



Clinical Campus Feasibility Study

Northern Ontario School of Medicine

NOSM University Clinical Campus Feasibility Study

Sault Ste. Marie, Ontario

Avison Young Consulting Services LP & BDP Quadrangle | March 2025

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Mr. Tom Vair
Chief Administrative Officer
City of Sault Ste. Marie
99 Foster Drive
Sault Ste. Marie, ON, P6A 5X6

March 31st, 2025

Re: City of Sault Ste. Marie | NOSM U Clinical Campus Feasibility Study

Dear Tom,

Avison Young and BDP Quadrangle, are pleased to present our Feasibility Study for a NOSM U Clinical Campus in Sault Ste. Marie. This report identifies the current shortfall in physician availability and underscores the need for a new clinical campus, while also offering the project team's vision for potential locations that meet NOSM U's requirements. Our report was developed through a multistage process which included engagement and information gathering, data analysis, and option development.

Through a combination of our team's analysis and multi-stage engagement, we have identified three viable locations for the new clinical campus, aimed at improving access to physicians within the community. Additionally, a study was conducted to examine the impact of rural medical training programs, drawing insights from similar campuses worldwide and their effects on the medical landscape. Throughout the process, we focused on creating a comprehensive study that not only highlights the need but also provides actionable solutions to address it.

We welcome the opportunity to review our analysis, key findings and any recommendations. Should you have any questions regarding this submission, please do not hesitate to contact us at (416) 904-4206 or Sheila.botting@avisonyoung.com or (416) 598 1240 x221 or Hrolleston@bdpquadrangle.com.

A handwritten signature in black ink, appearing to read 'Sheila Botting'.

Sheila Botting, FCMC, FRICS, AACI (HONS), MA
Principal & President,
Americas Professional Services
Avison Young

A handwritten signature in black ink, appearing to read 'H. Rolleston'.

Heather Rolleston
Principal – Design Director,
BDP Quadrangle

01 Project Vision

Opportunity to introduce a NOSM University Regional Campus

NOSM University's medical training programs demonstrate that 90% of learners who complete both an MD degree and a residency in the North choose to stay in the region.

Establishing a new clinical campus in Sault Ste. Marie would help address physician shortages by training professionals within the community, attracting new talent, and fostering partnerships with local healthcare providers.

Ultimately, this initiative would enhance access to medical education and improve healthcare delivery in Sault Ste. Marie and surrounding areas, contributing to long-term healthcare sustainability across Northern Ontario. The new clinical campus would address the following:

Tackle the City's physician shortages

Training more doctors locally will help mitigate the ongoing shortage of healthcare professionals.



Mitigate low physician-to-pop. Ratio pressures

A new campus can help close the gap in healthcare access compared to the provincial average.



Increase physician retention

Establishing a local clinical campus would enhance the city's ability to retain doctors.



Improve access in Northern Ontario

A regional clinical campus would enhance care in both urban and remote areas of Northern Ontario.



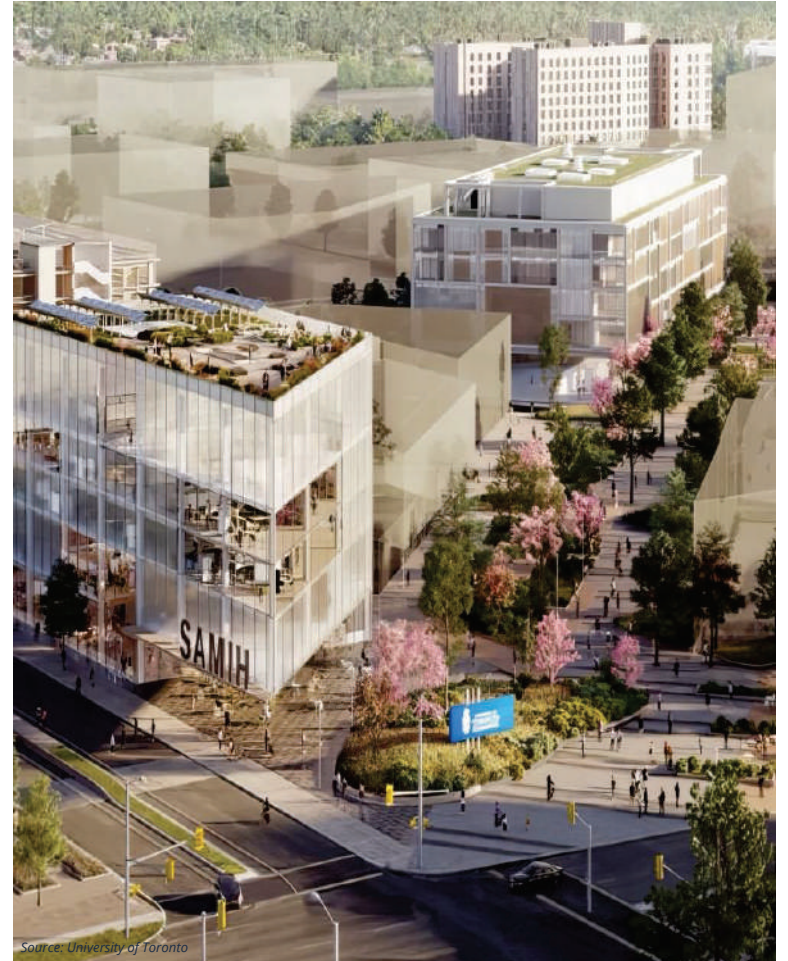
Strengthen recruitment and retention efforts

A local clinical campus would make Sault Ste. Marie more attractive to new and experienced physicians.



Boost long-term healthcare delivery

Investing in local medical education is key to ensuring continuous, high-quality care for the community.



Source: University of Toronto

Why Sault Ste. Marie needs a new clinical campus

Five key reasons why a new regional clinical campus in Sault Ste. Marie would benefit Northern Ontario:

Sault Ste. Marie, like many regions in Northern Ontario, is experiencing a shortage of physicians amidst a declining number of doctors and physicians per 1,000 population. Sault Ste. Marie's physician-to-population ratio is lower than the provincial average, highlighting an urgent need for a strategic response to healthcare delivery in the region. This disparity limits residents' access to essential medical services, increases wait times for care, and places added pressure on existing healthcare providers.

74% of Canadian graduates practice in the province where they graduate from (CMA)

01

- As per Canadian Medical Association, **74% of Canadian graduates** practice in the province where they graduated.
- Establishing a clinical campus in Sault Ste. Marie **would significantly increase the likelihood of retaining newly trained physicians in the region**, helping to alleviate local physician shortages.
- By training more physicians locally, **the city could take advantage of the national trend, with the majority of graduates likely to stay**, thereby improving healthcare accessibility and reducing reliance on recruitment from other regions or provinces.

Address lower physician per 1,000 pop. relative to province*

02

- Based on the Sault Ste. Marie's current & forecasted population growth, **the physician ratio per 1,000 population is projected to decline ~4.5% by 2028**.
- To achieve Ontario's 2.48 ratio, Sault Ste. Marie requires ~9 additional physicians by 2022, **projecting the need to add a further ~18 physicians by 2028 to keep pace with the provincial average and not necessarily achieve the desired standard of care**.
- In addition to above, **the City has identified a requirement for 45 additional doctors** to meet desired care standards.
- Developing a clinical campus **would provide a direct pathway for students to train and settle in the area**.

Address Sault Ste. Marie's Physician Shortages

03

- Sault Ste. Marie is facing a **growing shortage of physicians**, particularly in family medicine and specialized care.
- **A new regional clinical campus would provide local medical education and residency programs**, creating a pipeline of new doctors who are more likely to stay and practice in the area.
- **This can help reduce overall wait times and the existing physician-to-population gap** while addressing the urgent need for healthcare providers in both the city and surrounding rural areas.

Improve in Healthcare Access across Northern Ontario

04

- Northern Ontario, including Sault Ste. Marie, faces unique geographic challenges, **with Indigenous, remote and rural communities often struggling to access timely healthcare services**.
- A regional clinical campus would **enhance local healthcare infrastructure, bringing advanced training and research capabilities** closer to underserved populations.
- **This would improve overall access to care and reduce the reliance on distant healthcare centers**, improving patient outcomes.

Strengthen Recruitment and Retention Strategies

05

- Having a clinical campus in Sault Ste. Marie would **boost recruitment and retention efforts for healthcare professionals**.
- Physicians **who train and complete their residencies in the area are more likely to stay long-term**.
- A regional clinical campus **can offer state-of-the-art facilities, research opportunities**, and a strong community network, **making the city more appealing for both new graduates and experienced healthcare workers** looking for a supportive work environment.

*Calculations: Additional Physicians Required to maintain target = [(Current ratio target number x projected population)/1,000] - Previous census Total Physician Count). Assumes the requirement to match Ontario's 2.48 ratio of physicians per 1,000 population and assumes Sault Ste Marie's net physician count remains unchanged.

Source: Canadian Institute for Health Information (CIHI), Canadian Medical Association (CMA)

Executive Summary

The vision: Primary Care Teaching Clinics

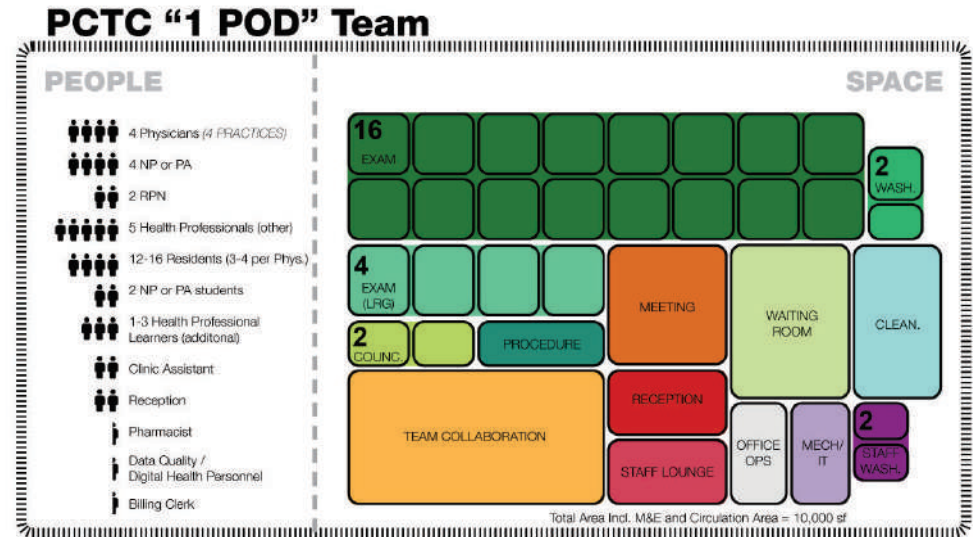
To meet the requirements of both the City and NOSM U, the establishment of a Primary Care Teaching Clinic (PCTC) in the first phase would be highly beneficial. A PCTC is a specialized facility within a healthcare setting that provides medical students, residents, and healthcare professionals with hands-on medical training.

This model has emerged as the most appealing option through our investigations and discussions with NOSM U, due to its ability to maximize the residents-to-physician ratio and generate a multiplicative effect.

The primary advantage of this model is its capacity to train multiple residents simultaneously in a supervised clinical environment, enhancing hands-on experience and accelerating the learning process.

Training within an PCTC directly contributes to improved patient care by producing highly skilled physicians who enter the workforce more effectively. This boosts access to care, improves healthcare quality, addresses physician shortages, and leads to better patient outcomes.

By adopting this model and consistently producing qualified physicians, the healthcare system becomes more self-sustaining, ensuring long-term stability and growth in physician count both on a gross basis and relative to corresponding growth in undergraduate learner intake.



*The image presents a sample functional space requirement model for a PCTC pod with four supervising physicians.

- Exam Room Standard (100 sf)
- Patient WC (60 sf each)
- Meeting Room (25 People)
- Staff WC (60 sf each)
- Exam Room Large (120 sf)
- Waiting Room Seating (16 sf / patient)
- Kitchen / Staff Lounge
- Mechanical / Computer Room
- Counseling Room (80 sf)
- Team Collaboration Space (30 sf / provider)
- Clean / Dirty Utility
- Site Operations Office
- Procedure Room (160 sf)
- Reception and Clinic Assistants (50 sf / staff)

01 Executive Summary

To fulfill the requirements of both the City and NOSM U, the project team has identified three options for the facility's location, outlined as follows:

01

Algoma Public Health

Lease space within the modern Algoma Public Health building. This option involves renovating existing office space, offering the most cost-effective solution and the quickest timeline for implementation.

02

Group Health Centre

Development of a new building in the Group Health Centre parking lot. This option allows for the construction of either a standalone building or a shared space, accommodating both teaching facilities and additional space for the Group Health Centre.

03

Sault Area Hospital

The proposed expansion of Sault Area Hospital involves extending the south wing to create purpose-built facilities specifically designed for NOSM U's teaching activities. This option offers access to hospital facilities and provides potential for future expansion.

Based on the team's analysis and decision-making framework, Algoma Public Health and Sault Area Hospital represent the two most viable options for the new facility. This was directly attributed to Algoma Public Health offering the least capital-intensive construction/renovation process as well as a quicker implementation plan, and Sault Area Hospital providing access to other hospital facilities with greater potential for future expansion.





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02. Project Background

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Study Background and Objectives

Study Background

Communities across Northern Ontario are undergoing a healthcare crisis driven by multiple challenges such as physician shortages, lack of specialized care, limited access to services, extensive waitlists and geographical isolation of communities.

A significant driver of these challenges is the difficulty in attracting and retaining physicians in remote regions, which is where the Northern Ontario School of Medicine (NOSM U) plays a crucial role.

Research indicates that training medical students and residents in remote and rural communities increases the likelihood that those individuals will remain and practice in those areas post-graduation. By offering local training and residency programs, NOSM U helps build a more sustainable local workforce, helping to address the chronic shortage of medical professionals in Northern Ontario.

As a result, the City of Sault Ste. Marie is seeking to support the development of a regional campus of NOSM U in the Municipality that will help increase the pipeline of medical professionals and enhance the delivery of care.

Project Objectives

- Produce high-quality medical professionals in Sault Ste. Marie and surroundings to help address regional challenges in providing primary and acute care services
- Provide teaching facilities in one, or multiple, locations in the Sault Ste. Marie community
- Address Provincial healthcare priorities and garner ongoing funding support

Key Deliverables

- Conduct a comprehensive needs assessment that includes recommendations for educational programming and focus, as well as proposed facility, staffing, and location options.
- Develop a robust business case for the establishment of a new teaching facility in Sault Ste. Marie.
- Provide an overview of high-level cost estimates for the proposed options.



To support this business case, Avison Young has undertaken a comprehensive research process to assess regional healthcare requirements, trends, and highlight successful comparable case studies of similar facilities.





03. Current State of the Healthcare Sector

Canada & Ontario Healthcare Overview

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Context on Canada's physicians

Canadian Physician Overview

The Canadian Medical Association (CMA) is a national, voluntary organization that represents physicians across Canada. Established in 1867, it serves as the voice of the medical profession and plays a crucial role in advocating for the health and well-being of Canadians.

As of the latest 2022 data, Canada has around 96,020 practicing physicians, including family physicians/general practitioners (GPs) and specialists. Based on Canada's 2022 population of 38,566,032, the **ratio of physicians per 1,000 Canadians as of 2022 is 2.49**. This figure is a slight increase from the 2.41 physicians per 1,000 people recorded in 2019 (*as per the Canadian Medical Association*).

38,566,032

Canada
Population
2022

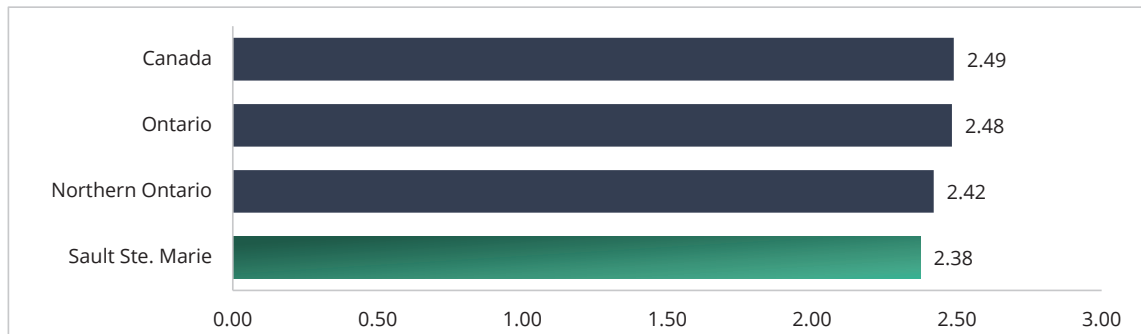
~96,020

Number of active
physicians
2022

2.49

Physicians per 1,000
population
2022

Physicians per 1,000 population – 2022



Source: Canadian Institute for Health Information (CIHI), Canadian Medical Association (CMA)

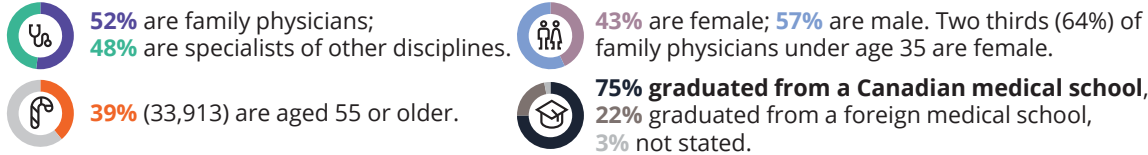


Context on Canada's physicians (contd.)

Canadian Physician Mix

Canada's 96,020 practicing physicians includes family physicians/general practitioners (GPs) and specialists, with over half of the total physician workforce being Family Physicians/GPs.

The below provides a detailed breakdown of its active physicians:



Distribution of Canada's Physicians

- **74% of Canadian graduates practice in the province where they graduated.** Graduate retention figures range from 38% in Nova Scotia to 86% in Quebec.
- About than **8% of physicians practice in rural areas** whereas about **19% of Canadians live in rural areas**. The figure for family physicians is 14% compared to 2% of specialists.
- There is a higher concentration of foreign medical graduates in Saskatchewan (52% of all physicians) and Newfoundland (37%) than in provinces such as Quebec where only 10% graduated outside Canada.

Canadian Physician Migration – Net gain of 140 physicians in 2022

Physician migration in Canada refers to the movement of doctors within the country, as well as those entering and leaving the country, which impacts the healthcare system in various ways. This migration can be influenced by factors such as economic opportunities, lifestyle choices, training opportunities, policy changes, and healthcare system demands.

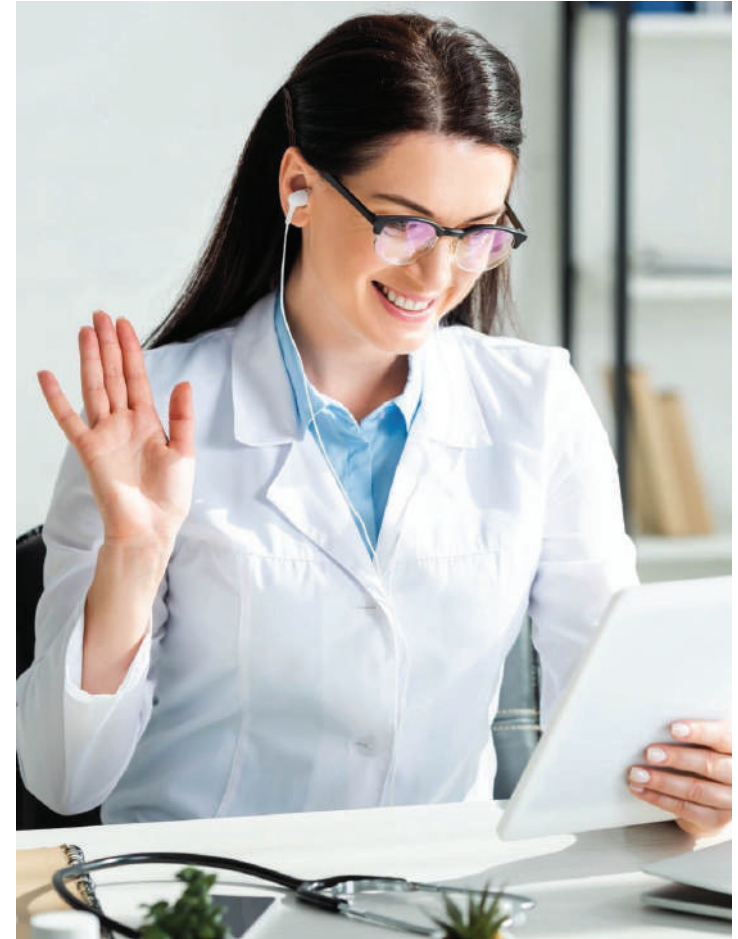
The below provides a detailed breakdown of its active physicians:

- 1,060 physicians moved abroad in 2022. In the same year, 1,200 returned from abroad for a net gain of 140.
- 4,700 physicians moved to another province/territory in 2022. The provinces that experienced net gains of physicians were British Columbia, Alberta, and Ontario.

KEY TAKEAWAY

74% of Canadian graduates practice in the province where they graduated. Despite an increase in the number of physicians since 2019, the country continues to face a significant doctor shortage, with rural communities experiencing a disproportionate impact compared to urban areas.

Source: Canadian Institute for Health Information (CIHI), Canadian Medical Association (CMA)



Ontario's healthcare current state overview

About the Ontario Medical Association

Ontario is recognized for its world-class medical professionals who are revolutionizing patient care, leading groundbreaking research, and contributing to the advancement of the publicly funded healthcare system. The province serves as a major training hub, preparing future physicians and healthcare leaders.

Overview of Ontario Medical Association

- Founded in 1880, the **Ontario Medical Association (OMA)** has around **43,000 members**, which includes all of Ontario's 35,320 practicing physicians as of 2022 (up from 34,091 in 2019), as well as retired physicians, medical students, and Ontario physicians currently practicing out-of-province.
- As the representative body for Ontario's physicians, **the OMA advocates for the health of Ontarians and provides leadership to ensure an accessible, high-quality healthcare system.** The organization's activities are entirely funded by membership dues, without financial support from the government or corporate entities.
- **The OMA is governed by a board of directors consisting of 11 members: eight physician directors and three non-physician directors.** The board's officers include the chair, president, president-elect, and immediate past president, with the president-elect and immediate past president serving as non-voting observers on the board.



Ontario physicians by the numbers *(Based on the latest 2022 data)*

35,320

practicing physicians

49

OMA sections (from addiction medicine to vascular surgery)

133 million

patient visits in 2022

49.2 years

Average age of practicing physicians in Ontario

56.6% male

OMA members

2.48

physicians per 1,000 people

430,000

patient visits per day on average

*Family and general practice visits: **117 million***

*Specialist visits: **29 million***

49.5 years

Average age of OMA members

43.4% female

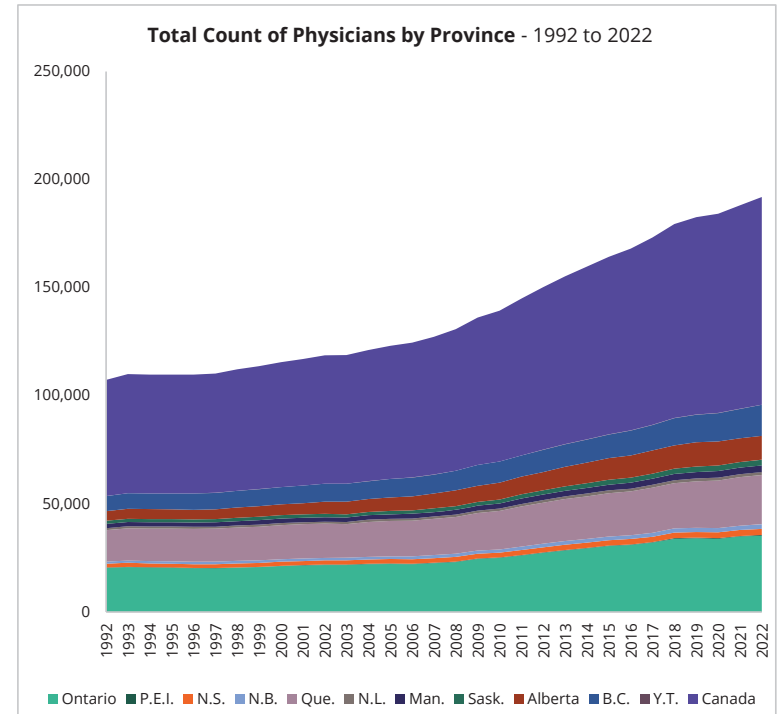
OMA members

Source: Ontario Medical Association (OMA)

Ontario's healthcare current state overview (cont'd)

Historically, Ontario experienced an average annual growth of physician count of 1.5% from 1992 to 2022 with its most significant growth occurring between 2007-2008 (6.4%) and 2016-2017 (5.7%). Comparatively, Canada as a whole has averaged 2.0% over the same period with its largest increase coming between 2008-2010 (4.1%) and 2016-2017 (3.6%). This difference highlights Ontario's comparatively slower growth in physician counts relative to the national average.

