

POLICY BRIEF



Image source: Board Vitals, published on October 24, 2018.

KEY FINDINGS

- Windsor-Essex faces a severe physician shortage, similar to rural and northern areas.
- COVID-19 worsened physician burnout and early retirements.
- IMG licensure delays hinder workforce entry.
- Local doctors leave for urban centers with better opportunities.
- Expanding medical training and residencies will aid retention.
- Loan forgiveness, incentives and community support are crucial.
- Mobile care units and smart EHR can reduce physician workload.

Beyond the Shortage: Strengthening Physician Retention in Windsor-Essex for a Sustainable Healthcare Future

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EXECUTIVE SUMMARY

Windsor-Essex is experiencing a critical physician shortage, which has led to limited access to primary and specialized care, increased reliance on emergency services, and worsening patient outcomes. The crisis has been exacerbated by physician burnout, early retirements, and licensing barriers preventing internationally trained physicians (IMGs) from integrating into the healthcare workforce. Without targeted policy interventions, the region's healthcare system will continue to deteriorate, deepening inequities and increasing long-term costs. This provincial policy brief establishes evidence-based strategies to improve physician retention in Windsor-Essex, ensuring sustainable healthcare access while advancing the United Nations Sustainable Development Goals (SDG 3: Good Health & Well-being and SDG 10: Reduced Inequalities).

INTRODUCTION

Windsor-Essex currently faces one of Ontario's most severe physician shortages, leaving more than 30,000 residents without a family doctor and significantly delaying access to specialized care.^{1,2} The region has only 69.4 specialists per 100,000 residents, far below Ontario's 110.7 average, resulting in longer waiting times and increased pressure on emergency rooms.³

The COVID-19 exacerbated physician burnout and accelerated early retirements, lowering the average retirement age to 65 in 2023, five years earlier than in past decades.⁴ Meanwhile, the bureaucratic barriers delay IMG certification for years, preventing qualified and trained doctors from entering the workforce.⁵

This crisis widely deepens healthcare inequities and strains the system.⁶ Addressing this aligns with SDG 3 (access to healthcare) and SDG 10 (reducing disparities);^{7,8,9} thus, it is evident that a comprehensive policy approach focusing on physician retention and training expansion is vital to stabilize healthcare in Windsor-Essex.

RESEARCH OVERVIEW

The Scope of the Physician Shortage

Ontario's physician shortage has left 2.3 million residents without family doctors, with a 22% rise in unattached patients in Windsor-Essex.^{10,11} Projections reveal that this number could rise to 4.4 million by 2026, meaning nearly one in four residents may lack primary care access.¹²

> 23 million
ONTARIANS
with no family doctor



In the past year, 7.2% of Windsor-Essex County residents reported being unable to access basic healthcare, mirroring provincial trend of 7.3%.³

Key contributing factors include:

- Limited medical school and residency positions fail to meet population growth.¹³
- Long IMG accreditation, with an average 28-month wait without residency yet.¹⁴
- Physician burnout and early retirements worsened by post-pandemic pressures.⁴

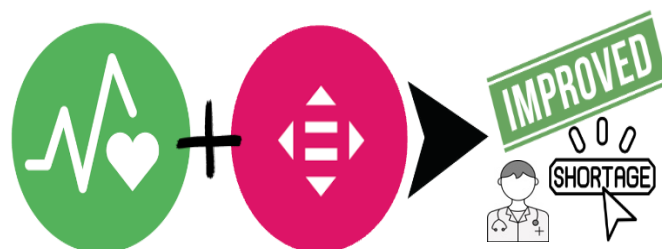
Existing Local Initiatives

Windsor employed some physician recruitment plans, but retention remains a challenge. The Schulich School of Medicine and Dentistry has designed an initiative to train local students, yet many leave for larger urban centers offering greater career prospects and resources.¹⁵

While some efforts made progress, persistent gaps hinder long-term solutions.¹⁶ To effectively address the crisis, Ontario policies must attract and retain physicians by formulating a setting conducive to long-term practice along Windsor.

