

# OPRA Policy Brief: A Structural Solution to Ontario's Primary Care Physician Shortage

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## 1. Executive Summary

The Ontario Physician Recruitment Alliance (OPRA) was established by frontline community recruiters to fill a critical gap. We are a not-for-profit alliance of already existing, expert physician recruiters embedded in local communities across the province. We are uniquely positioned to coordinate recruitment at scale, build trusted candidate relationships, support licensing and integration, and promote physician retention.

**To effectively address this crisis and ensure every Ontarian has timely access to primary care, we urgently call on the Government of Ontario to formally recognize and sustainably fund OPRA as the province's central physician recruitment body.** A strategic investment in OPRA will deliver:

- Improved coordination and efficiency across communities
- Reduced duplication and competition among recruiters
- Enhanced physician attraction, onboarding, and retention
- Measurable cost savings by minimizing expensive short-term locum coverage
- Strengthened alignment between provincial goals and local community needs

Ontario's health system cannot afford to delay. Supporting OPRA is the proven, evidence-based, and cost-effective solution to reversing physician shortages and strengthening primary care access for millions of Ontarians now and into the future.

## 2. Support Ontario's Priorities

Ontario is facing a deepening primary care physician shortage, which is now at a crisis level.

Over 2.3 million Ontarians currently lack a family doctor (Canadian Institute for Health Information [CIHI], 2023), and projections show this number could surpass 4 million by 2026 (Ontario Medical Association [OMA], 2022). Ontario is the only province in Canada without a centralized physician recruitment strategy, leading to fragmented, inefficient, and duplicative efforts that leave communities underserved.

A decentralized model for physician recruitment is not cost-effective and does not support sustainable, efficient solutions. As the Auditor General of Ontario (2021) noted, “The Ministry continues to rely heavily on temporary physician coverage such as locums, which is costly and does not address the underlying issue of physician shortages. This approach contributes to inefficiencies and impacts continuity of care” (p. 45). There are opportunities to leverage the Government of Ontario’s welcomed \$1.8 billion Primary Care Action Plan investment to support existing organizations that have a proven track record of attracting family physicians to Ontario.

## OPRA

OPRA was established to address Ontario’s fragmented physician recruitment landscape by uniting community-based recruiters across the province into a coordinated, province-wide network. By collaborating with sector partners, OPRA fills a critical implementation gap by coordinating over community-embedded efforts and improving system integration.

Unlike agencies or vendors, OPRA is a not-for-profit alliance of over 55 expert recruiters embedded locally and funded through hospital, economic development, municipalities, OHTs, or chamber of commerce offices. Our organization leverages deep community knowledge to drive effective recruitment and retention efforts.

Since its founding in October 2023, OPRA has achieved measurable results including:

- Identifying and/or developing over 50 recruitment and engagement opportunities, including new events tailored specifically for Ontario.
- Identifying over 3,000 physician candidates and tracking analytics such as return on investment, candidate origins, and recruitment trends.
- Leading targeted recruitment efforts and collaborating with our partners to bridge frontline community needs with system-level workforce planning.
- Repatriating Canadian and Ontario-trained physicians practicing abroad.
- Data analytics and promotion of best practices in physician recruitment including complexities such as licensing, immigration, and clinic enrollment models in Ontario.

OPRA operates through five regional divisions:

- Central Ontario Physician Recruitment Alliance (COPRA)
- Eastern Ontario Physician Recruitment Alliance (EOPRA)
- Northeastern Ontario Physician Recruitment Alliance (NEOPRA)
- Northwestern Ontario Physician Recruitment Alliance (NWOPRA)

- Southern Ontario Physician Recruitment Alliance (SOPRA)

This structure allows OPRA to balance provincial coordination with local responsiveness and ability to pivot as quickly as the situation requires.

## Provincial and Territory Recruitment Strategies

Outside of Ontario, every province and territory has implemented centralized physician recruitment models to address shortages and improve healthcare access (see Appendix A). These coordinated models typically integrate physician recruitment with licensing navigation and retention support, offering clear pathways for Ontario's response.

*Physician Recruitment and Retention Nova Scotia*, a dedicated unit within *Nova Scotia Health*, receives \$4.3 million annually, employs regionally embedded recruitment officers coordinated centrally, and offers comprehensive support services including licensing, relocation, and community integration (Nova Scotia Health, 2024). This approach has led to over 400 physician placements since 2020 and improved retention through structured follow-up.

While Ontario offers targeted rural incentives and pathway programs, it lacks a unified, operationally centralized recruitment agency like those in other jurisdictions. Without a cohesive, province-wide strategy, Ontario risks worsening health inequities, driving up healthcare costs, and undermining long-term population health outcomes (Rural Ontario Institute, 2020; Deloitte, 2021).

## Investing in a Coordinated Approach to Align with National Best Practice

OPRA has engaged in discussions with the Primary Care Action Team (PCAT) regarding informal collaboration to better align recruitment efforts with provincial and Ontario Health Team primary care priorities. Additionally, OPRA has recently met with Ontario Health leaders to discuss opportunities for collaboration and alignment.