Year	Ontario	P.E.I.	N.S.	N.B.	Que.	N.L.	Man.	Sask.	Alberta	B.C.	Y.T.	N.W.T.	Nun.	Canada
1992	20,403	173	1,758	1,021	14,518	890	1,983	1,485	4,428	6,940	38	61	n/a	53,698
1993	20,738	179	1,856	1,054	14,826	969	2,007	1,499	4,576	7,231	39	61	n/a	55,035
1994	20,525	178	1,774	1,074	15,002	968	1,973	1,541	4,546	7,258	42	63	n/a	54,944
1995	20,407	176	1,731	1,107	15,151	940	1,978	1,524	4,481	7,338	44	63	n/a	54,940
1996	20,209	170	1,744	1,121	15,232	924	1,968	1,472	4,468	7,502	47	61	n/a	54,918
1997	20,194	165	1,763	1,126	15,306	931	2,008	1,472	4,509	7,617	50	66	n/a	55,207
1998	20,460	175	1,828	1,151	15,472	926	2,014	1,529	4,755	7,746	45	62	n/a	56,163
1999	20,701	180	1,868	1,162	15,582	925	2,049	1,568	4,962	7,812	41	53	11	56,914
2000	21,176	178	1,898	1,153	15,770	927	2,082	1,567	5,014	7,943	41	47	7	57,803
2001	21,482	190	1,885	1,179	15,866	945	2,093	1,549	5,154	8,105	54	37	7	58,546
2002	21,735	191	1,943	1,185	15,800	929	2,077	1,564	5,637	8,243	52	46	10	59,412
2003	21,738	195	1,958	1,224	15,518	975	2,063	1,526	5,801	8,348	55	43	10	59,454
2004	22,067	210	2,000	1,262	16,145	992	2,078	1,529	5,953	8,257	61	51	7	60,612
2005	22,237	199	2,039	1,295	16,354	994	2,111	1,545	6,219	8,507	64	44	14	61,622
2006	22,141	207	2,049	1,325	16,533	1,018	2,125	1,571	6,574	8,635	70	48	11	62,307
2007	22,592	218	2,137	1,388	16,782	1,048	2,117	1,644	6,891	8,735	72	49	9	63,682
2008	23,043	232	2,189	1,447	17,057	1,110	2,219	1,660	7,293	9,055	76	48	11	65,440
2009	24,515	233	2,174	1,460	17,430	1,117	2,238	1,703	7,554	9,548	74	43	12	68,101
2010	25,044	236	2,126	1,546	17,797	1,152	2,311	1,778	7,882	9,708	72	34	13	69,699
2011	26,163	259	2,274	1,612	18,496	1,179	2,490	1,928	8,258	9,748	70	38	14	72,529
2012	27,300	266	2,367	1,668	18,990	1,233	2,462	1,965	8,530	10,246	67	36	12	75,142
2013	28,422	276	2,461	1,715	19,362	1,271	2,596	2,054	9,024	10,372	67	43	11	77,674
2014	29,368	262	2,458	1,727	19,706	1,304	2,593	2,144	9,523	10,692	72	44	12	79,905
2015	30,494	266	2,465	1,674	20,055	1,282	2,659	2,241	10,019	10,917	79	37	10	82,198
2016	31,017	279	2,457	1,735	20,270	1,315	2,748	2,282	10,294	11,547	78	33	8	84,063
2017	32,055	289	2,455	1,797	20,908	1,347	2,833	2,356	10,680	11,803	77	35	8	86,643
2018	33,872	305	2,616	1,885	20,878	1,414	2,918	2,390	10,806	12,553	77	41	17	89,772
2019	34,091	323	2,624	1,923	21,485	1,357	2,979	2,484	11,205	12,757	79	44	21	91,372
2020	33,830	322	2,719	1,949	22,038	1,361	2,987	2,535	11,197	13,073	85	52	25	92,173
2021	34,860	344	2,736	2,022	22,451	1,378	2,996	2,547	11,085	13,540	85	53	22	94,119
2022	35,320	356	2,758	2,163	22,765	1,415	3,031	2,606	11,078	14,353	89	57	29	96,020
Avg 1992 to 2022	1.5%	2.4%	1.5%	2.5%	1.5%	1.9%	1.4%	1.8%	3.1%	2.5%	3.0%	1.2%	9.1%	2.0%









KEY TAKEAWAY With the majority of provinces experiencing faster physician growth rates to keep up with their respective population increases, Ontario's growth of 1.5% has historically lagged behind the national average of 2.0% from 1992 to 2022, indicating a need to develop Ontario's physician pipeline.

Source: Canadian Institute for Health Information (CIHI)

Ontario's existing medical schools

Ontario is home to **6 medical schools** that offer numerous health and training programs in various specialties through institutions like McMaster University, the University of Toronto, and Queen's University, as well as **4 satellite medical school campuses**. These programs emphasize a combination of hands-on clinical experience, innovative research, and community-based learning. Collectively, they produce highly skilled physicians to meet the healthcare needs of Ontario's population.

	 McMaster University Michael G. DeGroot School of Medicine	 Northern Ontario School of Medicine (NOSM U)	 Queen's University Faculty of Health Sciences School of Medicine	 University of Toronto Temerty Faculty of Medicine	 University of Ottawa Faculty of Medicine	 University of Western Ontario - Schulich School of Medicine & Dentistry
Annual Medical Student Intake	217	74	138	323*	178	190*
Medical School Costs – Canadian (\$CAD)	\$26,215	\$24,046	\$25,131	\$25,490	\$28,500	\$27,358
Number of Medical (MD) Programs	1 MD Program	1 MD Program	1 MD Program	2 (MD & Graduate Medical Programs)	1 MD Program	1 MD Program
Description	Known for its innovative, problem-based learning curriculum, this school offers an MD program that is completed in three years, making it one of the fastest medical programs in Canada. The school is also renowned for its research contributions, especially in health sciences.	NOSM U is unique for its community-based, distributed model of education, with a strong emphasis on training physicians to serve in rural and underserved communities. The school partners with over 90 communities across Northern Ontario.	With a history dating back to 1854, Queen's School of Medicine offers a robust MD program and graduate education in various medical specialties. The school emphasizes a comprehensive education that combines foundational sciences with clinical training.	As one of the largest and oldest medical schools in North America, the University of Toronto's medical program is highly esteemed for its research excellence and comprehensive clinical training. It offers various programs, including MD, MD/Ph.D., and graduate studies.	The University of Ottawa offers a bilingual MD program (English and French) and is known for its emphasis on research, clinical skills, and interdisciplinary learning. It collaborates with several hospitals and research institutes, providing students with extensive hands-on experience.	This school offers an integrated MD program and is renowned for its contributions to medical research, education, and patient care. Schulich focuses on a broad range of specialties, including rural and regional health, and emphasizes training physicians to serve in diverse communities.

KEY TAKEAWAYS & INSIGHTS

Collectively, these Ontario medical schools have a total annual intake of 1,120 students for its 15 million population. This relatively low quantum of students is a strong contributor to the physician shortage and healthcare crisis experienced across the province.

Source: Respective university publications, Ontario Medical Association (OMA), Ontario Universities' Application Centre (OUAC)

*Students are spread across the institutions multiple campuses

Upcoming medical schools – Ontario

Ontario is opening two new medical schools at **Toronto Metropolitan University (2025)** and **York University (2028)** and has expanded medical school seats, adding more than 260 undergraduate and 449 residency spots, **eventually reaching more than 500 undergraduate spots and 742 residency positions**. This is the largest medical school expansion in over a decade.



	Toronto Metropolitan University (TMU) School of Medicine	York University School of Medicine
Description	TMU is establishing a new medical school in Brampton, focusing on community-centered primary care and serving diverse populations. The school emphasizes equity, diversity, and inclusion in its admissions and curriculum.	York University is planning a new medical school in Vaughan, aiming to contribute to Ontario's healthcare system by training future medical professionals. <i>The program will offer up to 240 undergraduate seats and 293 postgraduate seats on an annual basis once operating at full capacity.</i>
Proposed Opening Date	The inaugural class is scheduled to begin in September 2025	The school is expected to commence operations in Fall 2028
Student Intake	94 undergraduate students 105 postgraduate students	80 undergraduate students 102 postgraduate students
Medical School Costs – Canadian (\$CAD)	For the 2025-2026 academic year, tuition is set at \$25,604 . <i>Additional application fees include a \$220 OMSAS fee and a \$125 TMU application fee.</i>	Specific tuition fees have not been announced yet.
Development Cost Details	In 2021, the City of Brampton allocated a \$1 million planning grant to support feasibility studies for TMU's proposed medical school, matching the funding committed by the Province earlier that year.	The Ontario government provided an initial investment of \$9 million in March 2024 to support the design and planning of York University's new School of Medicine.
Partnerships and Affiliations	Halton Healthcare: In June 2024, TMU signed an affiliation agreement with Halton Healthcare to host medical learners, marking a significant step in advancing medical education and training in the region. Peel District School Board: TMU has partnered with the Peel District School Board to engage students from underrepresented groups in health professions, aiming to diversify the future healthcare workforce.	City of Vaughan: The medical school will be located in the Vaughan Healthcare Centre Precinct (VHCP), adjacent to Cortellucci Vaughan Hospital, facilitating integrated learning and multidisciplinary placement opportunities for students. Mackenzie Health and ventureLAB: These partnerships aim to establish the VHCP as a hub for excellence in health research, fostering collaboration and innovation in the healthcare sector.

Source: Ontario.ca, School of Medicine - Toronto Metropolitan University (TMU), York University School of Medicine

Ontario healthcare – Physician graduates by specialty

Physician graduates by specialty

Recent data indicates that approximately 50% of new residency positions are allocated to family medicine. However, the demand amongst learners remains insufficient, as over 100 of these positions went unfilled in 2023 alone. This trend indicates a growing reluctance among new physicians to pursue family medicine, signaling a need to increase medical training opportunities across the province to entice more learners. This could include expanding geographic availability allowing for students to learn and practice within their respective communities.

Recent Ontario Trends and Outlook

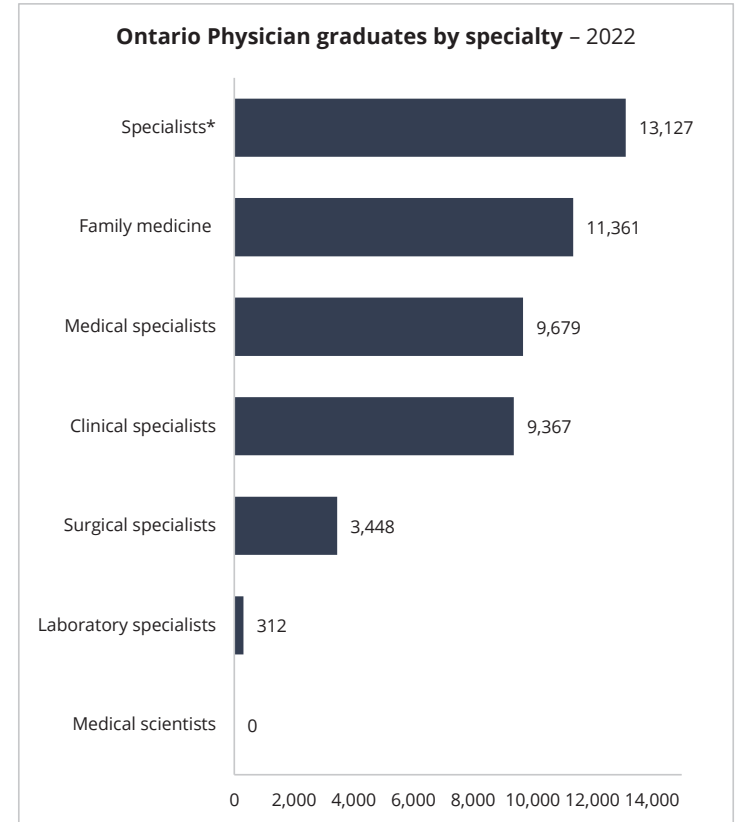
While family medicine faces challenges in attracting residents, other areas are experiencing increased demand from graduates, as shown in the adjacent chart. Top specialties attracting graduates include surgical and specialized fields such as:

- Internal medicine,
- Pediatrics,
- Emergency medicine,
- and Psychiatry.

High levels of physician burnout, compounded by administrative workloads, are shaping career decisions among medical graduates. Many family physicians report dedicating a substantial portion of their time to non-clinical tasks, detracting from patient care and diminishing job satisfaction.

These challenges in family medicine, driven by burnout and administrative burdens, are leading many family doctors to consider reducing their working hours or retiring early.

According to the Ontario Medical Association, the combination of family medicine struggling to attract new physicians, alongside strong demand for specialties could lead to an imbalance in the healthcare system, with certain specialties becoming well-staffed while primary care remains under-resourced.



* Specialists includes all specialties and subspecialties except family medicine and emergency family medicine. Excludes physicians where place of MD graduation is unknown.
Source: Canadian Institute for Health Information (CIHI) – Scott's Medical Database, Canadian Institute for Health Information

Ontario's Physician Shortages and Growing Demand for Care

The below presents 6 key takeaways demonstrating Sault Ste. Marie's need for additional medical Graduates

Ontario is facing a healthcare crisis due to its inability to attract sufficient new family physicians and the limited intake of medical students across the province's six medical schools. Despite a growing population, the healthcare system is under strain as physician shortages persist, especially in primary care and rural areas. Addressing physician burnout and expanding medical training capacity are crucial to resolving the widening gap between healthcare demand and supply.

Physician Shortage and Distribution

Ontario's physician growth rate (1.5%) is below the national average, contributing to a growing imbalance in healthcare services, especially in rural areas where only 14% of family physicians and 2% of specialists serve 19% of the population.



Medical School Intake and Capacity

Ontario's six medical schools admit roughly 1,000 students annually, which is insufficient to meet the needs of its 15 million population, exacerbating the physician shortage in primary care.



Declining Interest in Family Medicine

Despite the high demand for family physicians, 50% of new residency positions are allocated to family medicine, yet over 100 of these positions went unfilled in 2023, reflecting a reluctance among medical graduates to pursue this field.



Physician Burnout due to shortage

High levels of burnout among family doctors, largely driven by excessive administrative workloads, are causing many to reduce their working hours or retire early, further straining the healthcare system.



Geographic Retention Disparities

While 74% of Canadian medical graduates practice in the province they trained in, Ontario's retention efforts are insufficient, leading to disparities in rural healthcare access.



Specialist Growth vs. Primary Care Crisis

The strong demand for specialties, coupled with a declining interest in family medicine, threatens to create an imbalance in Ontario's healthcare system, where specialty services are better staffed than primary care.





04. Northern Ontario In-Focus

Regional Healthcare Overview

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YOUNG**

Northern Ontario healthcare overview

Northern Ontario Physician Overview

Northern Ontario encompasses a vast and geographically diverse region, including major cities such as **Sault Ste. Marie**, Sudbury, Thunder Bay, and North Bay. The region faces unique healthcare challenges and opportunities compared to southern parts of the province.

Northern Ontario is served by around 40 hospitals, including larger regional hospitals like Health Sciences North in Sudbury and Thunder Bay Regional Health Sciences Centre. These hospitals provide a wide range of services, while smaller hospitals and community health centers serve more remote areas.

Primary care is delivered through family health teams, nurse practitioner-led clinics, community health centers, and Indigenous health organizations. Access can be limited in remote areas due to a shortage of healthcare professionals.

809,388

**Northern Ontario
Population**

2022

~1,959

**Number of active
physicians**

2022

2.42

**Physicians per 1,000
population**

2022

Northern Ontario Physician Breakdown

As of 2022, Northern Ontario recorded **fewer physicians per capita** compared to **Ontario**, with approximately **2.42 physicians per 1,000 residents**, compared to the provincial average of 2.48.

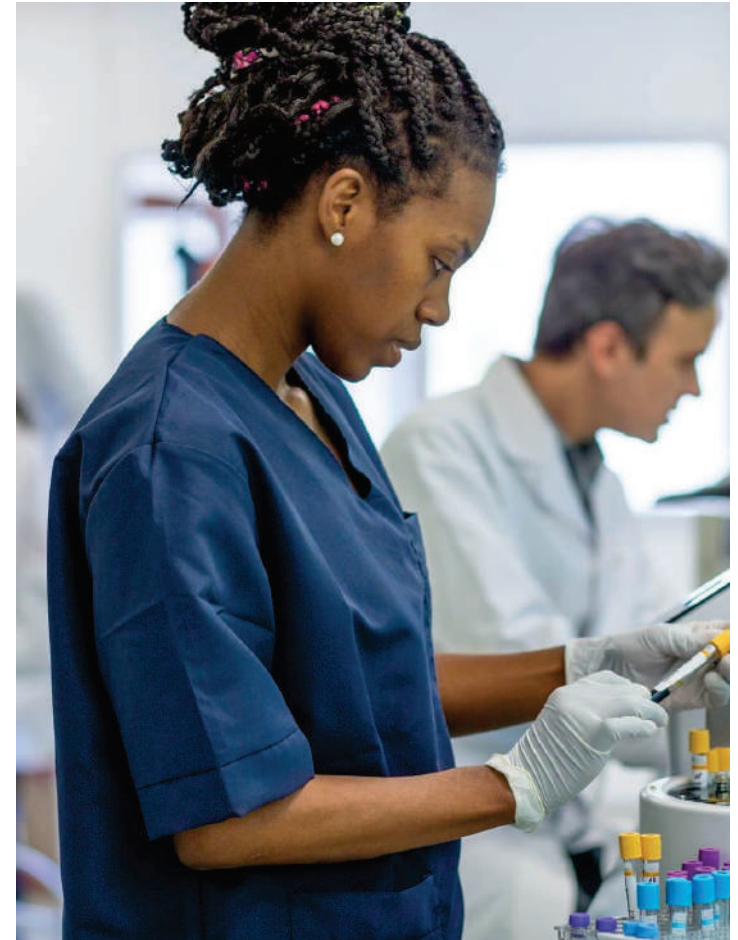
When compared to the province, there is a notable shortage of healthcare professionals in **Northern Ontario** including nurses, specialists, mental health providers, and allied health workers.

Recruitment and retention are ongoing challenges due to the region's geographic isolation and climate, providing opportunity for the City to attract a new clinical campus based on historic success in retaining medical professionals upon graduating.

Outlook of Northern Ontario Healthcare

The healthcare system in Northern Ontario is gradually evolving to meet the needs of its diverse and dispersed population. Continued investment in infrastructure, workforce development, Indigenous health, and the expansion of virtual care are key strategies to improve healthcare access, particularly in rural and remote communities.

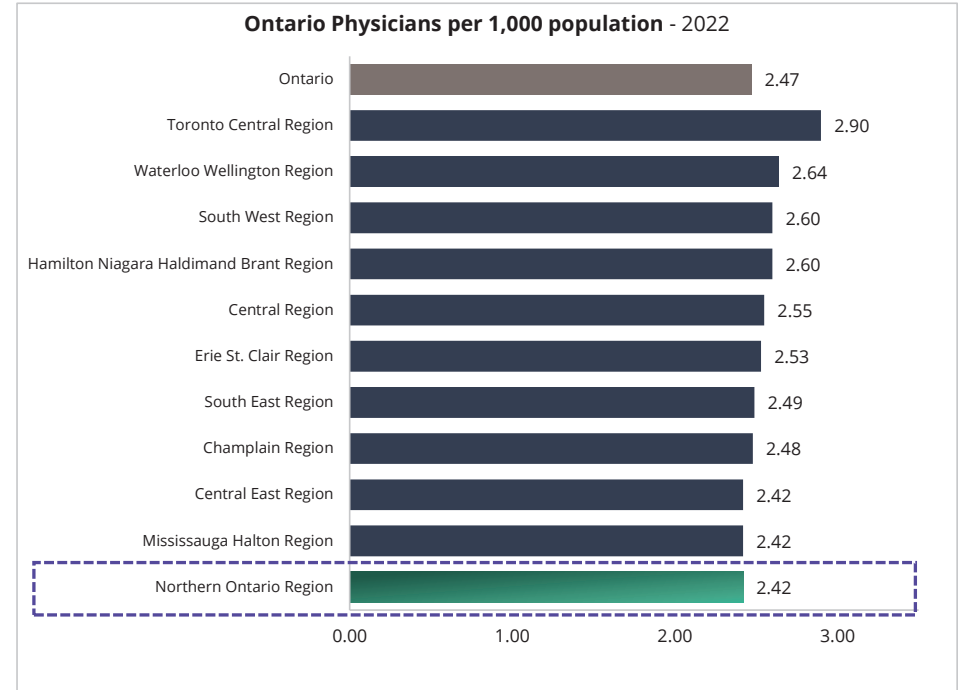
Source: Canadian Institute for Health Information (CIHI)



Northern Ontario vs Ontario healthcare – Growth & ratio per 1,000 pop.

As of 2022, Ontario reported a total of 33,872 active physicians, marking a 4.3% growth since 2018. In comparison, Northern Ontario, with approximately 2,787 physicians in 2022, experienced a lower increase of 3.8% over the same period.

Ontario Physician Overview				
Local Health Integration Network (LHIN) <i>Ontario Healthcare Regions</i>	Total Physician Count (2018)	Total Physician Count (2022)	Percentage % Change (2018 to 2022)	Ratio of Physicians per 1,000 population (2022)
Toronto Central Region	7,856	7,836	-0.3%	2.90
Waterloo Wellington Region	1,424	1,537	8.2%	2.64
Hamilton Niagara Haldimand Brant Region	3,466	3,636	4.8%	2.60
South-West Region	2,571	2,624	2.0%	2.60
Central Region	3,605	3,967	10.3%	2.55
Erie St. Clair Region	1,069	1,104	3.3%	2.53
South-East Region	1,436	1,428	-0.6%	2.49
Champlain Region	4,273	4,314	1.0%	2.48
Mississauga Halton Region	2,296	2,647	16.0%	2.42
Central East Region	2,598	2,734	5.4%	2.42
Northern Ontario Region	1,884	1,959	3.8%	2.42
Unknown	100	112	-	1.60
Ontario	33,872	35,320	4.3%	2.47



- KEY TAKEAWAYS & INSIGHTS**
1. Between 2018 and 2022, physician growth of **3.8% in Northern Ontario** is below the rest of the province in terms of number of service providers per 1000 people.
 2. Northern Ontario recorded fewer physicians per capita compared to the rest of Ontario, with approximately ~2.42 physicians per 1,000 residents, compared to the provincial average of ~2.48.