APPROACH AND RECOMMENDATIONS

These provincial policies strongly align with the UN Sustainable Development Goals—SDG 3 for Good Health and Well-being and SDG 10 for Reduced Inequalities.



Expanding physician recruitment and retention improves health access and mitigates physician shortages, supporting SDG 3. Aimed incentives for Windsor-Essex drive SDG 10 by addressing disparities in rural, northern, and underserved urban areas for equitable physician access.

Increasing Medical Training Capacity

A 20% rise in medical school enrollment and the expansion of Schulich-Windsor residency spots will address the physician shortage in Windsor-Essex. Locally trained doctors are more likely to stay, with 57.1% of residency retained between 2011 and 2020, based on AAMC 2021,¹⁷ while Family Medicine reports retention rates ranging from 15% to 75%, highest with local training.¹⁸

For instance, with 100 students annually, a 20% increase adds 22 over five years at 4% per year.

$$\text{New Enrollment} = \text{Current Enrollment} \times \left(1 + \frac{4\%}{100}\right)$$

Projected growth over 5 years: $100 \times 1.04^5 \approx 122$

Expanding residencies and creating a Windsor-Based Retention Stream at Schulich Windsor would boost local retention. Increased clinical training at Windsor Regional Hospital supports practical experience, proceeding SDG 3 and SDG 10 by refining health access and reducing geographic divides. Even so, complementary measures are still needed, as further discussed.

Extending Loan Forgiveness Program

Expanding loan forgiveness would complement the Learn and Stay Grant, supporting incoming students but not existing debt.¹⁹ Though not classified as rural, Windsor-Essex faces similar physician shortage challenges, highlighting the need for targeted retention efforts.

As it stands, Windsor-Essex is not qualified for Canada's Student Loan Forgiveness for Family Doctors and Nurses, despite growing demand.²⁰ While reforming the federal program would be beneficial, Ontario can establish an expanded provincial loan forgiveness initiative to fill this gap, ensuring retention efforts are tailored to provincial needs.

For long-term retention, the expanded program should include specialists such as psychiatry, cardiology, and internal medicine, and extend forgiveness to seven to ten years.

Consistent with SDG 3, pairing loan forgiveness with broader retention efforts boosts healthcare resilience, reduces emergency service reliance, and sets the stage for further financial and tax incentives, as considered next.

Implementing Financial and Tax Incentives

Financial incentives can make Windsor-Essex attract physicians, as seen in other provinces: British Columbia distributes a \$25,000 signing bonus,²¹ Newfoundland & Labrador offer up to \$150,000 for rural doctors,²² and Nova Scotia offers a \$125,000 return-of-service grant.²³

Ontario's Northern and Rural Recruitment and Retention Initiative (NRRRI) grants \$84,718 to \$124,730 over four years, while the Northern Physician Retention Initiative (NPRI) provides a \$7,460 annual bonus.^{24,25} Despite comparable shortages, Ontario's Rurality Index (RIO) criteria still exclude Windsor-Essex from the provincial retention grants, restricting physician intake,²⁶ while U.S. competition accelerates migration.²⁷

In alignment with SDG 3, Ontario can extend the existing incentive series to incorporate Windsor-Essex, delivering return-of-service grants from \$50,000 to \$100,000 for five-year commitments, relocation assistance up to \$10,000, and annual retention bonuses of \$10,000. A Physician-Specific Tax Credit after Quebec's Deduction for Residents of Designated Remote Areas could also provide deductions for practice expenses, relocation, and housing, along with a phased provincial tax exemption over five years.²⁸

Improved Work-Life Balance and Support

Incentives alone might not be enough to retain physicians—work-life balance and support must be improved to avoid burnout and enhance job satisfaction. Windsor carries initiatives such as OMA's Physician Health Program,²⁹ CMHA Workplace Outreach Program,³⁰ and WECHU's Workplace Wellness Programs,³¹ however; their effectiveness in physician retention remains unmeasured, pointing to the need for further evaluation and refinements at the provincial level.