While this dialogue is a positive step toward greater integration, further work is needed to formalize partnerships and enhance coordinated action across provincial and community levels.

## 3. Policy Recommendations

### Option 1: Status Quo

#### Pro

- No administrative changes to the existing system.

#### Considerations:

- Recruitment efforts will remain fragmented, missing opportunities to strategically align a recruitment strategy for the province.
- Reactive based approach without a significant long-term return on investment.

- Physician vacancies grow, and funding from PCAT is distributed without coordination with those communities who may have physicians in the pipeline. Ontario continues to spend more on short-term solutions such as locums, temporary contracts, which do not address the systemic shortage.

## **Option 2: Fund OPRA's Core Infrastructure (RECOMMENDED)**

Provide \$5 million over 2 years to enhance OPRA's existing efforts

### **Pros**

- Core staff and coordination of overarching support to the existing community recruiters
- Shared technology systems, including applicant tracking and data analytics
- Travel, outreach, community engagement activities, data and reporting infrastructure to guide evidence-based recruitment
- Equity subsidies for underfunded and underserved communities

### **Consideration**

- Potential minimal impact with Ontario Health Workforce but would be mitigated by alignment of roles and responsibilities within each organization to support overall objectives of the province.

## **Option 3: Create a New Government Office**

Establishing a new government-run physician recruitment office would

### **Pros**

- Centralized Ontario approach that would include all communities
- Would reduce duplication if function was centralized

### **Considerations**

- Would require significant capital and operating investments to implement,
- Risks losing established community trust and municipal investment into recruitment programs
- Elimination of local physician recruiters minimizes understanding of local community need and could have negative impact in attraction efforts to certain areas in Ontario

## **Summary for Recommendations**

Formally recognizing and sustainably funding OPRA as the province's central physician recruitment body will scale its proven success by improving system access, reducing duplication, and supporting long-term physician retention and patient attachment across Ontario.

## 4. Implementation Considerations

To support OPRA's implementation and scale:

The **Ministry of Health** is invited to co-invest in OPRA's core operations to improve patient access, reduce fragmentation, and leverage proven recruitment infrastructure with minimal overhead.

*Return on Investment:* \$1,600,000 over 2 years would significantly reduce the high costs due to long term physician vacancies, increased emergency department reliance, and expensive short-term locum coverage. Increased physician recruitment efforts directly relates to patient attachment which aligns with the PCAT mandate.

The **Ministry of Economic Development, Job Creation and Trade** is invited to co-invest in OPRA's model as a workforce and economic development initiative.

*Return on Investment:* \$1,600,000 over 2 years would improve physician access which increases community stability and growth. Businesses are more likely to invest in regions where health access is secured. Physician recruitment supports job creation for clinic staff, attracts young families, and anchors broader workforce development. Evidence suggests that each full-time family physician contributes between \$280,000 and \$500,000 annually in economic value to a community through job creation, patient retention, and reduced system strain (Rural Ontario Institute, 2020; Deloitte, 2021). Every \$1 invested in physician recruitment can generate \$12–\$30 in return through physician billings, job creation, economic activity, and avoided costs tied to vacancies or emergency coverage (Jupia Consultants Inc., 2023; Deloitte Canada, 2025).

The **Ministry of Rural Affairs** is invited to collaborate and co-fund OPRA's rural recruitment strategy under its Rural Economic Development goals.

*Return on Investment:* \$1,600,000 over 2 years would help recruit and retain family doctors and specialists in rural and northern Ontario communities, directly supporting local health access and stabilizing rural economies. Improved physician access attracts new residents, supports aging populations, reduces emergency care dependence, and ensures local businesses and schools can thrive, delivering long-term economic and social returns aligned with OMRA's Rural Economic Development priorities.

# Appendices

## Appendix A

Province / Territory	Recruitment Program Name	Notes
Alberta	Alberta Health Services Physician Resource Planning	Recruitment integrated within AHS operational budgets
British Columbia	Division of Family Practice and Health Match BC	Collaborative recruitment by the Division of Family Practice alongside Health Match BC
Manitoba	Office of Rural and Northern Health	Part of Winnipeg Regional Health Authority
New Brunswick	NB Health Connects	Part of Department of Health
Newfoundland and Labrador	PracticeNL	Through Newfoundland and Labrador Health Services
Northwest Territories	Department of Health-led Recruitment	Under Northwest Territories Health and Social Services
Nova Scotia	Physician Recruitment and Retention Nova Scotia	Centralized unit within Nova Scotia Health
Nunavut	Recruitment and Retention Division	Managed by Department of Health
Prince Edward Island	Recruitment and Retention Secretariat	Provincial government program
Quebec	Regional Health Agencies (ARS) and Centre national de gestion (CNG)	Regional coordination of recruitment and workforce planning managed by ARS and CNG, supported by the Ministry of Health and Social Services
Saskatchewan	Saskdocs	Operated by Saskatchewan Health Authority
Yukon	Yukon Physician Recruitment and Retention	Territorial government-led

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