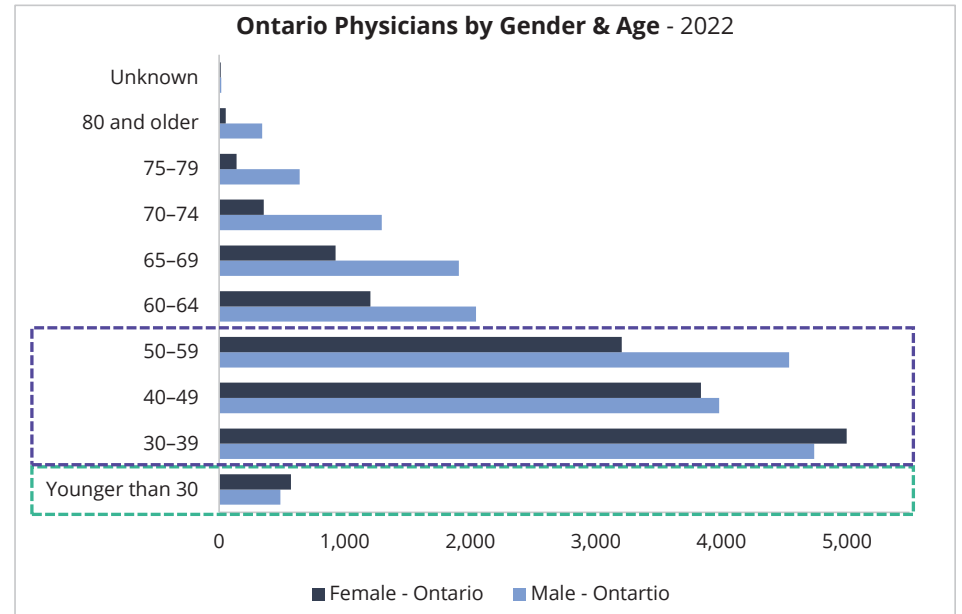
Source: Canadian Institute for Health Information (CIHI)

Northern Ontario vs Ontario healthcare – Breakdown by gender & age

Opportunity to retain younger physicians

The average age of all physicians in Ontario is 49.2, while Northern Ontario has a lower average age of 48.3. When it comes to the percentage of female physicians and the share of physicians Canadian trained, Ontario recorded 43.4% (40.0% for Northern Ontario) and 69.3% (77.4% for Northern Ontario) respectively.

Snapshot – Ontario Physician Overview (Sorted by)			
Local Health Integration Network (LHIN) <i>Ontario Healthcare Regions</i>	Total Physician Count (2022)	Percentage % Change (2018 to 2022)	Percentage % Female † Physicians (2022)
Toronto Central Region	7,836	-0.3%	47.5%
Waterloo Wellington Region	1,537	8.2%	42.6%
Hamilton Niagara Haldimand Brant Region	3,636	4.8%	42.0%
South-West Region	2,624	2.0%	40.5%
Central Region	3,967	10.3%	42.0%
Erie St. Clair Region	1,104	3.3%	32.7%
South-East Region	1,428	-0.6%	44.7%
Champlain Region	4,314	1.0%	49.8%
Mississauga Halton Region	2,647	16.0%	42.6%
Central East Region	2,734	5.4%	39.5%
Northern Ontario Region	1,959	3.8%	40.0%
Unknown	112	-	51.2%
Ontario	35,320	4.3%	43.4%



KEY TAKEAWAYS & INSIGHTS

- With **43% of Ontario's physicians being female and 40% for Northern Ontario**, there is further opportunity to capture additional physicians to bridge equality gap.
- Except for age groups **30-39 and ages younger than 30**, the rest of the age groups have larger male physician counts than female, suggesting a positive evolving trend.

The major takeaway:
With an average age of 49.2 for Ontario (48.3 for Northern Ontario), the majority of physicians fall into the aging population category and highlights a significant challenge for the region's healthcare system. With a substantial proportion of physicians nearing retirement age, this creates a potential shortfall in the availability of medical professionals, particularly in a region that already experiences physician shortages.

Source: Canadian Institute for Health Information (CIHI)

Northern Ontario Projections: 157 Additional Physicians Needed by 2028

As shown in the below graph, based on the Northern Ontario's current & forecasted population growth, the physician ratio per 1,000 population is **projected to decline by ~2.0%** of the current 2.42 ratio by 2028.

The table reveals that in order achieve Ontario's 2.48 ratio, the region required ~64 additional physicians in 2022, projecting the need to add a further ~93 physicians by 2028. This amounts to a total need of ~157 more physicians required for Northern Ontario by 2028

(Assumes the requirement to match Ontario's 2.48 ratio of physicians per 1,000 population).

To address the projected decline in the physician-to-population ratio in Northern Ontario, the region can focus on recruiting and retaining more healthcare professionals, particularly by offering incentives such as loan forgiveness, competitive salaries, and additional support for international medical graduates.

What does this mean for the Sault Ste. Marie?

For Sault Ste. Marie, the projected decline in the physician-to-population ratio means there will be a growing need to attract more physicians to meet healthcare demands. Efforts such as offering targeted incentives, improving work-life balance, and establishing collaborative healthcare networks can help retain existing physicians and attract new talent.

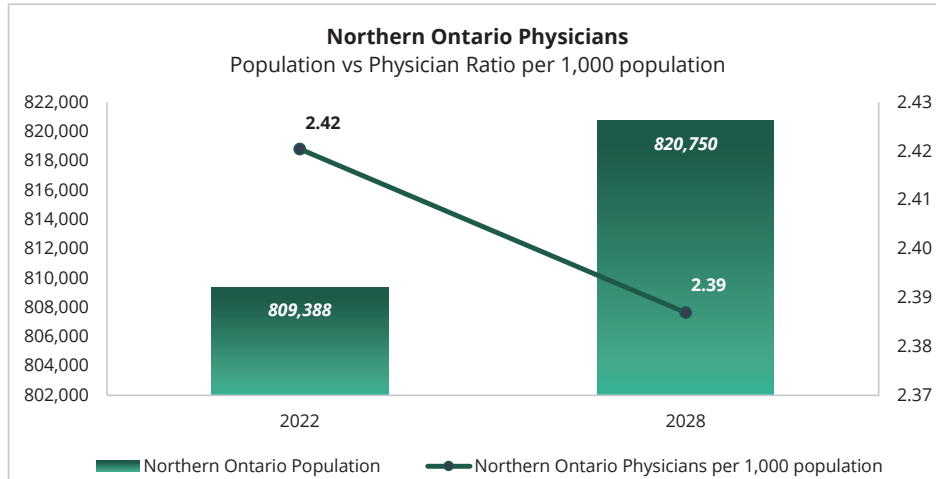
Additionally, investing in local medical training opportunities could encourage graduates to stay and practice within the community, addressing the projected shortfall and ensuring residents continue to receive quality healthcare services.

2.48

Ontario Physicians per 1,000 Population
2022

2.42

Northern Ontario Physicians per 1,000 Pop.
2022



Year	Northern Ontario Population	Northern Ontario Total Physician Count	Northern Ontario Physicians per 1,000 population	Additional Physicians Required to match Ontario 2.48 ratio per 1,000 pop.
2022	809,388	1,959	2.42	64
2028	▲ 820,750	(≠) 1,959	▼ 2.39	93

Calculations: Additional Physicians Required to maintain target = [(Current ratio target number x projected population)/1,000] - Previous census Total Physician Count
 Source: ESRI, Canadian Institute for Health Information (CIHI), Canadian Medical Association (CMA), Ontario Medical Association (OMA)



05. Sault Ste. Marie in Context

City Healthcare Overview

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About Sault Ste. Marie

City Overview

Sault Ste. Marie, sometimes called "the Sault" or "the Soo", is a City located on the St. Mary's River and its locational position forms part of the boundary between Canada and the United States, directly across from its Twin City Michigan. The two cities are joined by the Sault Ste. Marie International Bridge, which connects Interstate 75 on the Michigan side to Huron Street on the Ontario side.

Historically, the City is a key part of the Northern Ontario region and has been significant for its strategic location and natural resources. It was originally inhabited by the Ojibwe people and later became a hub for the fur trade, facilitated by its access to the Great Lakes. The construction of the Sault Ste. Marie Canal in the 19th century was pivotal for shipping and industry, giving the City a positional advantage due to its proximity to the US.

Key Fun Facts

Twin City in Michigan

- Sault Ste. Marie, Ontario, is directly across the river from Sault Ste. Marie, Michigan, USA.
- The two cities are connected by the International Bridge, which facilitates cross-border travel and commerce.



Canadian Historical Significance

- The area has been a strategic and economic hub for centuries, starting as a center for the fur trade.
- It was later developed into an industrial and shipping center with the construction of the Sault Ste. Marie Canal.



Strong Push for Alternative Energy

- The Sault Ste. Marie Solar Park, Hydroelectric Generating Station, and Prince Wind Farm, form part of the city's push to develop alternative forms of energy to be the 'Alternative Energy Capital of North America'



Tourism and Attractions

- Sault Ste. Marie Canal National Historic Site completed in 1895 and was once the world's longest lock.
- Agawa Canyon Tour Train, a popular scenic train tour that offers breathtaking views of the Agawa Canyon, especially vibrant in the fall.



Source: Sault Ste. Marie – 2023 Community Profile

Sault Ste. Marie in context

Background

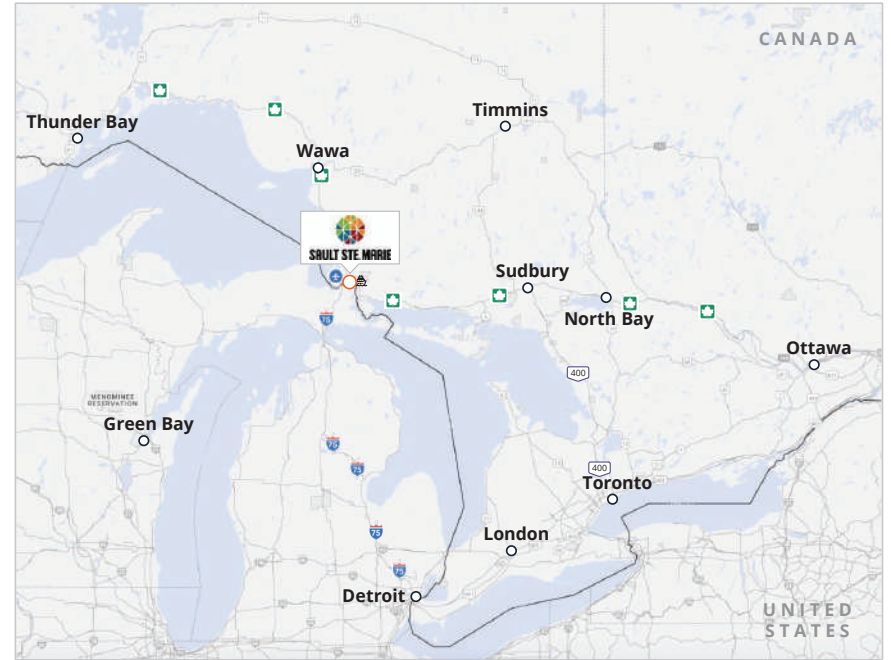
Sault Ste. Marie has a population of 75,783 as of 2023 and boasts an extraordinary quality of life. A family-friendly community with work/life balance that cannot be beat and 10-minute commutes, Sault Ste. Marie offers affordable housing, centres of learning and culture, urban amenities, and its renowned four-season recreation assets that are natural complements to the competitive business environment.

Sault Ste. Marie serves as a multi-modal transportation hub, with access to the TransCanada Highway, Canadian National Rail and Canadian Pacific, deep port shipping, and a regional airport with multiple daily flights to Toronto, Ontario. Sault Ste. Marie is located at the centre point of the TransCanada highway, with uncongested travel north of the city, and to the south, a short bridge crossing away, is Sault Ste. Marie Michigan and Interstate-75.

Sault Ste. Marie has a cost advantage as it relates to utility and service costs. Sault Ste. Marie, through its wholly owned public utility, prides itself on providing reliable services at the lowest possible prices.

The City has deep roots in manufacturing and its growing smart energy sector builds upon the nearly 1200 megawatts (MW) of clean renewable energy produced in the region (solar, wind, and hydro-electric generation). A community-wide smart grid and battery storage project will lower electricity costs even further on top of increased power reliability and redundancies.

Distance by Road	
Highway 17	5 mins
Interstate-75	5 mins
Algoma Docks	15 mins
Sault Ste. Marie Airport	20 mins
Wawa	2 hr 32 mins
Sudbury	3 hr 31 mins
Highway 400	4 hr 45 mins
Green Bay	4 hr 54 mins
North Bay	4 hr 56 mins
Detroit	5 hr 12 mins
Timmins	5 hr 50 mins
London	6 hr 36 mins
Toronto	7 hr 16 mins
Thunder Bay	7 hr 45 mins
Ottawa	8 hr 52 mins



Land

Sault Ste. Marie has direct access to Canadian markets via Hwy 17 (part of Trans-Canada Hwy), which links to the east coast, west coast and to Southern Ontario via Hwy 400.



Air

The Sault Ste. Marie Airport is located within city limits. It features unrestricted landing (24hr) and is the only airport in N.E Ontario that contains a NAV Canada air control tower.



Water

The Algoma Docks seaway-depth port is strategically located on the St. Mary's River at the tip of Lake Superior, an integral part of the Great Lakes St. Lawrence Seaway System.

Source: Sault Ste. Marie – 2023 Community Profile

Sault Ste. Marie healthcare overview – Prospect of a new regional campus

Sault Ste. Marie Physician Overview

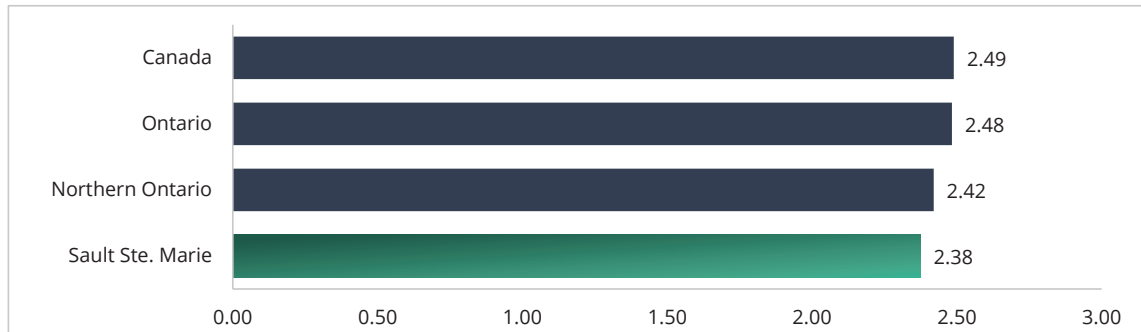
Sault Ste. Marie's healthcare system is supported by a dedicated group of physicians, with ~180 practicing physicians in the City, covering a wide range of family medicine and specialist services. Sault Area Hospital (SAH) is the central hub for healthcare services, offering comprehensive medical and surgical care. In addition to the main hospital, SAH operates several satellite clinics and services to extend care to the broader community.

Shortage of physicians per 1,000 population relative to the region and province

Sault Ste. Marie, like many regions in Northern Ontario, is experiencing a shortage of physicians amidst a declining number of doctors and physicians per 1,000 population. This shortage is particularly evident in primary care and certain specialties, creating longer wait times and reduced access to healthcare services for residents. Contributing factors include the retirement of older physicians, difficulty attracting new doctors to the region, and the challenges of serving a geographically dispersed population.



Physicians per 1,000 population – 2022



*Note: *Note: The number of physicians referenced is based on the average of a range of low to high estimates & market share figures obtained from various reliable sources.
Source: Canadian Institute for Health Information (CIHI)

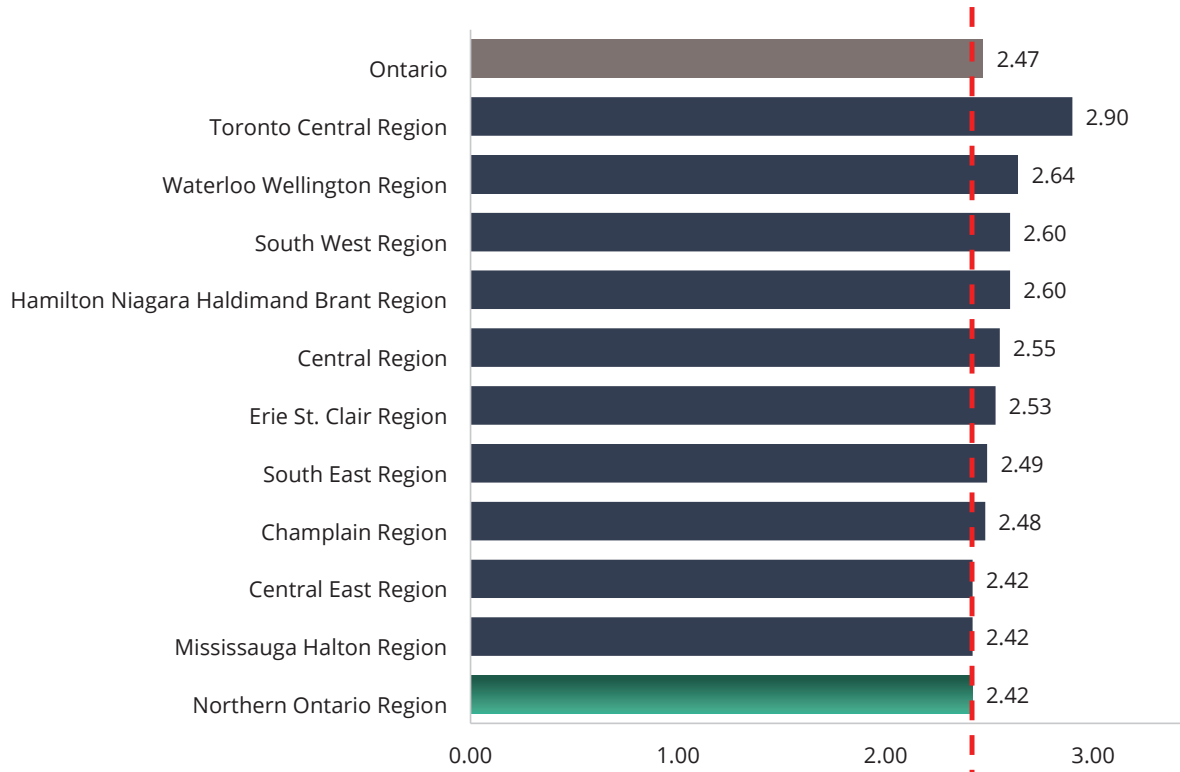
Opportunity to Develop a Regional Clinical Campus in Sault Ste. Marie

Sault Ste. Marie has a strategic opportunity to create a regional clinical campus that could significantly improve healthcare access and services in the region

By establishing a medical training and research facility, the city could attract new physicians, address the local and regional doctor shortage, and promote the retention of healthcare professionals. A regional clinical campus would also foster collaboration between Sault Area Hospital and other healthcare providers, enhancing medical education, research, and clinical services. This development could position Sault Ste. Marie as a healthcare hub for Northern Ontario, benefiting both the local community and surrounding rural areas.

Defining the Need – Improved Healthcare Access

Ontario Physicians per 1,000 population - 2022



Source: Canadian Institute for Health Information (CIHI)

As of 2022, Ontario reported a total of 33,872 active physicians, marking a 4.3% growth since 2018. In comparison, Northern Ontario, with approximately 2,787 physicians in 2022, experienced a lower increase of 3.8% over the same period indicating a lag relative to the province.

Between 2018 and 2022, physician growth of 3.8% in Northern Ontario is below the rest of the province in terms of number of service providers per 1000 people.

Northern Ontario recorded fewer physicians per capita compared to the rest of Ontario, with approximately ~2.42 physicians per 1,000 residents, compared to the provincial average of ~2.48.

Projections: 28 Physicians Needed by 2028 to Meet Provincial Ratio

As shown in the below graph, based on the Sault Ste. Marie's current & forecasted population growth, the physician ratio per 1,000 population is **projected to decline by ~4.5%** of the current 2.38 ratio by 2028.

The table reveals that **in order achieve Ontario's 2.48 ratio, Sault Ste. Marie required ~9 additional physicians by 2022, projecting the need to add a further ~18 physicians by 2028.** This amounts to a total need of ~28 more physicians required for Sault Ste. Marie by 2028. Further, according to the City's physician recruitment team, **an immediate need exists for 15 family doctors and 42 specialists to achieve sustainable healthcare coverage for the population** and alleviate the physician shortage as the provincial average ratio fails to meet the fulsome delivery requirements.

What does this mean for the Sault Ste. Marie?

Sault Ste. Marie's declining physician-to-population ratio highlights the need to attract more physicians to meet rising healthcare demands. Key strategies include offering targeted incentives like signing bonuses and loan forgiveness, improving work-life balance with better caseloads and support, and fostering collaborative healthcare networks to enhance patient care.

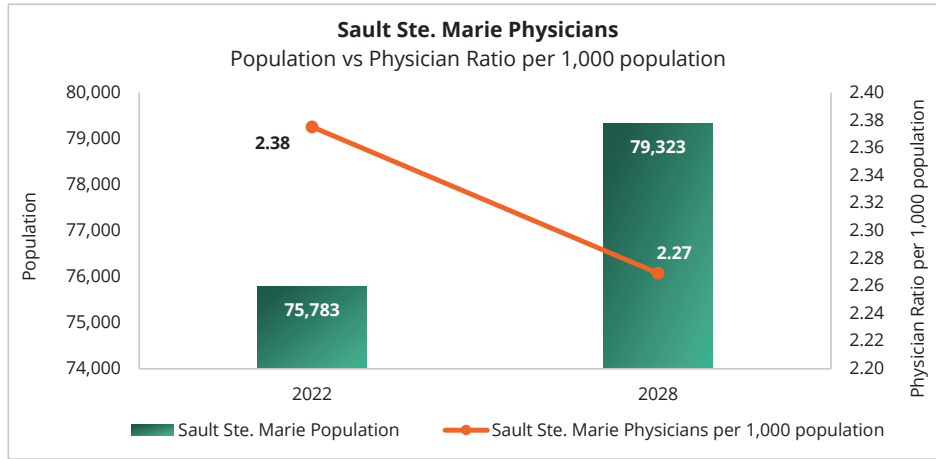
Additionally, investing in local medical training, such as partnering with NOSM U for a regional campus or expanding residency programs, can encourage graduates to stay and practice locally. These efforts are vital to addressing the physician shortfall and ensuring continued quality healthcare for the community.

2.48

Ontario Physicians per 1,000 Population 2022

2.38

Sault Ste. Marie Physicians per 1,000 Pop. 2022



Calculations: Additional Physicians Required to maintain target = $[(\text{Current ratio target number} \times \text{projected population}) / 1,000] - \text{Previous census Total Physician Count}$
 Source: ESRI, Canadian Institute for Health Information (CIHI), Canadian Medical Association (CMA), Ontario Medical Association (OMA)

Year	Sault Ste. Marie Population	Sault Ste. Marie Total Physician Count*	Sault Ste. Marie Physicians per 1,000 population	Additional Physicians Required to match Ontario 2.48 ratio per 1,000 pop.
2022	75,783	~180	2.38	17
2028	▲ 79,323	(≠) ~180	▼ 2.27	26

Note: Assumes the requirement to match Ontario's 2.48 ratio of physicians per 1,000 population and assumes Sault Ste Marie's net physician count remains unchanged.
 *Note: The number of physicians referenced is based on the average of a range of low to high estimates & market share figures obtained from various reliable sources.

The Urgent Need for Physicians – Additional Requirements

As of 2023, the physician recruitment team in Sault Ste. Marie has conducted a comprehensive and strategic analysis that has informed the city's recruitment initiatives. This detailed assessment has not only identified key specialties essential for addressing the evolving healthcare needs, but has also pinpointed critical gaps in physician coverage.

The analysis indicates an urgent requirement for an additional 15 family doctors and 42 specialists to meet current demand. Addressing these shortages will be pivotal in ensuring the healthcare network's long-term sustainability and in mitigating the broader physician shortage that continues to affect communities across the country.

KEY TAKEAWAYS & INSIGHTS

SSM's average physician ratio falls short of the Provincial average and recent data reflects Northern Ontario's need for comprehensive healthcare delivery for its population. This highlights the urgent requirement for immediate action to ensure long-term healthcare stability for Sault Ste. Marie and the surrounding area.

