca/about/quickfacts

South East Local Health Integration Network. (2020, September). Primary Care Access for Residents presenting at Emergency Departments in Ontario by Fiscal Year for selected Forward Sortation Areas (FSAs) and Postal Codes in the Kingston Region. *Author.*

Statistics Canada (2016, November 16). Postal Code. Government of Canada. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo035-eng.cfm

Watson & Associates Economists Ltd. (2020). Population, housing and employment growth forecast. 2016 to 2046. City of Kingston. *Author*. Retrieved from https://www.cityofkingston.ca/documents/10180/31619068/Projects_Planning_PopulationHousingEmploymentForecast_Final-Report_March2019.pdf/d39310e1-e11c-4f05-b1fb-2695b9a9ea71.

Watson & Associates Economists Ltd. (2020). Population, housing and employment projections study. County of Frontenac. *Author*. Retrieved from https://www.frontenaccounty.ca/ en/government/resources/Documents/Frontenac-County-Population-Housing-and-Employment-Projections-2016-to-2046-Final-Report-2020.pdf

Appendices

Appendix 1: Glossary

Capitation – Capitation is care based on a defined basket of primary-care services provided to enrolled patients based on the age/sex of each patient, blended with fee-for-service paid for other services. Additionally, physicians receive monthly comprehensive care capitation payments and yearly bonuses for preventative-care activities.

CHC - **Community Health Centre**

CIHI – **Canadian Institute for Health Information**

CPSO – **College of Physicians and Surgeons of Ontario** – regulates the practice of medicine in Ontario. Physicians are required to be members to practice medicine in Ontario. The role of CPSO and its authority and powers are set out in the *Regulated Health Professions Act (RHPA)*, the *Health Professions Procedural Code* under the *RHPA* and the *Medicine Act*. CPSO maintains a public register that includes information about all Ontario physicians, such as each physician's practice address, telephone number, and qualifications.

CSD - **Census SubDivision**

EMR – **Electronic Medical Record**

FHN & FHO – **Family Health Network / Family Health Organization** – Family Health Network (FHN) and Family Health Organization (FHO) models, which have three or more physicians, are compensated primarily through capitation payments but also receive FFS payments, and compensation is higher than other models. The physicians are also eligible for specific bonuses and premiums based on patient enrolment. The two models offer comprehensive care during a combination of regular physician office hours and after-hours services. Information technology and preventive health care services, chronic disease management, health promotion are also integral parts of these models. The FHO is the most popular model.

The key differences of the FHO compared to the FHN include the base rate payment, the associated basket of core services, and access bonus calculation. FHNs are required to roster their patients through a formal enrollment process and are paid by a blended

funding model of capitation for a basket of services with quota-based incentives for preventive services, such as pap tests and immunizations. Health services outside this realm are reimbursed through a combination of fee-for-service and premium payments for prenatal and intrapartum care, chronic disease care (e.g., diabetes), specific mental health conditions, hospital care, palliative and home care, and office procedures.

FSA - **Forward Sortation Area** - a geographical region in which all postal codes start with the same three characters. For the Kingston region, including the CSDs of Kingston, Loyalist Township, and Frontenac Islands, the FSAs under study include K7K, K7L, K7M, K7N, K7P, and K0H (specifically K0H 2Y0, K0H 1G0, K0H 0B4, K0H 0A7, and K0H 2H0)

FTE – **Full-Time Equivalent** – Definitions vary, but in Ontario, an FTE is a person who works 37.5 hours per week.

Health Care Connect (HCC) – a program funded by the government and administered by the CCACs. HCC helps Ontarians without a family health care provider to find one.

HFOMRA – **Health Force Ontario Marketing and Recruitment Agency** – was created as part of the Health Force Ontario strategy launched in 2006. HFOMRA implements the province's strategy to tackle the objective of having the right number and mix of appropriately educated physicians available to meet the health needs of the people of Ontario. HFO MRA is an agency constituted through legislation that is independent of the MOHLTC, although wholly funded by the ministry as part of the health workforce strategy (formerly called Health Force Ontario).

ICES – **Institute of Collaborative Evaluative Sciences** – ICES is a not-for-profit research institute encompassing a community of research, data and clinical experts, and a secure and accessible array of Ontario's health-related data.