Concurrently, Alberta's Grey Nuns Community Hospital has increased physician satisfaction by 36% through targeted Quality Improvement (QI) initiatives.³² To build on this success, Ontario can propose a comprehensive Physician Health QI model, integrating confidential mental health support, professional development, community engagement, and structured work-life balance strategies. Mirroring Newfoundland's PFAP³³ in line with SDG 3, this approach can strengthen physician retention and progress the healthcare quality in the long run.

IMG Credentialing Reform

Internationally trained physicians (IMGs) signify an underutilized resource capable of alleviating Windsor-Essex's shortage. They typically do not have Canadian student loan debt, so expanding incentive programs provincially, like relocation grants and fast-track licensing support, could enhance their recruitment and retention.

Windsor-Essex hosts numerous foreign-trained doctors who remain underemployed due to its exclusion from Practice Ready Ontario (PRO), which limits placements to northern and rural areas.³⁴ Introducing a Windsor-Based Practice Ready Assessment Pilot at Windsor Regional Hospital would enable local IMGs to complete their training, closing existing employment gaps.

Ontario must simplify examination requirements for experienced IMGs and build a "bridge-to-practice" program in Windsor hospitals to further enhance their inclusion in provincial healthcare. This approach supports SDG 10 by eliminating barriers and optimizing IMGs' expertise.

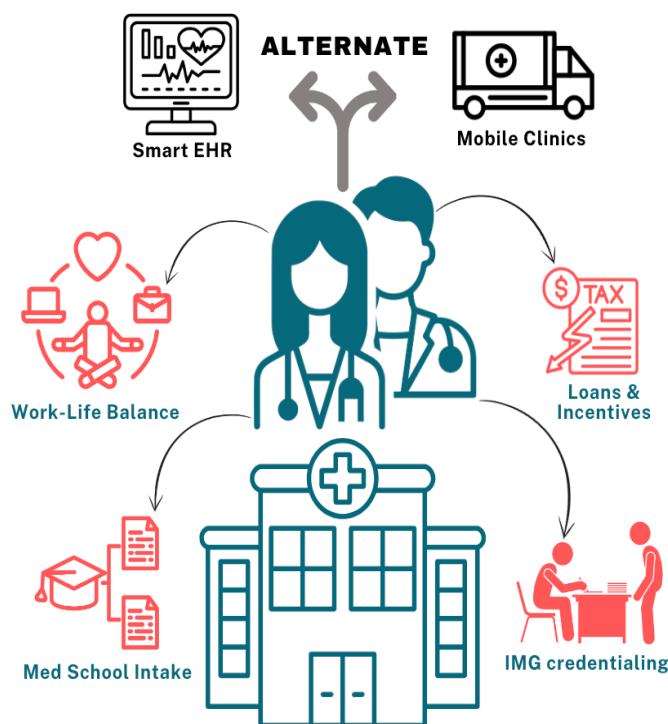
ALTERNATE APPROACH

An option to address the physician shortages in Windsor-Essex is to reinforce healthcare teams by strengthening mobile care units and digital coordination, led by the Ontario government.

While mobile healthcare services operate in the region, these services are limited in scope and availability.^{35,36} The province is recommended to increase provincial funding to expand mobile

healthcare staff and services—adding physician assistants, pharmacists, and social workers—and implement targeted incentives to reduce reliance on physicians.

Windsor-Essex also lacks a coordinated digital platform for real-time cooperation among health care providers. Ontario can enhance provincial Electronic Health Record system by integrating mobile team consultations and strengthening interdisciplinary coordination. It would minimize administrative burdens and physician workload, as well as improve patient flow management.



CONCLUSION AND POLICY IMPLICATIONS

The above policies tactically address physician shortages in Windsor-Essex while advancing Ontario's UN Sustainable Development Goals commitments. Expanding medical training, fast-tracking IMGs licensing, and adding incentives advances SDG 3 by strengthening healthcare access. Reforming retention efforts in Windsor, an underserved urban area, aligns with SDG 10, bridging the gaps in physician distribution. The Ontario government must act now to implement these solutions, or the Windsor-Essex physician shortage will only worsen, straining healthcare access and increasing long-term system costs.

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