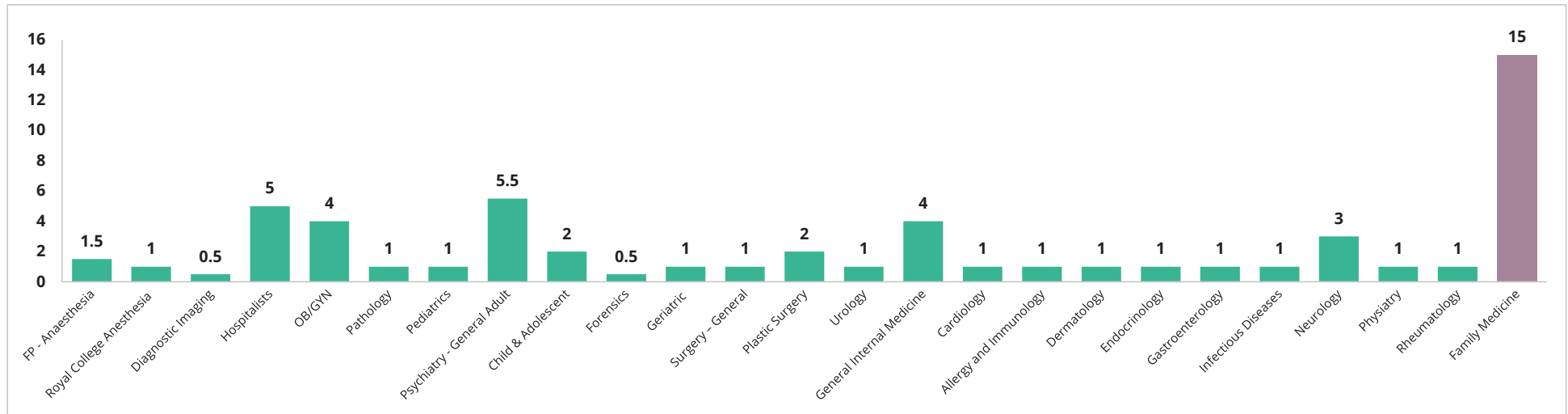
15

**Sault Ste. Marie
Family Doctor Requirement**
as of 2023

42

**Sault Ste. Marie
Specialist Requirement**
as of 2023

Sault Ste. Marie Current Physician Requirement Headcount as of 2023



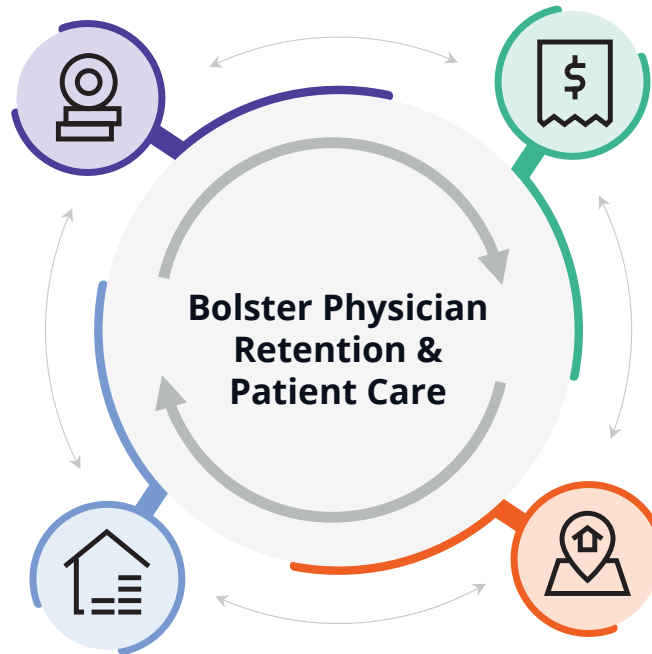
Source: Sault Ste. Marie Physician recruitment data (August 2023)

Key Benefits of a Campus in Sault Ste. Marie

The following outlines the key benefits and advantages of establishing a clinical campus in Sault Ste. Marie, highlighting the long-term, positive impacts that can be realized.

As per Canadian Medical Association, **74% of Canadian graduates** practice in the province where they graduated.

Increasing the physician supply in Northern Ontario would also help **address the healthcare needs of underserved Indigenous and Francophone populations** by improving access to culturally competent care and reducing barriers to medical services.



Graduates of **rural residency programs are more likely to practice in rural areas long-term**, as exemplified by the U.S. government's Rural Residency Program initiative.

Distributed Medical Education involves **spreading medical training across multiple sites, including rural and remote areas**, and has been linked to increased retention of healthcare professionals in rural areas.



06. Engagement

Themes & Takeaways

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Engagement Method

To inform on the development of this study, our team conducted an extensive engagement process led by BDPQ. This process sought to engage individuals and organizations which have been deemed as likely key stakeholders for the implementation plan of this project.

To provide an update on the progress of this study, our team initiated a thorough and strategic engagement process, expertly led by BDPQ.


This process was designed to engage a diverse range of individuals and organizations identified as critical stakeholders in the successful implementation of the project.

The primary objective of this initiative was to gather valuable feedback, not only to gauge the demand and interest in the project but also to inform the development of a comprehensive framework for the physical space requirements, along with identifying all necessary components for successful execution.

The purpose of the assignment was to gather feedback which could primarily examine the demand and interest in the project but also provide a guiding framework for the physical space requirements and what all is required.

Organization	Attendance	Session Date
NOSM University	Dr. Michael Green (President, Vice Chancellor, Dean and CEO) Dr. Sarita Verma Green (former President, Vice Chancellor, Dean and CEO) Ray Hunt (Vice-President, Administration and Chief Operating Officer) Joanne Musico (Associate Vice President, External Relations)	Multiple dates
NOSM U - FMTU group	Drs. Kristy Coté & Ed Hirvi	31-Jul-24
Algoma University	Asima Vezina (President) Istvan Imre -Associate Vice President, Academic and Continuing Education Dr Laurie Bloomfield - Faculty Chair Sciences, Associate Professor Colin Wilson - Director Strategic Advancement	29-Aug-24
Sault College	David Oraziatti (President)	28-Aug-24
Sault Area Hospital	Ila Watson (President and CEO) Dr. Steve Smith	Multiple dates
Sault Ste Marie Academic Medical Association	Carrie Stewart (former Sault Ste. Marie Physician Recruitment Manager)	02-Oct-24
Algoma Public Health	Dr. John Tuinema (Acting Medical Officer of Health & CEO)	07-Aug-24
Algoma Ontario Health Team	Victoria Aceti Chlebus (Director, Integrated Care)	26-Aug-24
Algoma West Academy of Medicine	Dr. Adrienne Kelly	10-Sep-24
Algoma District Medical Group	Dr. Jodie Stewart (CEO and Board Chair) Dr. Ed Hirvi (VP Clinical Operations)	27-Aug-24
Group Health Centre	Christine Evoy (VP and CFO) Dr. Krzysztof Opryszczko (GHC Learner Placements Physician Lead)	04-Sep-24
Superior Family Health Team	Dr. Alan Mclean	26-Aug-24
Lady Dunn Health Centre (Wawa)	Kadean Ogilvie	01-Oct-24
North Shore Health Network	Tim Vine	05-Sep-24
Garden River First Nation	Chief Karen Bell	30-Aug-24
Batchewana First Nation	Chief Mark McCoy Liz Webkamigad	17-Sep-24
Maamweysing North Shore Community Health Services	Jennifer McKenzie	15-Oct-24

06 Engagement Themes

- 
- 01 Many local physicians and other health professionals are willing take on more residents/learners.
 - 02 Additional space is required to host learners (physical footprint of space and larger rooms, as well as features within the spaces to properly teach).
 - 03 Renovations to local clinics would enable more NOSM U learners and benefit the SSM community with more available medical care provided by learners.
 - 04 A NOSM U campus location would be well placed at the heart of the community, near the hospital and/or adjacent or part of local clinics.
 - 05 Physicians require additional administrative support to address the coordination of students & placements with the wide-reaching tree of physicians and medical organizations in the north.
 - 06 Access to easy-to-use central technology/booking software/platform that physicians have access to would be helpful.
 - 07 A new campus should include allied health professionals and Indigenous healers to reflect the community.



07. Rural Facilities Case Studies

Impact of Rural Medical Teaching Facilities

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Trends in rural medical training (1/2)

TRENDS

IMPACT



Expansion of Distributed Medical Education (DME)

01

Distributed Medical Education (DME) involves spreading medical training across multiple sites, including rural and remote areas, rather than concentrating it in urban teaching hospitals. This model allows students to train in diverse settings and exposes them to rural healthcare challenges early in their education.

DME has been linked to increased retention of healthcare professionals in rural areas, as students who train in these settings are more likely to stay and work there post-graduation.



Integration of Longitudinal Integrated Clerkships (LICs)

02

Longitudinal Integrated Clerkships (LICs) are a form of clinical training where students spend extended periods (often a year) in a single rural or remote community, instead of rotating through different specialties in urban settings. LICs have gained popularity in the U.S., Canada, Australia, and Europe, and the following pages cover example case studies that illustrate the increasing adoption of this trend.

LICs enhance continuity of care, improve clinical skills, increase interest in rural practice, foster stronger community ties, and support the development of a professional identity centered around rural healthcare. For example, data from Australia's Rural Clinical Schools, which incorporate LICs, show that 64% of LIC graduates practice in rural areas, compared to 18% of non-LIC graduates.



Focus on Interprofessional Education (IPE)

03

Interprofessional Education (IPE) involves training medical students alongside other healthcare professionals, such as nurses, pharmacists, and physiotherapists, to foster collaborative practice in rural settings.

IPE has been proven to improve teamwork and communication skills among healthcare professionals in rural settings, leading to better patient outcomes and a more integrated approach to rural healthcare delivery.

Source: National Centre for Biotechnology Research, HRSA Reports on Rural Health, NHS research on Telehealth and its impact on Rural Medicine

Trends in rural medical training (2/2)

TRENDS



Development of Rural Residency and Fellowship Programs

04

Medical schools and hospitals are establishing rural residency and fellowship programs that offer advanced training tailored to the needs of rural practice. These programs focus on preparing healthcare professionals for the specific challenges of rural medicine, such as providing comprehensive care with limited resources.



Implementation of Telehealth and Remote Support Systems

05

The integration of telehealth services and remote support systems allows healthcare professionals in rural areas to access specialist advice, continuing education, and peer support without the need to leave their communities.

IMPACT

Graduates of rural residency programs are significantly more likely to remain in rural practice long-term, as the training equips them with the skills and confidence needed to manage a wide range of medical conditions independently. The Rural Residency Program (RRP) initiative launched by the US government is a good example of the increasing adoption of this trend.

Telehealth adoption is found to reduce professional isolation, increases access to continuing medical education, and enables rural healthcare providers to offer more comprehensive care. This support helps retain doctors and nurses by making rural practice more sustainable and less isolated.

University of Tromsø – The Arctic University of Norway (UiT)



Background

In 2010, an independent, global Lancet commission studying various models of medical training globally suggested that medical education programmes were more geared towards developing competence to work in hospitals as opposed to primary care services. In 2019, the Grimstad Committee recommended expanding the range of health services in which medical students in Norway are trained and proposed to establish more decentralised education models. University of Tromsø, touted as being the first rural-oriented medical education model in Europe, was set up to recruit physicians to provide better access for the population of Northern Norway.

Approach

The University of Tromsø, with decentralized medical training at its core, originally operated 3 locations - the main university campus in Tromsø, a smaller regional hospital in Bodø and a local clinic in the rural county of Finnmark. The group now has a network of 11 training schools/medical schools across Northern Norway. Following years of refinement to its medical education curriculum and structure, in 2017, UiT developed the Finnmark model for medical student training, a decentralized model wherein students complete the fifth and sixth year of medical school in the rural county of Finnmark rather than the main training site in Tromsø

Figure 1: UiT offers education at eleven study sites across Northern Norway



Impact and KPIs

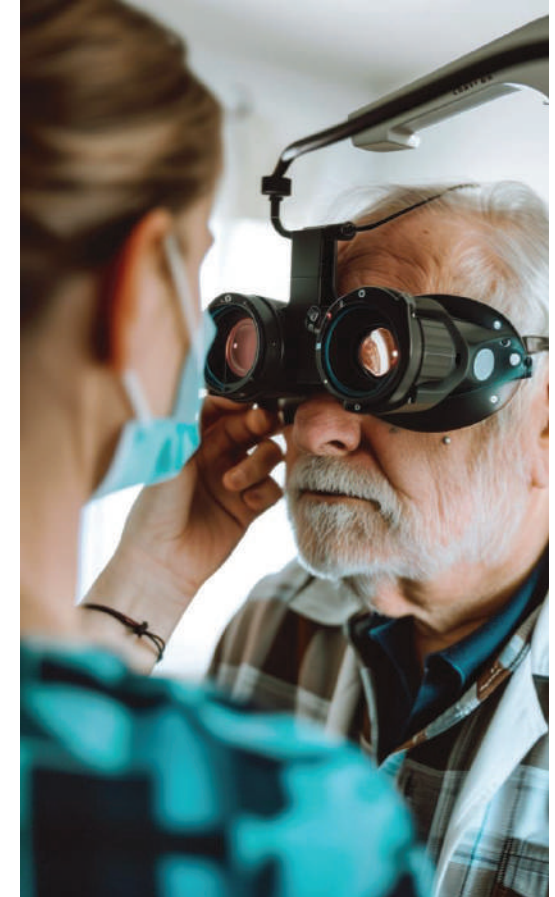
- Studies indicate that approximately **50%** of UiT medical graduates choose to practice in Northern Norway, significantly higher than graduates from other Norwegian medical schools.
- A longitudinal study published in the Scandinavian Journal of Public Health showed sustained retention rates, with many graduates remaining in rural practice for over **10 years**
- A larger proportion of Tromsø-trained general practitioners (GPs) (**30%**) worked in rural municipalities compared with GPs in Norway as a whole (**19%**)⁽¹⁾
- The University of Tromsø trained **14%** of doctors who worked at hospitals in Nordland and **28%** in Finnmark ⁽²⁾
- Regions served by UiT graduates have reported decreased patient-to-doctor ratios, leading to improved access to primary and specialized care.

References

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11149186/>
<https://en.uit.no/studiesteder>
<https://tidsskriftet.no/en/2022/01/review-article/educational-interventions-ensure-provision-doctors-rural-areas-systematic-review>

Notes:

(1) (2) Data sourced from a study conducted in 2016; Group studied consisted of medical graduates from the University of Tromsø 1979–2012 who had completed their residency and were still working in 2013



National University of Ireland Galway (NUI Galway)



Background

NUI Galway has developed the Western Rural Health Program, which includes training opportunities in rural parts of the West of Ireland. The university collaborates with rural hospitals and clinics to provide students with hands-on experience in primary care. The Western Training Network was established in the early 2000s to address rural healthcare shortages and provide community-based medical education. Following the discontinuation of its rural training program in partnership with a cluster of other major universities in 2015, NUI Galway secured government approval in 2023 for a "Rural and Remote Graduate Entry Medicine" program.

Approach

As part of its four-year degree program in graduate entry medicine, NUI Galway has structured the course such that year 3 and 4 clinical placements take place at one of its rural facilities in Letterkenny, Sligo, Castlebar and Portlincun. Some of its additional rural training sites include counties such as Mayo, Roscommon, and Donegal

Impact and KPIs

- Rural Student Enrolment: NUI Galway has been successful in recruiting students from rural backgrounds, with approximately 20-25% of medical students coming from rural areas. Research suggests that these students are more likely to return to rural areas to practice after graduation.
- Rural Practice Commitment: About 35-40% of NUI Galway medical graduates choose to work in rural and regional areas, which is above the national average for rural practice in Ireland.
- Retention of Rural Students: Of those from rural backgrounds, a significant majority (about 60-70%) remain committed to practicing in rural or semi-rural settings after graduation.
- **Long-term Retention Rates:** Graduates who trained in rural settings through NUI Galway's program have demonstrated higher retention rates, with **50-60%** remaining in rural practice five years after graduation. This compares favourably to the retention rates for those who trained in urban environments.
- **Reduction in Healthcare Vacancies:** The program has contributed to a **15-20% reduction** in long-standing healthcare vacancies in rural clinics and hospitals in the Western region of Ireland.
- **Career Preparedness:** A significant majority of students (around **80-85%**) feel that their rural training at NUI Galway made them more prepared for the challenges of working in rural and remote healthcare environments.

References

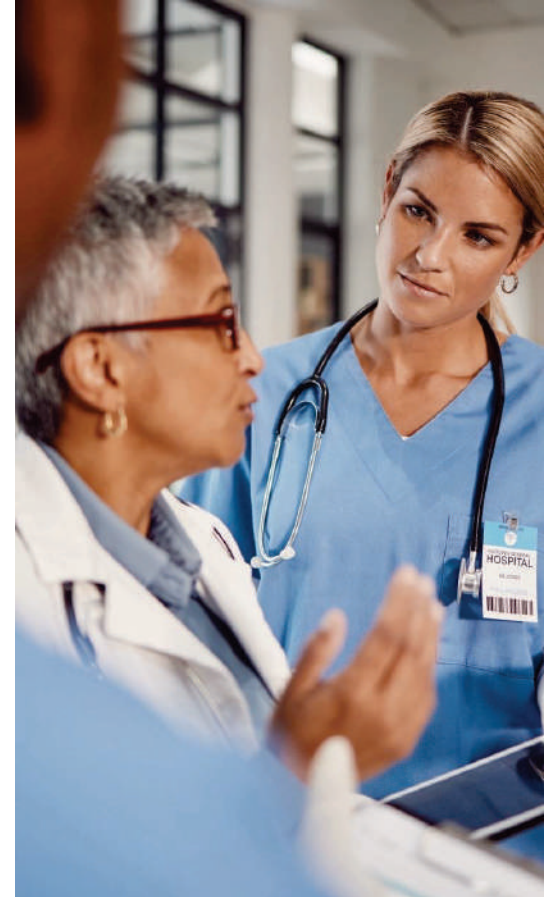
Glynn, L. G., et al. (2011). "Recruitment and Retention of General Practitioners in Rural Ireland: Issues and Challenges." *BMC Family Practice*, 12(1), 7. This study provides data on rural GP retention and recruitment, relevant to programs like NUI Galway's.

Irish Medical Journal

O'Connor, P., et al. (2012). "Rural Practice Placements and Their Influence on Career Intentions in New Medical Graduates." *BMC Medical Education*

Notes:

(1) (2) Data sourced from a study conducted in 2016; Group studied consisted of medical graduates from the University of Tromsø 1979–2012 who had completed their residency and were still working in 2013



Karolinska Institutet – Sweden



Background

The Karolinska Institute (KI) is a public institution that was founded in 1810 as a school for army surgeons and is one of the most prominent medical universities in Sweden. KI contributes to more than 40% of the academic medical research conducted in Sweden. KI operates two main university campuses – the Solna campus located north of the Stockholm city centre and the Huddinge Campus to the south. KI also operates rural training sites in Västerbotten and Norrbotten counties - Västerbotten County Hospital in Umeå serves as a regional medical training site, whereas local clinics in Luleå and Kiruna offer extensive rural training experiences to students.

Approach

The course structure integrates early exposure to rural healthcare settings through observatory and introductory rotations in the pre-clinical phase (years 1 and 2). Dedicated rural training blocks are scheduled during the clinical phase (years 3 to 5), typically lasting several weeks to months. These rotations focus on primary care, emergency medicine and general practice in rural settings.

Impact and KPIs

- **Increased Rural Retention:** Approximately **60-65%** of graduates from Karolinska Institutet's rural training sites in Northern Sweden remain in rural or remote areas for at least five years post-graduation. This is significantly higher than the national average for medical graduates.
- **Sustained Rural Practice:** Data shows that **65-70%** of graduates who begin their careers in rural settings continue to practice in these areas for over a decade, demonstrating strong long-term retention.
- **Rural Primary Care Focus:** Around **70%** of graduates from the rural tracks go into primary care, with a substantial portion (around **50%**) practicing in rural clinics and community hospitals.
- **Reduction in Patient-to-Doctor Ratios:** The training program has contributed to a **20% decrease** in patient-to-doctor ratios in the regions where Karolinska graduates practice, improving access to care in underserved areas.
- **Influence on Career Path:** Over **50%** of students involved in rural placements indicated that their experience significantly influenced their decision to pursue a career in rural healthcare.

References

Glynn, L. G., et al. (2011). "Recruitment and Retention of General Practitioners in Rural Ireland: Issues and Challenges." *BMC Family Practice*
<https://www.usnews.com/education/best-global-universities/karolinska-institutet-503151>
<https://ki.se/en>

Notes:
 (1) (2) Data sourced from a study conducted in 2016; Group studied consisted of medical graduates from the University of Tromsø 1979–2012 who had completed their residency and were still working in 2013



University of Bergen – Norway



Background

Rural training has been part of the curriculum since the 1980s, with structured rural programs established in the 1990s. Haukeland University Hospital is the primary teaching hospital and is based in Bergen. UiB operates various owned and affiliated locations primarily in rural areas around Bergen. Key rural medical training locations include: Voss Sjukehus: a smaller rural hospital to provide experience of a community-centered approach to care, Stord Sjukehus: a rural site providing training in family medicine and emergency care and, Førde Sentralsjukehus: a rural hospital that provides primary care to local patients.

Approach

University of Bergen has a course structure that offers basic clinical skills training, with initial rural exposure through elective courses or short placements in the first two years. Structured rural placements are incorporated in the course during the final couple of years. The university also offers extended rural rotations lasting weeks or months to students who might opt for the rural practice route.

Impact and KPIs

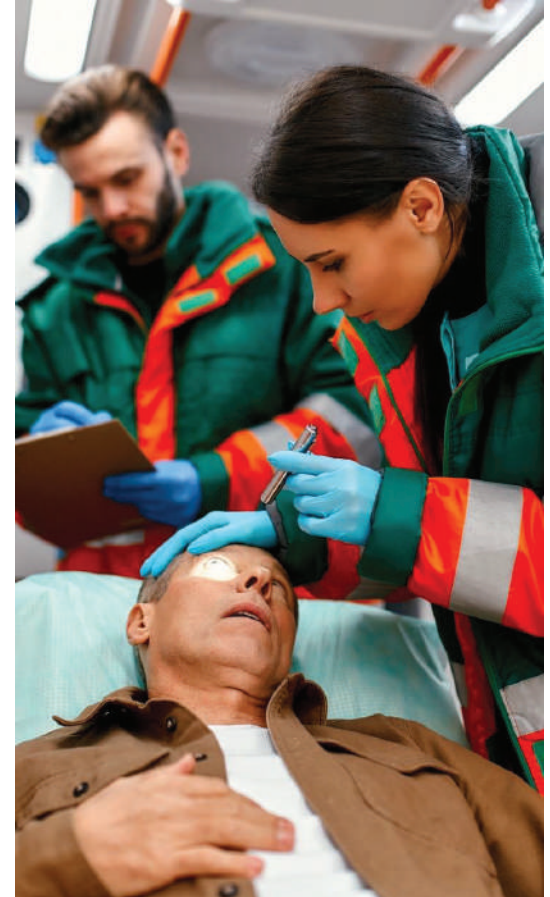
- **Increased Rural Placement:** Approximately **55%** of University of Bergen medical graduates who train in rural settings choose to practice in rural or semi-rural areas post-graduation, a significant achievement in a country with vast rural regions.
- **Retention Rates:** **60-65%** of University of Bergen graduates who begin practicing in rural areas remain in these locations for at least five years, with many continuing in rural practice for their entire careers.
- **Rural General Practice Focus:** About **40%** of these graduates enter general practice, with a significant number establishing long-term practices in rural communities.
- **Enhanced Local Capacity:** The training programs have helped to build local healthcare capacity, with rural hospitals and clinics reporting a **25% increase** in staff levels, reducing burnout and improving service delivery.

