

**To: People Accountable for Health Care in Ontario**

**Subject: Critical Shortage of Primary Care Providers (PCP) in Ontario  
February 2023**

Primary Care in Ontario is in crisis. Hundreds of thousands of residents across the province do not have a Primary Care Provider (PCP), creating an unacceptable percentage of orphaned patients. In Grey and Bruce Counties, there are currently tens of thousands of permanent residents without a PCP and recent data from Ontario Health suggests that over 100,000 rostered patients have a Family Physician that is age 60 or older, presenting a significant risk of PCP loss due to retirements. This is all happening when evidence shows a steady increase in our aging population who typically rely on their PCP for care and support.

This PCP shortage has created significant barriers to accessing timely care in an appropriate setting. It has also negatively impacted providers within the system, leading to burnout and people leaving the medical profession.

Residents without a PCP, and those who can't see their PCP in a timely manner:

- Use our hospital emergency departments as walk-in clinics, overburdening current staffing levels. Some emergency departments are reducing hours of availability and/or closing in rural areas.
- Wait longer to seek care, resulting in illnesses being more advanced and, thus, requiring critical treatment and/or hospitalization, where early treatment by a PCP could have prevented this.

Many seniors are experiencing this calamity as they have outlived the working life of their PCP at a time in their life-cycle when he or she is most needed.

**Orphaned seniors:**

- Are treated by a different doctor on each visit to Emergency for the immediate symptoms, negating follow-up for chronic conditions or medication prescribed, and leading to multiple visits.
- Lose their ability of referral for the many available community support services.
- In some cases where they have private benefit coverage, they can't process a claim for this coverage because a PCP signature is required.

**Some suggestions for near-term actions (1 – 4 years):** We are sure you have been searching for answers and have a long list in hand, but here are a few to consider:

- Do a forensic review of healthcare funding spent on Administration vs. Services provided, to ensure our healthcare dollars are being used in the most effective way possible.
- The Owen Sound Family Health Team has implemented a **“same-day appointment”** with 4 Nurse Practitioners. They believe this is diverting up to 50 Emergency Room visits per day and easing the load for Family Doctors and the emergency ward.
- The South East Grey Community Health Centre has a very successful model of interprofessional team-based care that improves primary case capacity, access and outcomes for patients, and provider well-being. This could be a template for Rural Health Care. (<https://www.segchc.ca>).
- Streamline the process for Canadian Medical Students trained abroad at recognized Medical Universities to return home and set up their practices, especially Family Medicine in rural areas.

- Incentives/Funding for Family Medicine especially in rural areas: (Resident Doctor wanted to stay, but no funding to hire him).
- Find ways to reduce doctors' time spent on administrative duties.
- Increase the number of Residency Positions.
- Expand the role of Nurse Practitioners.

**What can we do in the long term (5 – 10 Years):**

- Establish a medical school enrollment that is tied to our Provincial needs and Physician demographics.
- Make **Family Medicine** more attractive.

**Actions Exacerbating this PCP Shortage:**

- Doctors de-rostering patients to get down to a manageable workload.
- Doctors giving up their practice to fill emergency room needs where they are well-paid with no office overheads or administrative duties.
- Requires 2+ graduating Doctors to fill the role of 1 retiring Doctor.
- In rural Ontario, in addition to attending to their rostered patient load, Family Physicians are relied upon to support their local hospital emergency wards, LTC Home, and hospices... This has a direct impact on timely medical appointments for rostered patients.
- Across Canada, 1 in 6 Family Doctors is nearing retirement.
- Graduating Medical students do NOT want to run their own businesses. They want to be part of a team setting where a normal life/work balance is possible.

We applaud our Provincial Government for increasing the number of medical seats in our university classrooms, by 2025, but these potential PCPs will not reach the medical frontlines for 7 to 10 years. We also applaud the action to authorize pharmacies to prescribe medication for common illnesses and administer vaccines. But this is not the answer to the massive shortage of PCPs.

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