KEDCO – **Kingston Economic Development Corporation KCHC – Kingston Community Health Centres**

KHSC - **Kingston Health Sciences Centre**

MOH – **Ministry of Health**

OHT – **Ontario Health Teams** – are groups of health care providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population. Under Ontario Health Teams, health care providers (including hospitals, physicians, and home and community care providers) work as one coordinated team - no matter where they provide care.

OMA – **Ontario Medical Association**

Panel Size - is the number of individual patients under the care of a specific provider (family physician).

Primary care is the first point of contact between a patient and the health care system and includes illness prevention, health promotion, diagnosis, treatment, and rehabilitation and counselling.

Roster – a compilation of patient personal and clinical information following a process where patients register with a family practice, family physician, or team.

SELHIN – **South East Local Health Integration Network**

Appendix 2: Limitations of the study and the results

1. To register with Health Care Connect (HCC) to secure a place on the waitlist for a primary care physician, citizens must relinquish their former family physician. Anecdotal evidence obtained through the City of Kingston's social media sites indicates many people decline to register with HCC. This is reflected in the wide discrepancy between HCC's number of unattached patients, the Health Care Experience Survey (HCES), ER utilization data, and the results of the current study.

2. Postal codes: the study encompassed postal codes in the Kingston region. The task force acknowledges that approximately 600 people live on Howe Island which has a forward sortation area (FSA) of K7G. However, this FSA also includes the CSD of Gananoque and the surrounding area. Therefore, this FSA was not included in the study. Statistics Canada also offers cautions about the use of postal code data:

   "The postal code provided by respondents may not be the same as the postal code of the dwelling in which they live. For example, they may denote the postal code of their mailing address, such as a post office location (as in the case of general delivery) or a business location. Consequently, some respondents' postal codes may fall outside the FSA in which their dwelling is located.

   Users should proceed with caution if postal codes are used as a proxy for standard geographic areas. Postal codes do not necessarily respect the boundaries of standard geographic areas (e.g., the same postal code can fall in two or more census subdivisions)."[30]

3. Physicians were asked to provide panel sizes for the total number of active patients in their practice and the total number of active patients attached to postal codes in the Kingston region. However, panel sizes obtained through electronic and manual roster searches may be slightly inaccurate; patients who may not have been marked as inactive (who may have moved or left the practice) may have been overcounted. Similarly, a physician may have counted a panel of patients within the last 12 months but may have missed patients who may not have visited the clinic within the last year.

4. It is possible that some military families and other citizens living in the Kingston region may be rostered with a physician in the Kingston region but continue to use a former place of residence and postal code.

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30 Statistics Canada, Postal Code (Government of Canada, November 16, 2016) Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo035-eng.cfm

5. Not all physicians responded to all of the survey questions. In some cases, this limited the task force's ability to draw inferences from some of the data.

6. Data concerning attached patients with postal codes in the Kingston region was requested of ICES and the SELHIN. The data was not made available. However, the task force obtained data from six family medicine clinics and a CHC in the Kingston region. The data show that an average of 26.3% of patients come from communities outside the Kingston region. The task force used this percentage and applied it to the Kingston region population at large to extrapolate the total number of patients receiving care in the Kingston region who may be from outlying communities. The percentage of patients in the Kingston clinics from which the survey task force did not obtain postal code data may be greater or lesser than 26.3%. That said, each of the responding clinics reported remarkably similar percentages in terms of patients from outlying communities on their panels.

Appendix 3: Physician Survey

Health Human Resource Planning for Primary Care Physicians in Kingston, Ontario Survey March 2020

1. What is the size of your current family practice (please indicate the approximate number of patients you care for, rostered or not)? _________

2. What is your ideal target number of patients in your family practice? _________

3. How many hours per week do you work in family practice (seeing patients and paperwork), excluding teaching, research, and specialized care such as oncology, etc? __________

4. How long have you been working in your current family practice in the City of Kingston? _________

5. Please indicate when you anticipate leaving or retiring your practice in Kingston?

   Less than 1 year _______

   1 to 2 years _______

   3 to 5 years _______

   6 to 10 years _______

   More than 10 years _______

6. Please circle your practice type:

   FHO & FHT

   FHO

   FHG

   FFS

   CHC

   Locum Only

7. Please circle your preferred practice type:

   FHO & FHT

   FHO

   FHG

   FFS

   CHC

   Locum Only

8. Are you currently accepting patients in your current family practice in the City of Kingston? (Please circle)

   Yes

   No

Comments:

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