References

O'Connor, P., et al. (2012). "Rural Practice Placements and Their Influence on Career Intentions in New Medical Graduates." Norwegian Institute of Public Health
 University of Bergen Annual Report 2017
<https://www.uib.no/en>
<https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/ruralGuidebook/RMEG.pdf>

Notes:

(1) (2) Data sourced from a study conducted in 2016; Group studied consisted of medical graduates from the University of Tromsø 1979–2012 who had completed their residency and were still working in 2013



University of New Mexico – USA



Background

University of New Mexico has been invested in improving rural healthcare and has always has rural medical training at its core. UNM has pioneered various programs like the Rural Health Initiative to partner with various small, rural clinics and hospitals and provide a holistic training experience to students, while also improving the quality of healthcare being provided in rural areas of New Mexico. UNM has also launched a Rural Residency Program that focuses on Native American communities across North America. It owns rural training facilities like Northern New Mexico Medical Centre in Española and Gila Regional Medical Centre in Silver City, but has several other affiliated sites under the Rural Health Initiative.

Approach

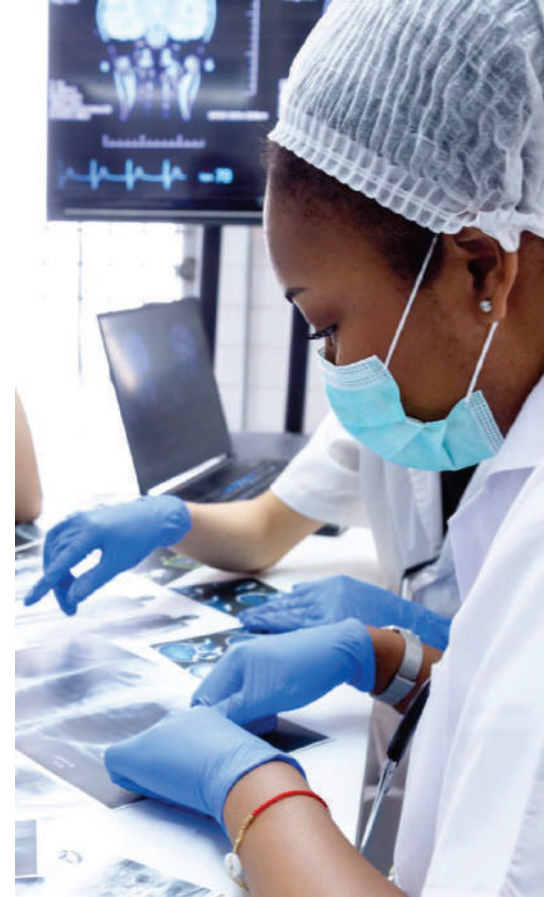
The first two years of medical training focus on core medical sciences and basic clinical skills, with an introduction to rural medicine through lectures and short rural experiences. Rotations across various specialties with dedicated rural training blocks are incorporated in years three and four. Extended rural rotations, often lasting several months, are included in the clinical phase. These rotations emphasize family medicine, primary care, and emergency medicine in underserved areas. Training includes the use of telemedicine to bridge gaps in rural healthcare delivery, as part of newly-launched initiative in 2023 named "Project Echo".

Impact and KPIs

- **High Rural Practice Rates:** Over 40% of graduates from the University of New Mexico School of Medicine choose to practice in rural or underserved areas, with a strong focus on New Mexico's diverse rural communities.
- **Retention in Rural Areas:** 60-65% of these graduates remain in rural practice for more than five years
- **Long-term Retention:** 70% of UNM graduates who enter rural practice remain in these communities for at least ten years, indicating strong career satisfaction and commitment to serving underserved populations.
- **Preparedness for Rural Practice:** 90% of these students feel well-prepared for rural practice, particularly in areas such as family medicine, emergency care, and public health.
- **Increased Provider Availability:** The presence of UNM-trained physicians in rural areas has led to a 30% increase in the availability of primary care providers in New Mexico's rural counties.

References

UNM Rural Medicine Program Brochures
 HRSA Reports on Rural Health
 Institute of Medicine
<https://pubmed.ncbi.nlm.nih.gov/17542458/>



University of British Columbia – Canada



Background

As Canada's first fully distributed medical education program, the University of British Columbia's (UBC) medical school consistently ranks among the world's top institutions and boasts the fifth largest MD enrollment in North America with 306 accepted applicants in 2023. UBC is a leader in both medical science and practice, supported by over 12,000 faculty and staff across the province. This is all made possible by the school's distributed MD program, with UBC operating 5 academic campuses, 11 clinical campuses, 17 affiliated regional centers, and more than 110 community education facilities and rural/remote distributed sites.

Approach

UBC's fully distributed model allows medical students to enroll at one of four geographically distinct programs within British Columbia:

- **UBC's Vancouver campus (Vancouver-Fraser Medical Program)**
- **UBC's Okanagan campus in Kelowna (Southern Medical Program)**
- **The University of Victoria on Vancouver Island (Island Medical Program),**
- **The University of Northern British Columbia in Prince George (Northern Medical Program).**

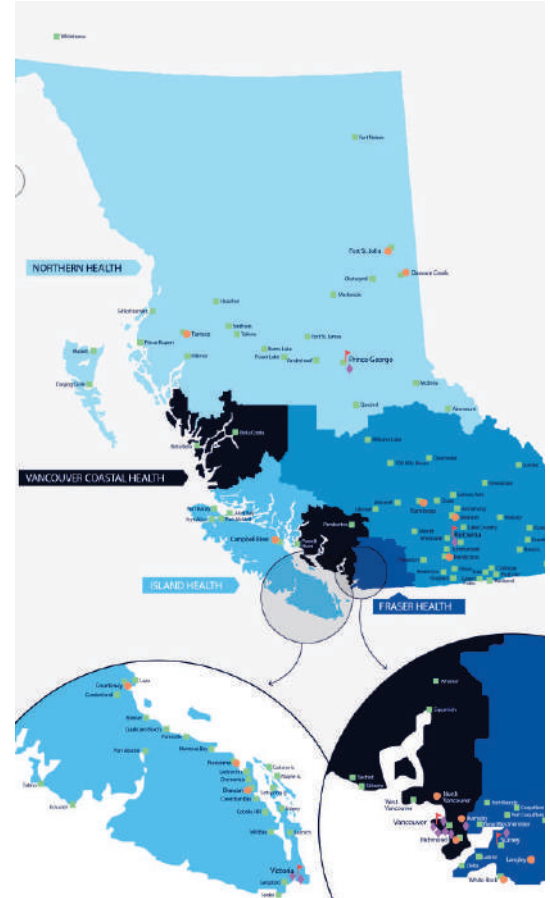
In their third and fourth years, students gain hands-on experience in hospital wards, community clinics, and doctors' offices across the province. This model offers students early experiential learning opportunities in rural and Indigenous communities, while the distributed campuses ensure smaller class sizes and fosters medical training in remote areas, encouraging future physicians to practice in underserved regions of BC.

Impact and KPIs

- **Leader in Distributive Medicine:** 4,500 learners are presently training in more than 80 communities across the province
- **Indigenous MD Graduates:** Since 2004, significant growth in Indigenous students becoming doctors with over 110 MD graduates to date
- **Long-term Retention:** 90% of UBC graduates who attended UBC for residency training are practicing in B.C. communities.
- **Increased Doctors and health professionals for the province:** Annually, UBC produces 1,355 MD's and health profession entry-level positions
- **Rural Presence:** 400 UBC family medicine residents are currently training in regional, rural, remote and Indigenous communities across B.C.

References

UBC Faculty of Medicine
 UBC Strategic Report
https://stratplan.med.ubc.ca/?_gl=1%2Ai93of0%2A_ga%2ANTE2NzQyODExLjE3MjM3NDk0MTE.%2A_ga_661615T9R4%2AMTcyNzcwODQxNi4yLjEuMTcyNzcwMDM4Ny44LjAuMA..



University of Prince Edward Island



Background

Faced with an estimated provincial shortage of ~34 physicians and with over 36,000 individuals on the patient registry waiting for a family doctor, the provincial government has facilitated the construction of a medical campus in partnership with UPEI and Memorial University .

This collaboration leverages the strengths of both institutions across disciplines such as rural and family medicine, nursing, clinical psychology, paramedicine, veterinary medicine, climate change adaptation, and sustainable engineering. A UPEI-based medical campus will expand training opportunities for future family physicians and specialists in PEI.

Approach

The regional campus will implement Memorial University's established medical curriculum, enabling an expedited planning process building on existing programming. This structure ensures the delivery of high-quality, innovative academic programs and supports faculty excellence.

UPEI's first cohort will begin in August 2025. Once the school receives its accreditation from CACMS and regional bodies (AACHR, MPHEC) , students will be enrolled in a joint Doctor of Medicine program with Memorial University.

Lectures will primarily be delivered remotely via video link from Memorial University, with plans to offer a joint degree as the campus evolves from a satellite model. This will create direct interaction with students enrolled on the main campus and foster a collaborative environment.

Long-term Vision

The long-term vision is to establish a medical school at UPEI, designed specifically for Prince Edward Island, offering a one-of-a-kind joint Doctor of Medicine degree in collaboration with Memorial University. This program, tailored to meet the healthcare needs of Islanders across the province, is set to launch in 2025 with an initial intake of 20 undergraduate medical students.

In addition to offering clinical training, the facility will serve as a primary care hub, providing healthcare services to over 10,000 patients annually with a goal of reducing waitlists for family doctors and alleviate pressure on walk-in clinics and outpatient services.

Source: UPEI, CBC



Queens University – Lakeridge Medical Program

Lakeridge
HealthMD Family
Medicine Program

Background

The Queen's-Lakeridge Health MD Family Medicine Program is a new, first-in-Canada medical education model specifically designed to address the shortage of family doctors which was launched in September 2023. The program has been designed to accomplish all the MD Program learning objectives from the lens of Family Medicine and Primary Care. Students will have immersive longitudinal clinical experiences from year 1 in a variety of Family Medicine practice settings.

This program has dedicated postgraduate Family Medicine Residency spots in addition to the existing residency positions at Queen's. These positions are set aside for successful graduates of this program without going through the CaRMS process under the authorization of the Queen's Family Medicine Training Program. A purpose-built transition to residency curriculum will prepare graduates to enter their residency with advanced skills aiding in their ultimate transition to a practice in Comprehensive Family Medicine. The program will be based at the Queen's satellite campus at Lakeridge Health in Durham Region.

Approach

The Queen's-Lakeridge Medical Program will implement Queen's University's comprehensive medical curriculum, adapted to the needs of the Durham Region. This approach allows for an accelerated planning process by building on Queen's established academic framework. High-quality, innovative academic programming and faculty development are key pillars of the initiative.

The program's inaugural cohort will commence in August 2026, with students enrolled in a regional stream of the Queen's Doctor of Medicine (MD) program. Initial lectures will be delivered through a hybrid model of in-person instruction at the Lakeridge campus and remote learning via Queen's University's main campus. As the program evolves, it will adopt a fully integrated approach, creating a collaborative learning environment and fostering stronger connections between students, faculty, and healthcare providers across the two locations.

Long-term Vision

The long-term goal is to establish a dedicated medical school in the Durham Region that is tailored to meet the healthcare needs of its communities. This program will offer a unique regionalized Doctor of Medicine degree in collaboration with Lakeridge Health.

Set to launch with an initial cohort of 30 undergraduate medical students, the program will expand over time to meet the region's healthcare demands. In addition to academic training, the program aims to strengthen healthcare delivery in Durham Region by serving as a primary care hub for underserved populations.

This facility is projected to provide healthcare services to over 15,000 patients annually, reducing waitlists for family physicians, alleviating pressures on emergency departments, and enhancing community-based healthcare services.

Source: Queens U





08. Options Analysis

Primary Care Teaching Clinic Opportunities

BDP.
Quadrangle



**AVISON
YOUNG**







Opportunities for Sault Ste. Marie

Opportunity to introduce a NOSM University Regional Campus in Sault Ste. Marie

The City of Sault Ste. Marie has a unique opportunity to address the region’s healthcare challenges by developing a regional campus of the Northern Ontario School of Medicine University (NOSM U).

Establishing a local campus could help alleviate the physician shortage by training medical professionals directly within the community. It would also attract new healthcare talent and foster partnerships with local hospitals and healthcare providers ultimately contributing to the city’s long-term healthcare sustainability.

This initiative can enhance access to medical education in Northern Ontario and improve healthcare delivery in Sault Ste. Marie and surrounding rural areas. As presented below, establishing a clinical campus in Sault Ste. Marie would improve physician retention, address local shortages, and enhance healthcare access and sustainability across Northern Ontario.

<p>Majority of graduates stay in that province</p>	<p>Address low physician-to-pop. ratio</p>	<p>Tackle the City’s physician shortages</p>
<p>Establishing a local clinical campus would significantly boost physician retention in Sault Ste. Marie.</p>	<p>A new campus can help close the gap in healthcare access compared to the provincial average.</p>	<p>Training more doctors locally will help mitigate the ongoing shortage of healthcare professionals.</p>
		
<p>Improve access in Northern Ontario</p>	<p>Strengthen recruitment and retention efforts</p>	<p>Boost long-term healthcare delivery</p>
<p>A regional clinical campus would enhance care in both urban and remote areas of Northern Ontario.</p>	<p>A local clinical campus would make Sault Ste. Marie more attractive to new and experienced physicians.</p>	<p>Investing in local medical education is key to ensuring continuous, high-quality care for the community.</p>
		



Source: University of Toronto

Primary Care Teaching Clinic Overview (Cont'd)

Sample Program: Primary Care Teaching Clinics

Primary Care Teaching Clinics (PCTCs) are a medical setting where first- and-second year resident doctors will spend time learning how to become a specialized Family Physician. PCTCs work by having each resident manage their own practice of patients under the supervision of an experienced doctor to ensure appropriate care is provided and nothing is missed.

This model can yield numerous benefits and creates a multiplicative effect on the delivery of care by leveraging one experienced physician to train multiple residents as opposed to other delivery models which focus on 1-on-1 teaching. Ultimately, these units benefit communities by addressing physician shortages, and fostering future healthcare providers, as many residents choose to practice where they trained. The following provides a sample plan area for an FTMU which highlights a floorplate requirement of ~10,000 sf.

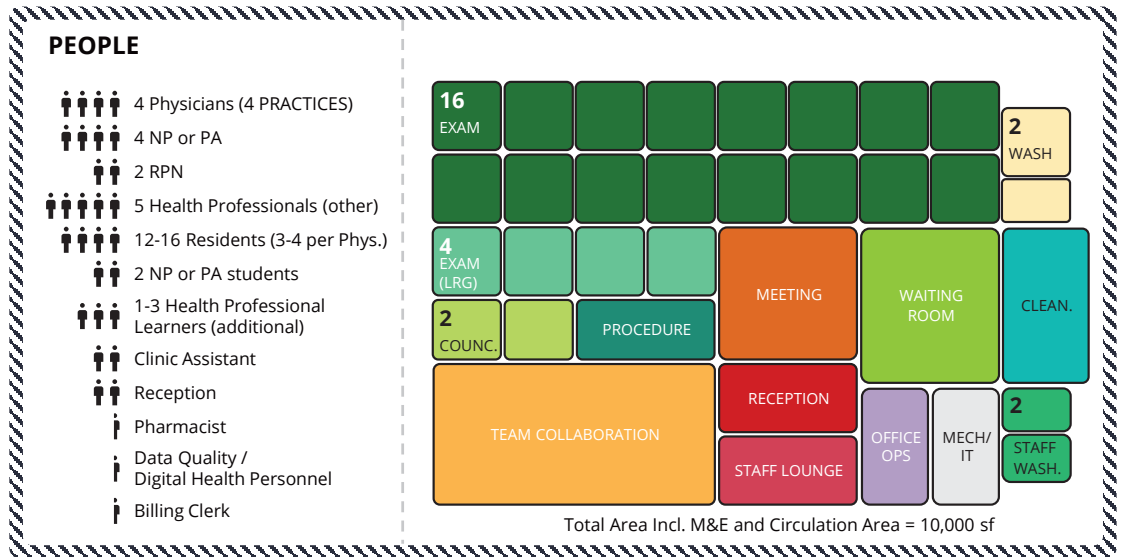
PCTC clinic model

Doctors Hirvi and Coté proposal:
 1 pod - 10,000 sq.ft.
 2 pod - 17,500 sq.ft.
 3 pod - 25,000 sq.ft.
 4 pod - 33,000 sq.ft.

Queen's Lakeridge undergraduate model

w/ UME - 25,000 sq.ft.
 (20 students per year)

PCTC "1 POD" Team



Location Considerations

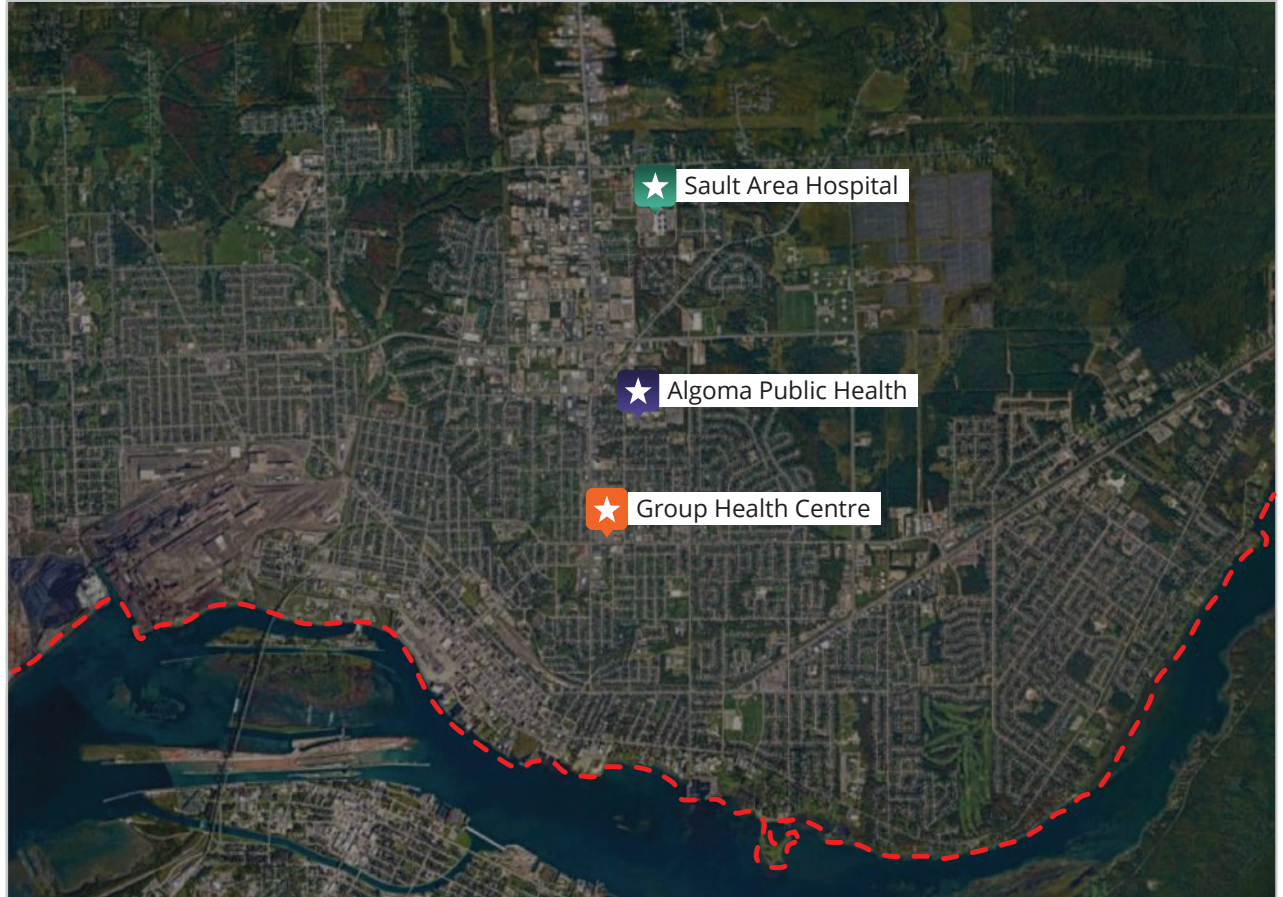
Background

To support NOSM U in establishing its programming within the City, and as highlighted throughout the engagement process, there is a clear and pressing need for adequate space to accommodate both doctors and residents. This space must include essential facilities such as examination rooms and offices for administrative functions like paperwork and charting.

Following site visits conducted by the BDPQ team, several potential locations for the future facility were identified:

- Algoma Public Health
- Sault Area Hospital
- Group Health Centre – Great Northern Rd
- Group Health Centre – East Street
- Group Health Centre – McNabb

After evaluating the available space relative to the high-level requirements of the proposed teaching facility, Sault Area Hospital, Algoma Public Health, and Group Health Centre – McNabb have been identified as the three most viable options. This includes the renovation of existing space at the Algoma Public Health building and potential new builds or extensions at the other two sites.



08 Options Overview

Following a comprehensive analysis and extensive engagement with local community groups, the team has identified three viable location options based on the insights and feedback gathered throughout the process. These options encompass a full range of possibilities, from leasing and renovating an existing space, to developing a new standalone building, and exploring a strategic partnership with the hospital, as detailed below.

Option 1: Algoma Public Health

Option 1 involves **leasing space within the modern Algoma Public Health building**, which currently offers a vacancy of 8,000 to 10,000 square feet, available for adaptation to the project's needs.

This approach includes the renovation of existing office space, transforming it into a fully functional medical office environment. Notably, this option provides the most cost-efficient pathway for the City to realize the project's objectives, while also offering the shortest timeline to implementation, ensuring rapid delivery and minimal disruption. The combination of affordability and speed of execution makes this option highly advantageous for the City's strategic goals.



Option 2: Group Health Centre

Option 2 proposes the **development of a new building in the parking lot of the Group Health Centre on McNabb**.

This option offers the flexibility to construct either a standalone building or a shared space, which would accommodate both teaching facilities and additional space for the Group Health Centre. Furthermore, it presents an opportunity for a mixed-use development that aligns with the Group Health Centre's objectives of providing housing for the community.



Option 3: Sault Area Hospital

Option 3 involves **the proposed expansion of the Sault Area Hospital** through an extension that would seamlessly connect to the existing south wing.

This expansion would deliver purpose-built facilities tailored specifically for NOSM U's teaching activities. To bring this vision to fruition, the City must engage in close collaboration with the hospital, ensuring that the project is incorporated into the hospital's broader master plan. This partnership would facilitate the joint development of a comprehensive and strategically aligned plan, ensuring both organizational and community goals are met in the creation of this new space.



Option 1: Algoma Public Health

The first opportunity explores the potential of the existing Algoma Public Health (APH) building, which offers approximately 8,000 to 10,000 square feet of available space for sublease.

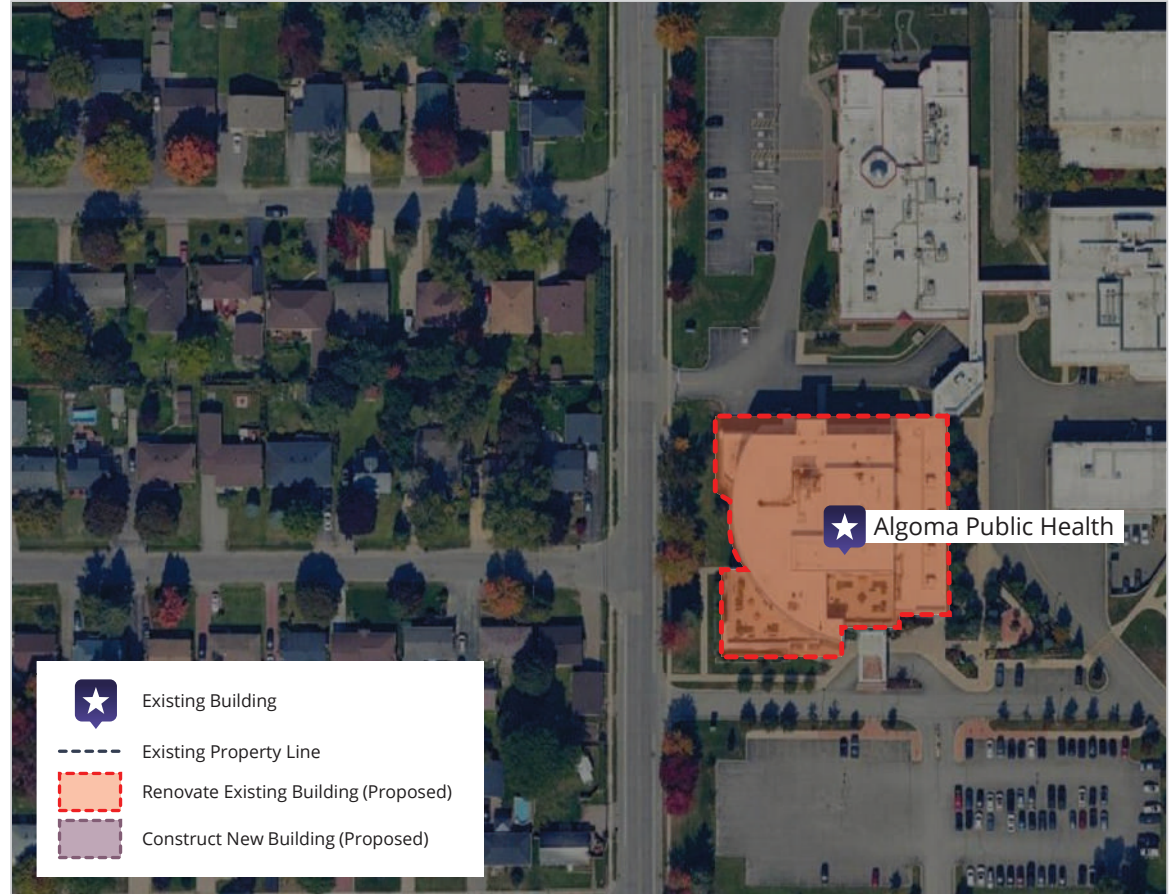
The proposed vision for this option involves the renovation of these existing spaces, transforming them from traditional office settings to medical office facilities. This approach would allow for the establishment of a teaching facility within a relatively short timeframe, particularly when compared to other alternatives, while integrating it into a modern, clinical campus environment within a well-maintained building.

A key advantage of this option is the strong support from Algoma Public Health, who is eager to maximize the utilization of its facilities. Additionally, the capital expenditure requirements for this project are comparatively low.

This opportunity would provide space for a single pod Primary Care Teaching Clinic (PCTC), with potential for future expansion of an additional pod on the second floor. A potential challenge could be the co-location requirements, depending on NOSM U's specific preferences.

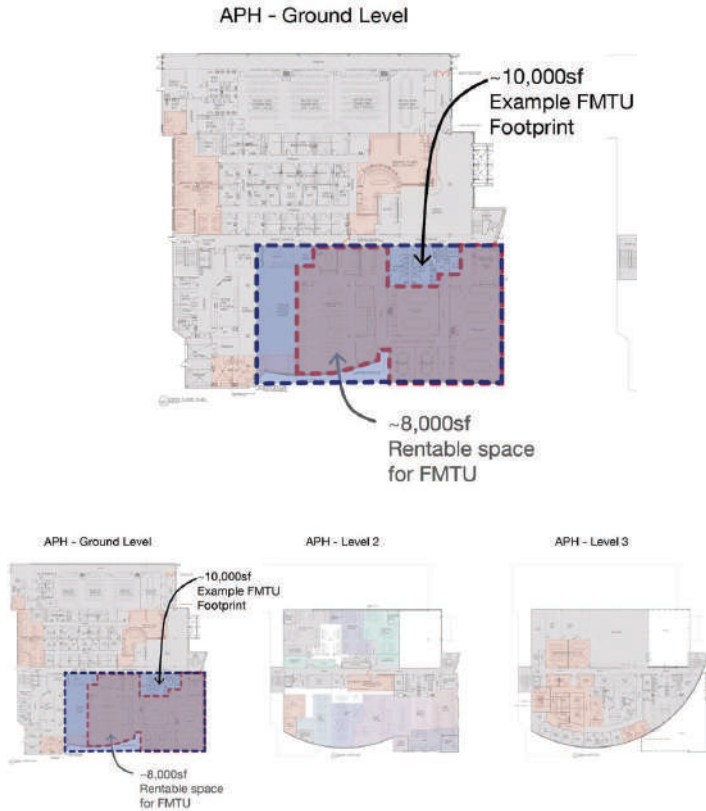
This option offers several configurations within the existing floorplate that can accommodate the space requirements on both the first and second floors. After discussions with the Algoma Public Health team, it appears that a current vacancy on the first floor is the most suitable space.

The following pages provide an overview of the available options, along with sample block plans overlaid on the floorplans.



Option 1: Algoma Public Health - First Floor Option 1

The vision for the Algoma Public Health building, as outlined below, involves renovating the currently vacant space. The following provides a sample layout illustrating how a PCTC POD could be seamlessly integrated into the available first-floor space and expandable to the second floor for an additional pod within the Algoma Public Health building.



Option 1: Algoma Public Health - Second Floor

The vision for the Algoma Public Health building, as outlined below, involves renovating the currently vacant space. The following provides a sample layout illustrating how a PCTC POD could be seamlessly integrated into the available second-floor space within the Algoma Public Health building.



Option 2: Group Health Centre

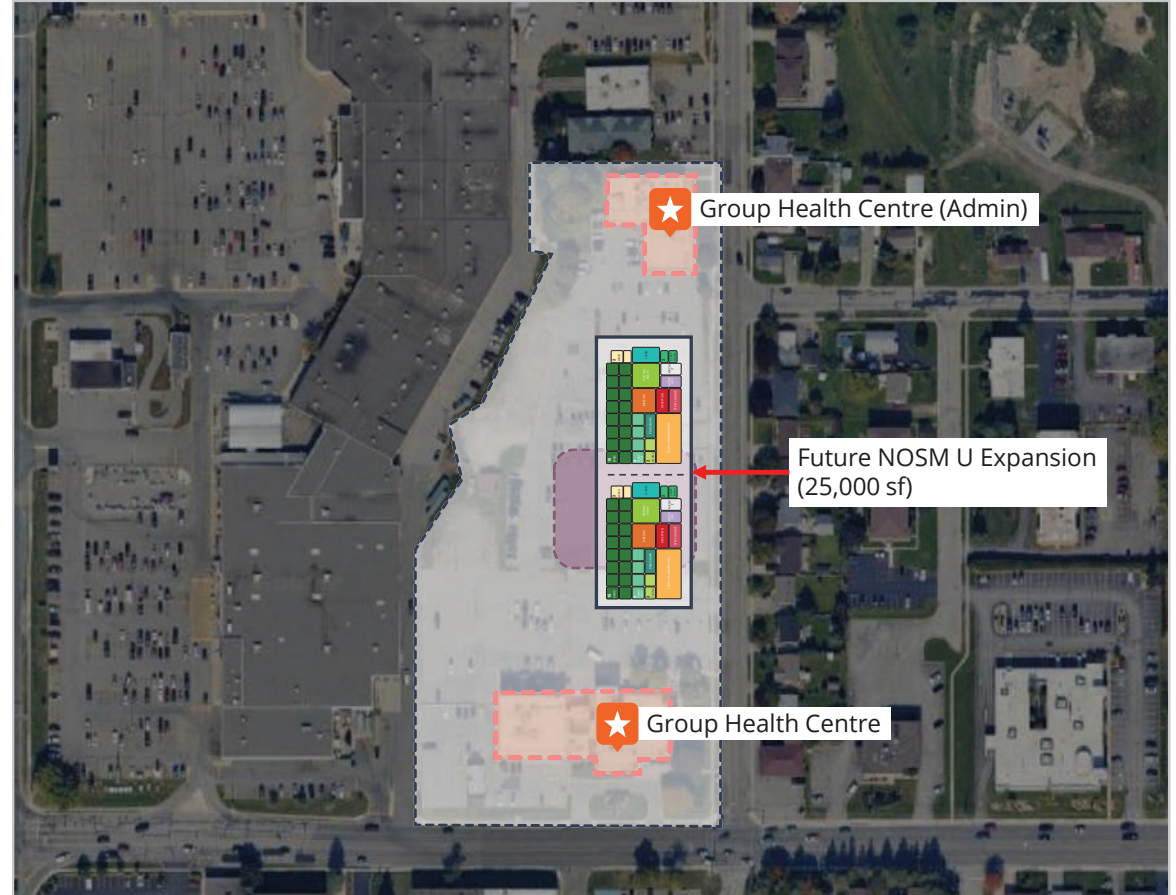
The vision for the Group Health Centre property entails the potential demolition of the existing structure and the construction of a new, purpose-built facility. This facility would not only replace the current building but also provide dedicated space for NOSM U's programming.

One of the key advantages of this option is its unparalleled flexibility. The available building lot is larger than required, allowing for a design that can accommodate both immediate needs and future expansion. Additionally, in alignment with the Group Health Centre's strategic goals, the new facility could be integrated into a mixed-use development, incorporating residential spaces for staff and the broader community.

The inclusion of residential units or other complementary spaces offers the opportunity to generate income streams, which could be leveraged to offset both development costs and the required investment. This approach would ensure the long-term financial sustainability of the project while enhancing the facility's role within the community.

The adjacent graphic illustrates a preliminary layout for a 2-pod PCTC, along with the corresponding relative floorplate size required if the entire space were to be constructed at ground level.

It is important to note that, while the Group Health Centre has a master plan vision for the site, this property can be developed independently and situated in the parking lot between the existing buildings.



Option 3: Sault Area Hospital

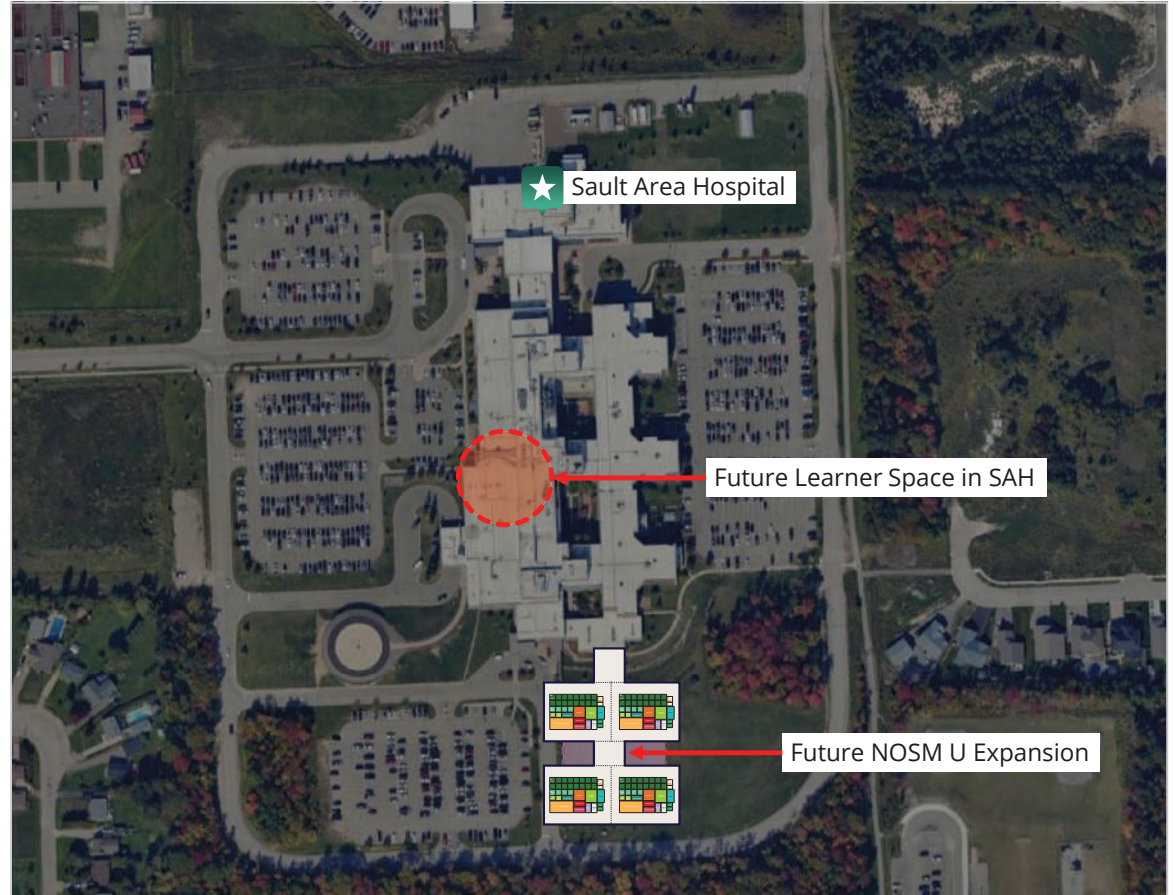
The proposed vision for the Sault Area Hospital option involves the construction of an extension at the south end of the existing facility. This new, purpose-built structure would be designed specifically to accommodate the teaching and operational requirements of NOSM U's programming.

A significant advantage of this option is its seamless integration with the hospital, allowing direct access to its extensive resources and enabling the new facility to leverage existing hospital infrastructure, such as medical equipment, support services, and personnel.

However, a key consideration for this option is its alignment with the hospital's overarching master plan. The need for coordination with this broader framework introduces a longer timeline due to the additional planning, approvals, and logistical considerations involved. Furthermore, hospital-imposed restrictions may limit the design flexibility and scale of the proposed facility, which could influence its final configuration.

The adjacent graphic presents a preliminary layout for a 4-pod PCTC, highlighting the relative floorplate dimensions required for development at ground level. Alternatively, the space could be constructed as either a 2-pod or 4-pod configuration with a 2-pod footprint by utilizing vertical construction.

It is also worth noting that this building could be developed as a stand-alone structure at a different location on the property, independent of the hospital. This approach may help streamline the planning process and facilitate faster project timelines.



Options Preliminary Cost Estimation

To support decision-making, a Capital Redevelopment Plan has been developed to provide an estimate of the construction costs associated with each option. These estimates have been carefully prepared by the market experts, leveraging their industry knowledge and expertise. These costs assume option 1 is a renovation of an existing building, option 2 is a new greenfield building and option 3 is an addition to an existing building. Only Options 2 and 3 include surface parking. All costs are fully grossed up with circulation apportioned with the functional area. For a more comprehensive breakdown, see Appendix 3. We note these are preliminary cost estimates only, a detailed design and planning process must be undertaken to provide more accurate construction estimates, including a comprehensive assessment of existing structures and their potential for cost-effective renovation.

Class D Costing Estimates			
Element	Algoma Public Health	Group Health Centre	Sault Area Hospital
A1. Substructure	\$0	\$300,000	\$350,000
A2. Structure	\$0	\$1,755,000	\$1,755,000
A3. Exterior Enclosure	\$0	\$1,850,000	\$1,600,000
B1. Partitions & Doors	\$1,500,000	\$1,500,000	\$1,500,000
B2. Finishes	\$960,000	\$960,000	\$960,000
B3. Fittings & Equipment	\$3,090,000	\$3,340,000	\$3,340,000
C1. Mechanical	\$875,000	\$5,000,000	\$5,000,000
C2. Electrical	\$760,000	\$4,340,000	\$4,340,000
Z1. General Requirements & Fees	\$1,544,800	\$4,094,700	\$4,051,700
Net Building Cost	\$8,729,800	\$23,139,700	\$22,896,700
D1. Site Work	\$0	\$2,550,000	\$2,550,000
D2. Ancillary Work	\$250,000	\$0	\$450,000
Z1.2 General Requirements & Fees	\$53,800	\$548,300	\$645,000
Z2. Allowances	\$4,471,700	\$9,576,900	\$10,550,300
Subtotal	\$4,775,500	\$12,675,200	\$14,195,300
Total Construction Cost	\$13,505,300	\$35,814,900	\$37,092,000
Cost Escalation (2028 Start)	\$2,431,000	\$6,446,700	\$6,676,600
Escalated Construction Cost	\$15,936,300	\$42,261,600	\$43,768,600
Construction Year	2028	2028	2028

Exclusions:
Land costs, Soft costs (project management, design, development permit, DCCs, etc.), Loose furniture, fittings and equipment (FF&E), Owner's costs including, but not limited to, moving, relocation, operational readiness Hazmat removal or decontamination, Habitat preservation or restoration, Unusual or unforeseen soil or site conditions Unusual groundwater conditions, Extreme weather Financing or funding costs, GST or any undefined levy, fee or tariff not currently standard in the industry Unusual currency fluctuations, Costs related to land claims or disputes, Costs for unknown conditions (i.e. archeological, heritage, paleontological, etc.) Severe market or geopolitical conditions, Political or corporate conditions as may affect the project Unexpressed design or scope conditions, Accelerated or unreasonably extended schedule or phasing, Unforeseen shortages or complete lack of material, labour or equipment Strikes, labour disruptions or other related events, Unforeseen logistical issues, Pandemics or other 'Acts of God'



09. Decision Making Criteria

Scoring Criteria for Site Options

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Site Scoring Framework for Evaluation and Selection

To evaluate the prospective sites for Sault Ste. Marie’s future medical facility, Avison Young has developed an **evaluation framework** working alongside BDP consisting of **three core components** identified as **Location & Accessibility**, **Land & Site Characteristics** and **Existing Infrastructure & Pricing**. Each component has specific assessment criteria subject to the future facility’s program requirements, of which points have been allocated to each to form an overall evaluation score for each of the three categories. The subsequent pages provide relative scoring for the **top 3 prospective sites**, each evaluated based on the criteria below.

Location & Accessibility	Scoring Points – Location & Accessibility		
	<i>Closest/Best Access</i>	<i>Moderate</i>	<i>Furthest/Lowest</i>
Sault Area Hospital	3 points	2 points	1 point
Group Health Centre	3 points	2 points	1 point
Transit & Major Arterial Networks	3 points	2 points	1 point

Site-Specific Attributes	Scoring Points – Land & Site Characteristics		
	<i>Presently holds significant site attributes</i>	<i>Presently holds minor site attributes</i>	<i>Presently holds no site attributes</i>
Site Size	3 points	2 points	1 point
Existing Zoning	3 points	2 points	1 point
Scalability	3 points	2 points	1 point
Infrastructure & Facilities (i.e., lecture halls/gather spaces, exam rooms, libraries)	3 points	2 points	1 point

Financial	Scoring Points – Existing Infrastructure & Pricing (<i>Development or Renovation Costs</i>)		
	<i>Lowest</i>	<i>Moderate</i>	<i>Extensive</i>
Capital Expenditures	3 points	2 points	1 point
Maintenance Costs	3 points	2 points	1 point

Site Scoring Framework for Evaluation and Selection

In evaluating the **top 3 prospective sites**, each site was assessed and assigned points based key factors such as accessibility, site characteristics, and available infrastructure to determine their suitability for the proposed development. This evaluation process will help identify the most suitable site for the new medical facility by ensuring it meets the necessary criteria to support the program’s objectives, fosters accessibility for students and staff, and aligns with long-term growth and operational needs.

The sites were scored as per the points allocation for each criteria below:

Location	Scoring Points – Location & Accessibility			
	Sault Area Hospital	Group Health Centre	Transit & Major Arterial Networks	Total Score
Algoma Public Health	2	2	2	6
Group Health Centre	1	3	1	5
Sault Area Hospital	3	1	3	7

Location	Scoring Points – Land & Site Characteristics				
	Site Size	Existing Zoning	Scalability	Infrastructure & Facilities (i.e., lecture halls/gather spaces, exam rooms, libraries)	Total Score
Algoma Public Health	2	3	1	2	8
Group Health Centre	1	1	2	1	5
Sault Area Hospital	3	2	3	3	11

Location	Scoring Points – Costs		Total Score
	Capital Expenses	On-going Maintenance	
Algoma Public Health	3	3	6
Group Health Centre	2	1	3
Sault Area Hospital	1	2	3

Site Scoring Framework for Evaluation and Selection

In assessing the Decision-Making Framework for site selection, each of the **top 3 prospective sites** has been assigned a score relative to the previously identified criteria. The score is based on the below table and compares each option relative to each prospective site relative to the relevant criteria.

Based on the scoring criteria, Algoma Public Health and Sault Area Hospital present the two strongest options for the new facility. Algoma Public Health offers a more cost-effective and faster implementation plan, while Sault Area Hospital provides larger facilities with greater potential for future expansion.



	Algoma Public Health	Group Health Centre	Sault Area Hospital
Location & Accessibility	6	5	7
Land & Site Characteristics	8	5	11
Costs	6	3	3
Total Evaluation Score	20	13	21



10. Implementation Program and Next Steps

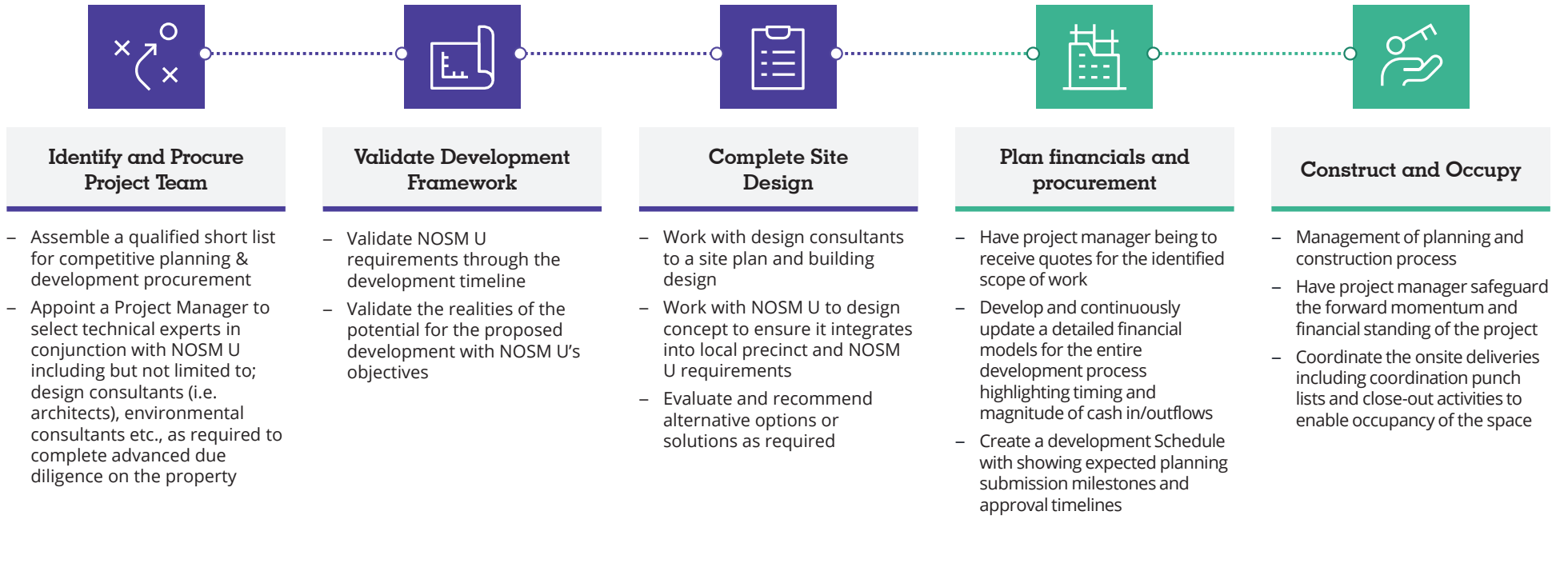
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Implementation Program & Next Steps

The following Implementation Program **anticipates five fundamental steps to consider for the development of a new clinical campus**. To optimize value, we recommend that NOSM U complete the steps below to confirm municipal planning opportunities for the selected property along with other due diligence to validate pricing. Upon completion, NOSM U can then work with the marketplace to advance financial frameworks and mitigate risk toward the overall development and planning process.



Pre-development preparation steps NOSM U can take prior to development.

Financial and Planning and Implementation



Appendices

A1. Local Market Overview

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Sault Ste. Marie population & demographic breakdown

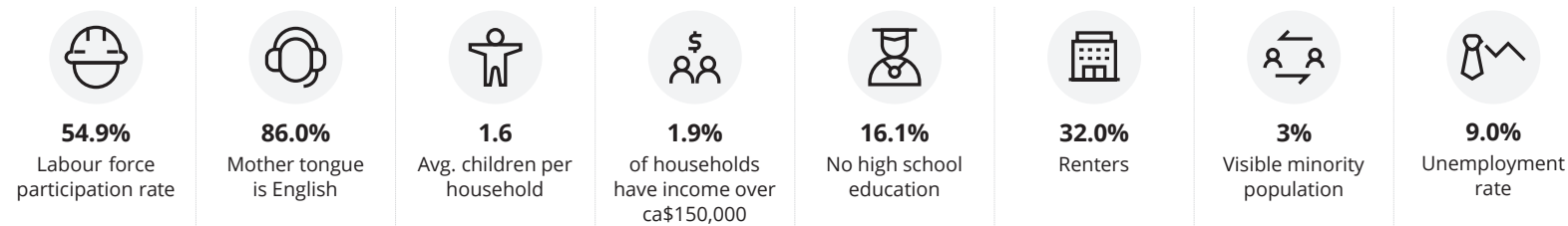
Demographic indicators – 2023

Sault Ste. Marie attracts newcomers from within Canada as well as from international destinations, contributing to its touristic reputation. While Sault Ste. Marie has traditionally been less diverse than larger Canadian cities, it has seen an increase in immigrants and newcomers in recent years, contributing to the cultural and demographic diversity of the community. The city continues its strong efforts in becoming more ethnically diverse, with the goal of increasing and retaining larger proportions of residents belonging to visible minority groups.



- **Aging population:** Similar to other cities in Canada and globally, the city has an aging population with a significant proportion of residents over the age of 65. This is reflective of broader demographic trends in Northern Ontario and the demographic shift will have implications for local healthcare, social services, and workforce planning.
 - *The median age in the city is higher than the national average, reflecting a trend common in many smaller Canadian cities. The city also has a substantial number of working-age adults, but the proportion of younger residents is declining.*
- **Growing Indigenous Representation:** Sault Ste. Marie is predominantly composed of individuals with European ancestry, particularly those of Italian, French, English, and Irish descent. Sault Ste. Marie also has a growing Indigenous population, mainly from the Anishinaabe (Ojibwe) community, reflecting the city's historical and cultural ties to Indigenous peoples.
- **Health and Well-being:** With an aging population, health services and senior care are increasingly important in the city. Sault Ste. Marie has a range of healthcare facilities and services, but like many smaller communities, it faces challenges related to healthcare access and resources.

Key indicators



Source: Statistics Canada, ESRI



Sault Ste. Marie's community profile

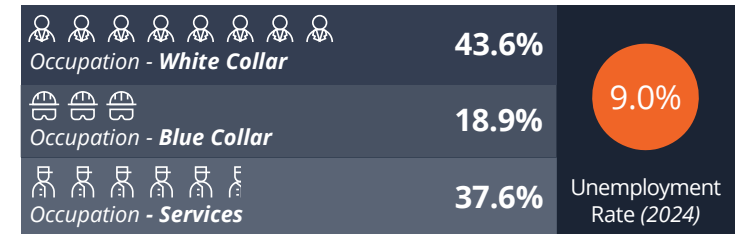
The city has a strong sense of community, with various cultural and recreational activities. Indigenous culture and heritage are integral to the community, with ongoing efforts to preserve and celebrate this heritage through events, education, and partnerships.

Community profile – Sault Ste. Marie CMA

Mother Tongue	Current Year		Current Year (%)	
English	67,107		90%	
French	47		0%	
English and French	7,035		9%	
Aboriginal Languages	76		0%	
Visible Minority	Current Year	Five Years	Current Year %	Five Years %
Not a Visible Minority	72,097	75,462	97%	97%
Visible Minority Population	2,358	2,534	3%	3%
Chinese	397	422	1%	1%
South Asian	698	794	1%	1%
Black	594	636	1%	1%
Filipino	69	77	0%	0%
Latin American	82	80	0%	0%
Southeast Asian	35	36	0%	0%
Arab	217	228	0%	0%
West Asian	18	19	0%	0%
Korean	88	89	0%	0%
Japanese	37	37	0%	0%
Other Visible Minorities	4,344	4,727	1%	0%
Multiple Visible Minorities	8,501	9,786	1%	1%

Source: Source: ESRI, Statistics Canada, Sault Ste. Marie – 2023 Community Profile

Employment Type Over 15 Years of Age



Age Profile

The average age in the community is 46.5. The table below has a population breakdown by age and sex. There are slightly more females (51.4%) than males (48.6%).

WOMEN+	AGE	MEN+
3,235	0 to 9	3,485
3,370	10 to 19	3,670
3,945	20 to 29	4,345
4,230	30 to 39	4,085
4,115	40 to 49	3,835
5,175	50 to 59	4,695
5,860	60 to 69	5,255
7,080	70+	5,675
37,010	TOTAL	35,045

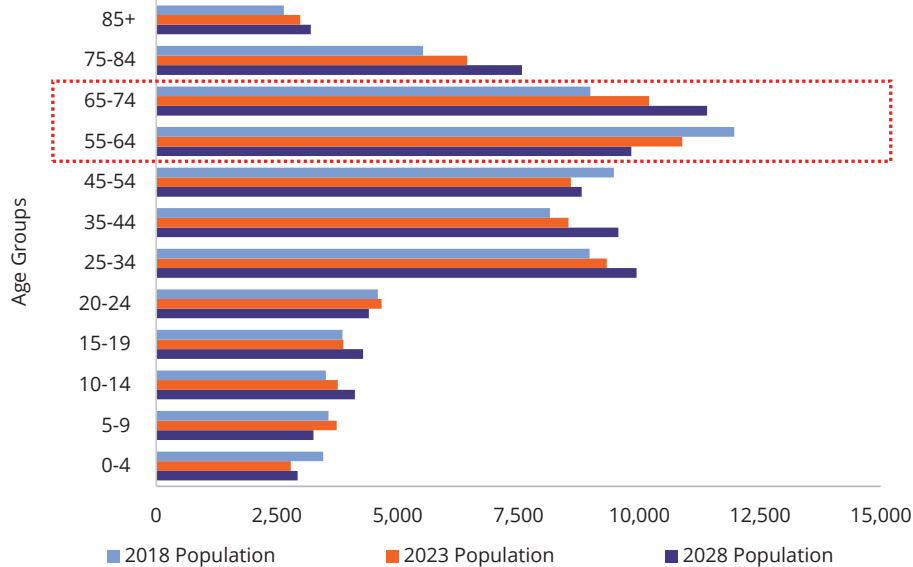
Population distribution and growth stats (2018-2028)

Sault Ste. Marie's population of 75,783 in 2023 and its growth has remained relatively stable between the census years of 2016 and 2021. Although the City saw negative population growth for a short period from 2016 to 2021, population projections completed by ESRI Analytics suggests growth to just under 80,000 by 2028, while Metro Economics predicts an increase of almost 100,000 by 2036. The projected population increase for the Sault is a healthy increase, driven by immigration, internal migration and non-permanent residents.

With the ongoing issues relating to the Northern Ontario's aging population, Sault Ste. Marie's larger proportion of those aged between 55-74 is set to further increase by 2028, which are set to further stress the City's medical & physician offers with increasing demands for health-related services.

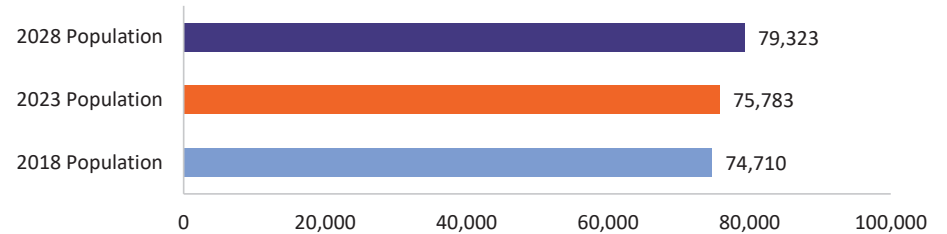
Sault Ste. Marie's Population distribution by age

Years: 2018, 2023 and 2028



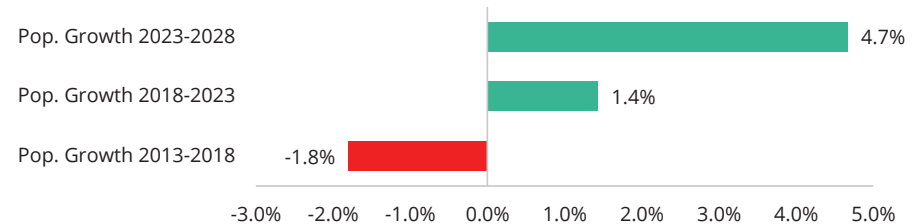
Sault Ste. Marie's Population forecast

Years: 2018, 2023 and 2028



Population growth

Years: 2013 to 2028



Source: ESRI, Statistics Canada, Sault Ste. Marie – 2023 Community Profile

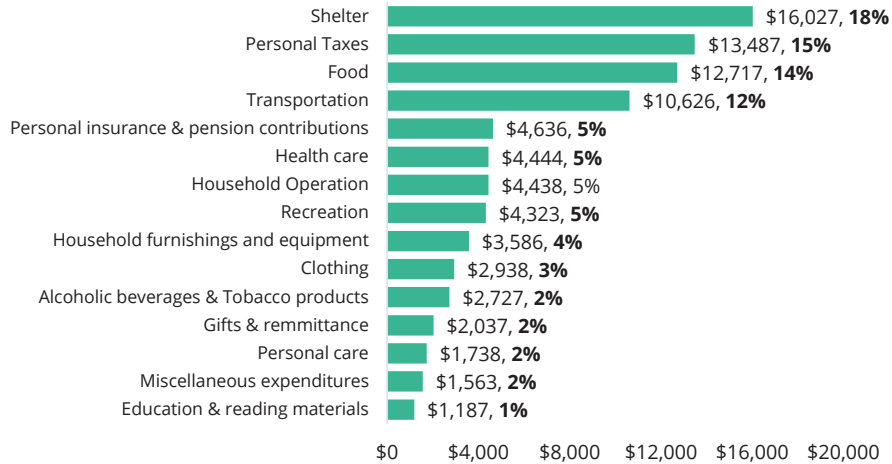
Household income and spending

The Average Household Income for Sault Ste. Marie in 2023 was \$95,457 (\$116,000 for Ontario). This is representative of a 15% increase from 2018 and is projected to grow a further 14% by 2028.

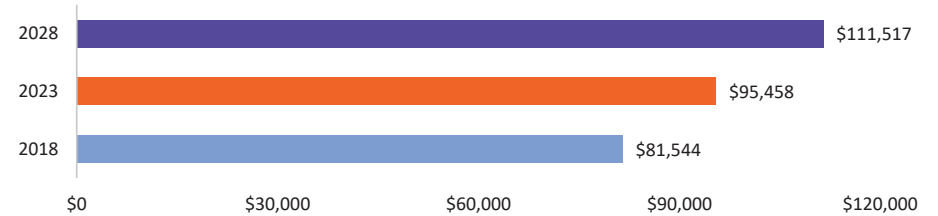
With respect to household expenditure, the total average household consumption per year is \$88,174. Shelter, tax, food, transportation and personal insurance & pension contributions amount to 65% of average household spending, with 7% allocated towards Healthcare (5%) and Personal care (2%) respectively.

Although all spending categories fall under the average for Ontario (implying Sault Ste. Marie spend less than the Provincial average), the city's aging population is likely to result in a shift towards more medical and health related spending in the coming years.

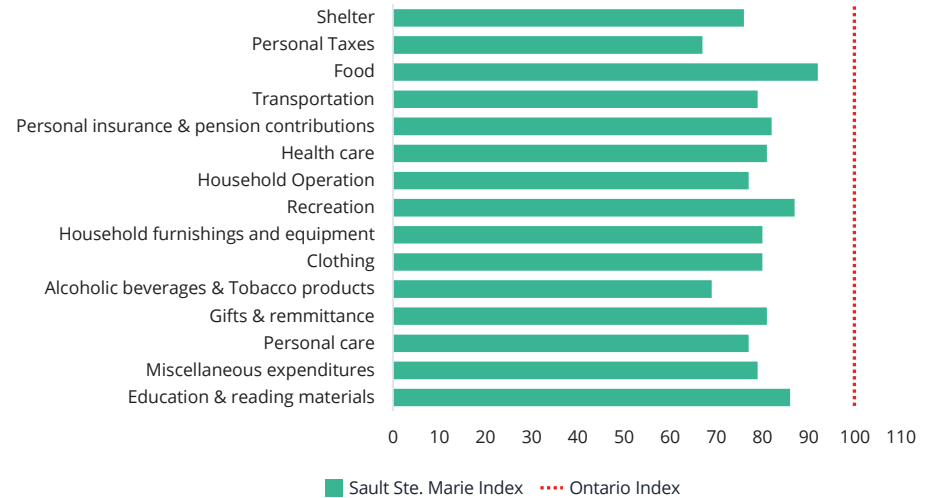
Avg. Annual Household Consumption (\$) and Share of income spend (%) Sault Ste. Marie – 2023



Average Household Income



Index* – Average Annual Household Consumption Sault Ste. Marie – 2023



Note*: The index is a comparison to the Total Population in Ontario. An index of 100 is the Ontario average.
Source: Source: ESRI, Statistics Canada, Sault Ste. Marie – 2023 Community Profile

Labour Force & Employment

Current State of Sault Ste. Marie

Sault Ste. Marie has a highly skilled workforce and access to hundreds of new graduates annually from local post-secondary institutions. Sault Ste. Marie's existing labor market includes skilled IT and technical, trades, health care, business, science, and research and development talent.

The City is home to major industrial companies and organizations with years of corporate executive and operations experience. Its growing IT and digital economy is growing and attracting new graduates and skilled programmers.

Age Profile

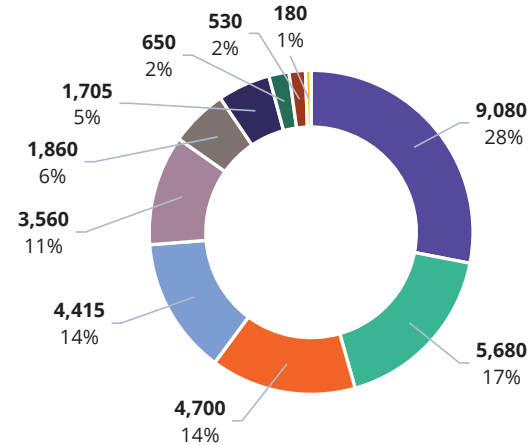
The table below illustrates Sault Ste. Marie's labour force make up by industry.

INDUSTRY	%
Health care and social assistance	18.0%
Retail trade	14.2%
Manufacturing	10.3%
Educational services	8.7%
Accommodation and food services	7.1%
Construction	6.6%
Public administration	6.3%
Administrative and support, waste management and remediation services	4.3%
Other services (except public administration)	4.2%
Professional, scientific and technical services	4.1%
Other	16.1%

Source: Statistics Canada, Sault Ste. Marie – 2023 Community Profile

Labour Force by Occupation

The graph below illustrates Sault Ste. Marie's labour force make up by occupation.



28%	Sales and service	6%	Natural and applied sciences and related
17%	Trades, transport and equipment operators and related	5%	Education, law and social, community and government services
14%	Manufacturing and utilities	2%	Legislative and senior management
14%	Business, finance and administration	2%	Natural resources, agricultural and related production
11%	Health occupations	1%	Art, culture, sport and recreation

Labour Force & Employment (contd.)

Major Sectors

Sault Ste. Marie continues to diversify its economy and has experienced growth in sectors such as alternative energy, science and technology, aviation services, and business-process outsourcing.

With its industrial roots, Sault Ste. Marie has been a manufacturing hub for over 100 years. Harnessing the local natural resources and capitalizing on its location, Sault Ste. Marie is a leading producer of steel, forestry products, renewable energy and much more.

The City sets out to build on its traditional industries as well as focus on advanced manufacturing, and emerging industries such as IT & digital, clean tech, lottery & gaming, aviation and more.



Source: Statistics Canada, Sault Ste. Marie – 2023 Community Profile

Major Employers

Sault Ste. Marie possesses several small and medium-sized businesses have set up or experienced growth in Sault Ste. Marie over the past several years.

Private Sector Major Employers

- Algoma Steel
- Tenaris Algoma Tubes
- Walmart
- McDougall Energy
- Canadian Tire
- Algoma Energy Solutions
- SIS Group
- JD Aero
- Arauco North America
- S&T Group

Public Sector Major Employers

- Sault Area Hospital
- Algoma District School Board
- City of Sault Ste. Marie
- Huron-Superior Catholic District School Board
- Sault College
- Ontario Lottery and Gaming Corporation
- F.J Davey Home
- Group Health Centre
- Algoma University
- Algoma Public Health Unit

Medical/Health expenditure set to outpace other key sectors for Ontarians

Ontario Household Spending

Based on recent economic trends and projections for the next ten years (2024-2034), spending in Ontario's Medical/Health Goods & Services sector is set to outpace other key sectors, except for Clothing and Footwear. This indicates a significant shift in consumer priorities and spending habits, driven by various factors including an aging population, increased health awareness, and possibly the aftermath of the COVID-19 pandemic.

Implications to Sault Ste Marie and Clinical Campus Feasibility

The projected trend of increasing spending on Medical/Health Goods & Services in Ontario supports Sault Ste. Marie's objective of introducing a clinical campus:

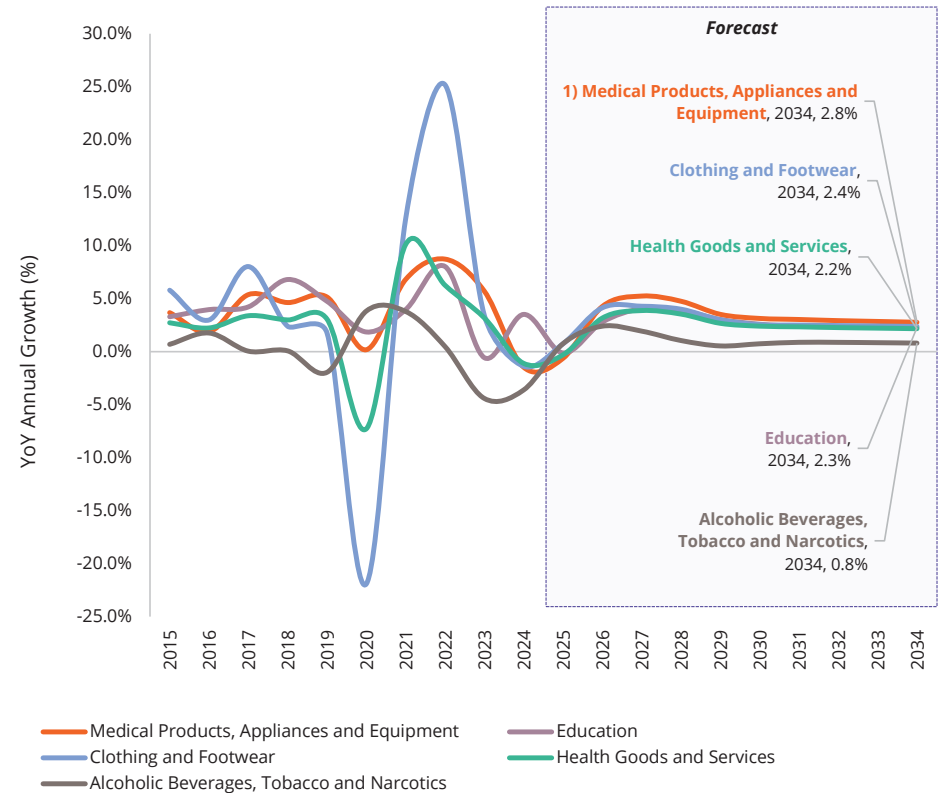
- **Steady Forecasted Growth:** With projected increased spending in healthcare and related medical sectors, the industry growth will drive local economic growth through job creation for Sault Ste. Marie.
- **Local Healthcare Improvement:** The clinical campus will address rising healthcare demands by training professionals to serve the community, enhancing local healthcare infrastructure.
- **Enhanced Reputation:** Establishing the clinical campus will elevate the city's status as a hub for education and healthcare, attracting students, professionals, and researchers.
- **Collaborative Opportunities:** The clinical campus will enable collaborations with local healthcare facilities, leading to integrated care, innovative treatments, and better healthcare outcomes.

#	Household Consumer Spending Indicator	Spending Growth Average	
		10 Year Avg. 2014 - 2024	F10 Year Avg. 2024 - 2034
1	Medical Products, Appliances and Equipment	4.7%	2.8%
2	Education	4.0%	2.6%
3	Clothing and Footwear	4.5%	2.5%
4	Food and Non-Alcoholic Beverages	1.5%	2.1%
5	Health Goods and Services	3.0%	2.1%
-	Housing, Water, Electricity, Gas and Other Fuels	2.4%	2.1%
-	Housing Rent	2.7%	2.0%
-	Eating Out	2.2%	1.7%
-	Alcoholic Beverages, Tobacco and Narcotics	0.5%	0.7%

Source: Oxford Economics

Ontario Household Spending – YoY Annual Growth (%)

Medical/Health Goods & Services vs Education and Alcohol, Tobacco & Narcotics





Appendices

A2. Recruitment Overview

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Sault Ste. Marie current state – Physician Recruitment & Retention Program

Physician Recruitment & Retention Program Overview

Sault Ste. Marie's Physician Recruitment & Retention Program is a strategic initiative aimed at attracting and retaining physicians to address the city's healthcare needs. The program offers various incentives and support to physicians considering practicing in the area, including financial bonuses, relocation assistance, and professional support for new doctors and their families. The goal is to address the region's physician shortage, particularly in family medicine and certain specialties, by creating a welcoming environment that promotes long-term retention.

The program also focuses on work-life balance, community integration, and collaboration with local healthcare providers such as Sault Area Hospital. Additionally, the initiative partners with organizations like the Northern Ontario School of Medicine University (NOSM U) to foster local medical training and increase the likelihood of physicians staying in the region after completing their education or residency.

Program Introduction

The Sault Ste. Marie Physician Recruitment Program was established in 2002 to provide a coordinated, community-driven approach to attracting physicians to the area. The program is supported by key partners, including the City of Sault Ste. Marie, Sault Area Hospital (SAH), Group Health Association, Algoma District Medical Group, and Algoma West Academy of Medicine.

Current funding for the program totals \$300,000, with contributions from the City of Sault Ste. Marie (\$140,000), SAH (\$80,000), Group Health Association (\$65,000), and a \$10,000 overpayment from the Group Health Association. Additionally, sponsorships provide \$5,000.

Program Budget Breakdown	
Budget Item	Amount
Salaries & Benefits	\$165,000
Office Supplies	\$2,000
Professional Conferences	\$3,000
Professional Services -Recruitment	\$15,000
Professional Fees	\$195
Advertising/Journals & Website Management	\$8,000
Display & Promotional Materials	\$3,000
Recruitment Incentives (relocation, 2nd site visit exp)	\$60,000
Showcasing SSM/Site Visits	\$10,000
Retention Activities/Initiatives	\$12,000
Participation in Recruitment Events	\$14,805
Summer Studentship Program	\$5,000
Minor Equipment Purchases (Furniture & Office Equipment)	\$2,000
Subtotal	\$300,000

Source: Sault Ste. Marie Physician Recruitment & Retention Program



Sault Ste. Marie – Physician Recruitment & Retention Program (contd.)

Program Results – Physician Recruitment & Retention Program

Sault Ste. Marie's ("SSM") Physician Recruitment & Retention Program has seen mixed results. Successes include attracting new physicians through financial incentives and fostering strong partnerships with local healthcare organizations, which has helped address some of the region's healthcare needs.

However, challenges remain, particularly in retaining physicians long-term and filling gaps in specialty areas. Despite improvements, the physician-to-population ratio continues to decline, highlighting the need for enhanced retention strategies and more targeted recruitment efforts.

NOSM U Successes

NOSM U's presence in Sault Ste. Marie has created a thriving medical education environment, offering students a supportive and engaging experience while contributing to the community's healthcare development.

With growing residency programs and strong involvement from local physicians, the city has become an attractive destination for medical learners as students enjoy the quiet lifestyle and access to nature.

Below are the key success points of NOSM U in Sault Ste. Marie:

- Over 35 medical learners in the community at any given time
- Unique Summer Studentship for 1st and 2nd-year students from SSM
- Expanding residency programs, electives, and undergraduate rotations
- Learners express strong appreciation for the supportive learning environment, sense of collegiality, and dedicated space at Sault Area Hospital

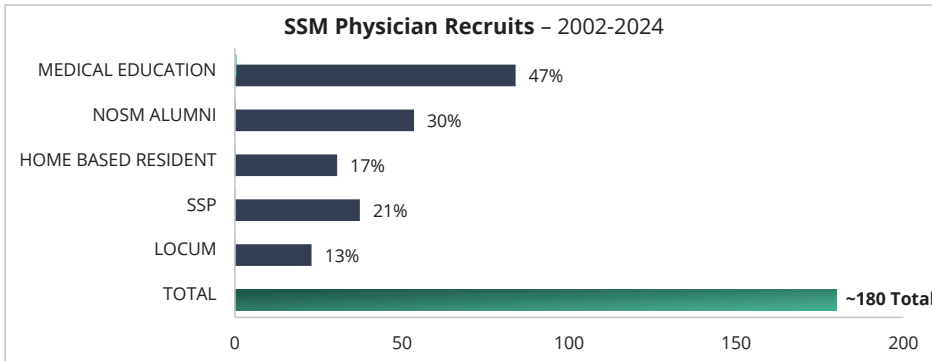
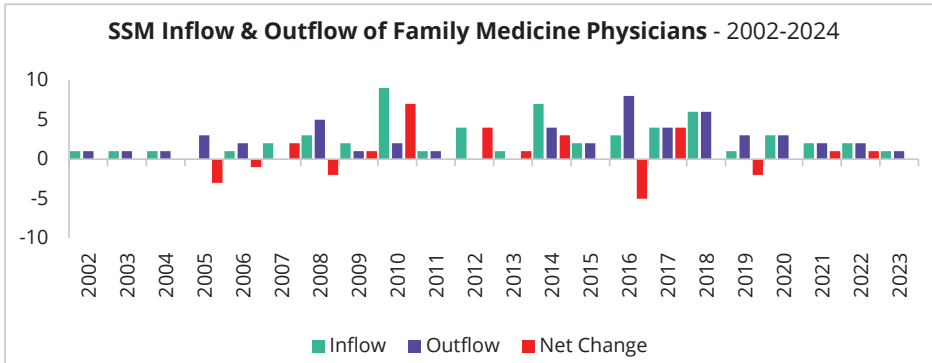


Source: Sault Ste. Marie Physician Recruitment & Retention Program

Sault Ste. Marie – Physician Recruitment & Retention Program (contd.)

SMM Inflow & Outflow of Family Medicine Physicians – 2002-2024

Sault Ste. Marie has experienced a fluctuating inflow and outflow of family medicine physicians in the last 20 years, particularly between 2005 and 2019. While recruitment efforts have successfully brought new physicians to the community, retirements and relocations have contributed to ongoing gaps.



Source: Sault Ste. Marie Physician Recruitment & Retention Program



Sault Ste. Marie – Physician Recruitment & Retention Program (contd.)

Current Recruitment Strategies

Sault Ste. Marie’s current physician recruitment strategies focus on attracting new talent through a combination of financial incentives, community engagement, and professional support. The city offers competitive relocation packages, signing bonuses, and loan forgiveness programs to make practicing in the area more appealing.

Efforts also include improving work-life balance by fostering collaborative healthcare networks and providing modern facilities and resources. The recruitment program partners with local organizations like Sault Area Hospital and the Northern Ontario School of Medicine (NOSM U) to offer training opportunities and create a pipeline for future physicians to stay and work in the community.

Other specific recruitment strategies used by Sault Ste. Marie include:

- Marketing & advertising
- Attending conferences or doctor job fairs
- Practice models
- Community supports & engagement
- Incentives
- Community Site Visits
- Locums
- Bursary Development
- Medical education
- Summer studentship program

Current Retention Strategies

Sault Ste. Marie’s physician retention strategies focus on fostering a supportive work environment, improving work-life balance, and providing ongoing professional development. The City encourages collaboration between healthcare providers and offers community integration initiatives to help physicians build long-term connections. These efforts aim to enhance job satisfaction and reduce physician turnover.

Other specific retention strategies used by Sault Ste. Marie include:

- Practice model
- Incentives
- Wellness/retention events –golf & ski days
- Settlement support for the ENTIRE family
- Mentorship programs
- NOSM U faculty
- SSM AMA support for medical education, faculty development and scholarly activity

Source: Sault Ste. Marie Physician Recruitment & Retention Program



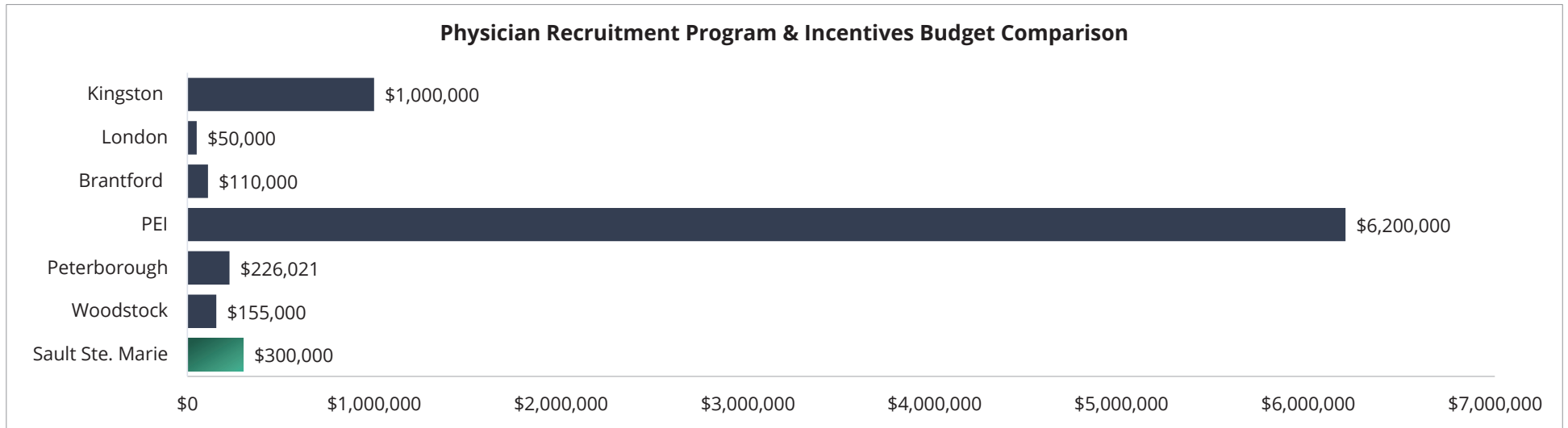
Comparative Physician Recruitment & Retention Program Budgets

Rural Physician Recruitment Incentives Overview

Across Canada, smaller communities and rural areas are frequently encountering challenges in attracting and retaining healthcare professionals, specifically doctors. To address these challenges, many municipalities have developed recruitment committees and curated incentive programs to help entice talent and make these areas more appealing. These incentives can reach \$100,000 and even more to entice doctors with some common strategies including:

- **Signing bonuses** for doctors who commit to working in the region for a certain period of time
- **Relocation grants** to help cover costs such as moving, housing or setting up a practice
- **Debt repayment** including student loan forgiveness
- **Flexible working arrangement** allowing for doctors to have more control over schedules

Out of all of this, a key theme that has emerged is many municipalities are calling upon their council to include larger line items within the budget to be allocated for physician recruitment and retention programs which has raised concerns by some indicating that it is a race to the bottom bidding war for these essential workers. The following outlines the annual budget allocated to recruitment activities in 2024 for some municipalities across the province:



Source: Municipal Budgets, CBC, Global news

Sault Ste. Marie – Physician Recruitment & Retention Program (contd.)

Opportunities

Sault Ste. Marie has several key opportunities to strengthen its healthcare system. Expanding partnerships with the Northern Ontario School of Medicine University (NOSM U) could increase local training opportunities, encouraging medical graduates to stay and practice in the community.

The city can also leverage its Physician Recruitment & Retention Program to attract new talent, offering competitive incentives and fostering a supportive work environment. Additionally, focusing on collaborative healthcare networks and improving work-life balance for physicians can help retain existing staff.

With its natural surroundings and strong sense of community, Sault Ste. Marie has the potential to become an attractive destination for both new and experienced healthcare professionals.

Other ongoing efforts and opportunities include:

- International Recruitment
- Collaboration
- Medical Education
- Community Engagement



Source: Sault Ste. Marie Physician Recruitment & Retention Program



Appendices

A3. Detailed Cost Estimate Breakdown

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Detailed Cost Estimate Breakdown: Option 1

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Option 1 - Renovation

Element	Ratio G.F.A.	ft²			m²			Amount \$	Total Cost \$	%
		Element Quantity	Unit	Average Unit Cost	Element Quantity	Unit	Average Unit Cost			
A1 SUBSTRUCTURE		18,000	ft²	0.00	1,672	m²	0.00		0	0.0%
A2 STRUCTURE		18,000	ft²	0.00	1,672	m²	0.00		0	0.0%
A3 EXTERIOR ENCLOSURE		18,000	ft²	0.00	1,672	m²	0.00		0	0.0%
B1 PARTITIONS & DOORS		18,000	ft²	83.33	1,672	m²	896.99		1,500,000	17.2%
B1.1 Fixed Partitions	1.00	18,000	ft²	72.22	1,672	m²	777.39	1,300,000		
B12 Doors	0.00	95	lvs.	2,105.26	95	lvs.	2,105.26	200,000		
B2 FINISHES		18,000	ft²	53.33	1,672	m²	574.07		960,000	11.0%
B21 Floor Finishes	1.00	18,000	ft²	28.89	1,672	m²	310.96	520,000		
B22 Ceiling Finishes	1.00	18,000	ft²	17.22	1,672	m²	185.38	310,000		
B23 Wall Finishes	1.00	18,000	ft²	7.22	1,672	m²	77.74	130,000		
B3 FITTINGS & EQUIPMENT		18,000	ft²	171.67	1,672	m²	1,847.80		3,090,000	35.4%
B31.1 Metals	1.00	18,000	ft²	8.33	1,672	m²	89.70	150,000		
B31.2 Millwork	1.00	18,000	ft²	31.11	1,672	m²	334.88	560,000		
B31.3 Specialties	1.00	18,000	ft²	48.89	1,672	m²	526.24	880,000		
B32 Equipment	1.00	18,000	ft²	83.33	1,672	m²	896.99	1,500,000		
C1 MECHANICAL		18,000	ft²	48.61	1,672	m²	523.25		875,000	10.0%
C11 Plumbing and Drainage	1.00	18,000	ft²	13.89	1,672	m²	149.50	250,000		
C12 Fire Protection	1.00	18,000	ft²	4.17	1,672	m²	44.85	75,000		
C13 HVAC	1.00	18,000	ft²	27.78	1,672	m²	299.00	500,000		
C14 Controls	1.00	18,000	ft²	2.78	1,672	m²	29.90	50,000		
C2 ELECTRICAL		18,000	ft²	42.22	1,672	m²	454.48		760,000	8.7%
C21 Service & Distribution	1.00	18,000	ft²	16.67	1,672	m²	179.40	300,000		
C22 Lighting, Devices & Heating	1.00	18,000	ft²	13.89	1,672	m²	149.50	250,000		
C23 Systems & Ancillaries	1.00	18,000	ft²	11.67	1,672	m²	125.58	210,000		
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	85.82	1,672	m²	923.78		1,544,800	17.7%
Z11 General Requirements	15%							1,077,800		
Z12 Fee	6.5%							467,000		
NET BUILDING COST		18,000	ft²	484.99	1,672	m²	5,220.37		8,729,800	100.0%

Detailed Cost Estimate Breakdown: Option 1 (cont'd)

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Option 1 - Renovation

Element	Ratio G.F.A.	ft ²			m ²			Amount \$	Total Cost \$	%
		Element		Average Unit Cost	Element		Average Unit Cost			
		Quantity	Unit		Quantity	Unit				
NET BUILDING COST								8,729,800		
D1 SITE WORK		18,000	ft²	0.00	1,672	m²	0.00		0	
D2 ANCILLARY WORK		18,000	ft²	13.89	1,672	m²	149.50		250,000	
D21.1 Demolition	1.00	18,000	ft ²	5.56	1,672	m ²	59.80	100,000		
D22 Alterations	1.00	18,000	ft ²	8.33	1,672	m ²	89.70	150,000		
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	2.99	1,672	m²	32.17		53,800	
Z11 General Requirements	15%							37,500		
Z12 Fee	6.5%							16,300		
NET CONSTRUCTION COST		18,000	ft²	501.87	1,672	m²	5,402.04		9,033,600	
Z2 ALLOWANCES		18,000	ft²	248.43	1,672	m²	2,674.05		4,471,700	
Z21 Design Allowance	30%							2,710,100		
Z23 Construction Allowance	15%							1,761,600		
SUBTOTAL CONSTRUCTION COST		18,000	ft²	750.29	1,672	m²	8,076.09		13,505,300	
Goods & Services Tax	0%								0	
TOTAL CONSTRUCTION COST		18,000	ft²	750.29	1,672	m²	8,076.09		13,505,300	
Z31 Escalation Allowance 2028	18%								2,431,000	
ESCALATED CONSTRUCTION COST		18,000	ft²	885.35	1,672	m²	9,529.82		15,936,300	

Detailed Cost Estimate Breakdown: Option 2

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Option 2 - New		ft²		m²			Amount \$	Total Cost \$	%
Element	Ratio G.F.A.	Element Quantity	Unit	Average Unit Cost	Element Quantity	Unit			
A1 SUBSTRUCTURE		18,000	ft²	16.67	1,672	m²	179.40	300,000	1.3%
A11.1 Standard Foundations	1.00	18,000	ft²	16.67	1,672	m²	179.40	300,000	
A2 STRUCTURE		18,000	ft²	97.60	1,672	m²	1,049.48	1,755,000	7.6%
A21 Lowest Floor Construction	1.00	18,000	ft²	6.67	1,672	m²	71.76	120,000	
A22.1 Upper Floor Construction	2.00	36,000	ft²	30.56	3,345	m²	328.90	1,100,000	
A22.2 Stair Construction	0.00	120	nsm	708.33	120	nsm	708.33	85,000	
A23 Roof Construction	1.00	18,000	ft²	25.00	1,672	m²	269.10	450,000	
A3 EXTERIOR ENCLOSURE		18,000	ft²	102.78	1,672	m²	1,106.29	1,850,000	8.0%
A32.1 Walls Above Grade	1.00	18,000	ft²	25.00	1,672	m²	269.10	450,000	
A32.2 Structural Walls Above Grade	1.00	18,000	ft²	16.67	1,672	m²	179.40	300,000	
A33.1 Windows & Louvres	1.00	18,000	ft²	36.11	1,672	m²	388.70	650,000	
A33.3 Doors	0.00	20	lvs.	2,500.00	20	lvs.	2,500.00	50,000	
A34.1 Roof Covering	1.00	18,000	ft²	19.44	1,672	m²	209.30	350,000	
A35 Projections	1.00	18,000	ft²	2.78	1,672	m²	29.90	50,000	
B1 PARTITIONS & DOORS		18,000	ft²	83.33	1,672	m²	896.99	1,500,000	6.5%
B11.1 Fixed Partitions	1.00	18,000	ft²	72.22	1,672	m²	777.39	1,300,000	
B12 Doors	0.00	95	lvs.	2,105.26	95	lvs.	2,105.26	200,000	
B2 FINISHES		18,000	ft²	53.33	1,672	m²	574.07	960,000	4.1%
B21 Floor Finishes	1.00	18,000	ft²	28.89	1,672	m²	310.96	520,000	
B22 Ceiling Finishes	1.00	18,000	ft²	17.22	1,672	m²	185.38	310,000	
B23 Wall Finishes	1.00	18,000	ft²	7.22	1,672	m²	77.74	130,000	
B3 FITTINGS & EQUIPMENT		18,000	ft²	185.66	1,672	m²	1,997.30	3,340,000	14.4%
B31.1 Metals	1.00	18,000	ft²	8.33	1,672	m²	89.70	150,000	
B31.2 Millwork	1.00	18,000	ft²	31.11	1,672	m²	334.88	560,000	
B31.3 Specialties	1.00	18,000	ft²	48.89	1,672	m²	526.24	880,000	
B32 Equipment	1.00	18,000	ft²	83.33	1,672	m²	896.99	1,500,000	
B33.1 Elevators	0.00	4	stop	62,500.00	4	stop	62,500.00	250,000	
C1 MECHANICAL		18,000	ft²	277.78	1,672	m²	2,389.97	5,000,000	21.6%
C11 Plumbing and Drainage	1.00	18,000	ft²	88.89	1,672	m²	956.79	1,600,000	
C12 Fire Protection	1.00	18,000	ft²	27.78	1,672	m²	299.00	500,000	
C13 HVAC	1.00	18,000	ft²	138.89	1,672	m²	1,494.99	2,500,000	
C14 Controls	1.00	18,000	ft²	22.22	1,672	m²	239.20	400,000	
C2 ELECTRICAL		18,000	ft²	241.11	1,672	m²	2,595.30	4,340,000	18.8%
C21 Service & Distribution	1.00	18,000	ft²	77.78	1,672	m²	837.19	1,400,000	
C22 Lighting, Devices & Heating	1.00	18,000	ft²	111.11	1,672	m²	1,195.99	2,000,000	
C23 Systems & Ancillaries	1.00	18,000	ft²	52.22	1,672	m²	562.11	940,000	
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	227.48	1,672	m²	2,448.61	4,094,700	17.7%
Z11 General Requirements	15%							2,856,800	
Z12 Fee	6.5%							1,237,900	
NET BUILDING COST		18,000	ft²	1,285.54	1,672	m²	13,837.41	23,139,700	100.0%

Detailed Cost Estimate Breakdown: Option 2 (cont'd)

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Element	Ratio G F A	ft ²			m ²			Amount \$	Total Cost \$	%
		Element		Average	Element		Average			
		Quantity	Unit	Unit Cost	Quantity	Unit	Unit Cost			
NET BUILDING COST									23,139,700	
D1 SITE WORK		18,000	ft²	141.67	1,672	m²	1,524.89		2,550,000	
D11.1	1.00	18,000	ft ²	8.33	1,672	m ²	89.70	150,000		
D11.2	1.00	18,000	ft ²	83.33	1,672	m ²	896.99	1,500,000		
D11.3	1.00	18,000	ft ²	19.44	1,672	m ²	209.30	350,000		
D11.4	1.00	18,000	ft ²	13.89	1,672	m ²	149.50	250,000		
D12	1.00	18,000	ft ²	11.11	1,672	m ²	119.60	200,000		
D13	1.00	18,000	ft ²	5.56	1,672	m ²	59.80	100,000		
D2 ANCILLARY WORK		18,000	ft²	0.00	1,672	m²	0.00		0	
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	30.46	1,672	m²	327.88		548,300	
Z11	15%							382,500		
Z12	6.5%							165,800		
NET CONSTRUCTION COST		18,000	ft²	1,467.67	1,672	m²	15,690.18		26,238,000	
Z2 ALLOWANCES		18,000	ft²	532.05	1,672	m²	5,726.93		9,576,900	
Z21	30%							7,871,400		
Z23	5%							1,705,500		
SUBTOTAL CONSTRUCTION COST		18,000	ft²	1,989.72	1,672	m²	21,417.11		35,814,900	
Goods & Services Tax									0	
TOTAL CONSTRUCTION COST		18,000	ft²	1,989.72	1,672	m²	21,417.11		35,814,900	
Z31	18%								6,446,700	
ESCALATED CONSTRUCTION COST		18,000	ft²	2,347.87	1,672	m²	25,272.20		42,261,600	

Detailed Cost Estimate Breakdown: Option 3

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Option 3 - Addition		ft ²			m ²			Amount \$	Total Cost \$	%
Element	Ratio G.F.A.	Element Quantity	Unit	Average Unit Cost	Element Quantity	Unit	Average Unit Cost			
A1 SUBSTRUCTURE		18,000	ft²	19.44	1,672	m²	209.30		350,000	1.5%
A11.1 Standard Foundations	1.00	18,000	ft ²	19.44	1,672	m ²	209.30	350,000		
A2 STRUCTURE		18,000	ft²	97.50	1,672	m²	1,049.48		1,755,000	7.7%
A21 Lowest Floor Construction	1.00	18,000	ft ²	6.67	1,672	m ²	71.76	120,000		
A22.1 Upper Floor Construction	2.00	36,000	ft ²	30.56	3,345	m ²	328.90	1,100,000		
A22.2 Stair Construction	0.00	120	risr	708.33	120	risr	708.33	85,000		
A23 Roof Construction	1.00	18,000	ft ²	25.00	1,672	m ²	269.10	450,000		
A3 EXTERIOR ENCLOSURE		18,000	ft²	88.89	1,672	m²	956.79		1,600,000	7.0%
A32.1 Walls Above Grade	1.00	18,000	ft ²	19.44	1,672	m ²	209.30	350,000		
A32.2 Structural Walls Above Grade	1.00	18,000	ft ²	16.67	1,672	m ²	179.40	300,000		
A33.1 Windows & Louvres	1.00	18,000	ft ²	27.78	1,672	m ²	299.00	500,000		
A33.3 Doors	0.00	20	lvs.	2,500.00	20	lvs.	2,500.00	50,000		
A34.1 Roof Covering	1.00	18,000	ft ²	19.44	1,672	m ²	209.30	350,000		
A35 Projections	1.00	18,000	ft ²	2.78	1,672	m ²	29.90	50,000		
B1 PARTITIONS & DOORS		18,000	ft²	83.33	1,672	m²	896.99		1,500,000	6.6%
B11.1 Fixed Partitions	1.00	18,000	ft ²	72.22	1,672	m ²	777.39	1,300,000		
B12 Doors	0.00	95	lvs.	2,105.26	95	lvs.	2,105.26	200,000		
B2 FINISHES		18,000	ft²	53.33	1,672	m²	574.07		960,000	4.2%
B21 Floor Finishes	1.00	18,000	ft ²	28.89	1,672	m ²	310.96	520,000		
B22 Ceiling Finishes	1.00	18,000	ft ²	17.22	1,672	m ²	185.38	310,000		
B23 Wall Finishes	1.00	18,000	ft ²	7.22	1,672	m ²	77.74	130,000		
B3 FITTINGS & EQUIPMENT		18,000	ft²	185.56	1,672	m²	1,997.30		3,340,000	14.6%
B31.1 Metals	1.00	18,000	ft ²	8.33	1,672	m ²	89.70	150,000		
B31.2 Millwork	1.00	18,000	ft ²	31.11	1,672	m ²	334.88	560,000		
B31.3 Specialties	1.00	18,000	ft ²	48.89	1,672	m ²	526.24	880,000		
B32 Equipment	1.00	18,000	ft ²	83.33	1,672	m ²	896.99	1,500,000		
B33.1 Elevators	0.00	4	stop	62,500.00	4	stop	62,500.00	250,000		
C1 MECHANICAL		18,000	ft²	277.78	1,672	m²	2,989.97		5,000,000	21.8%
C11 Plumbing and Drainage	1.00	18,000	ft ²	88.89	1,672	m ²	956.79	1,600,000		
C12 Fire Protection	1.00	18,000	ft ²	27.78	1,672	m ²	299.00	500,000		
C13 HVAC	1.00	18,000	ft ²	138.89	1,672	m ²	1,494.99	2,500,000		
C14 Controls	1.00	18,000	ft ²	22.22	1,672	m ²	239.20	400,000		
C2 ELECTRICAL		18,000	ft²	241.11	1,672	m²	2,595.30		4,340,000	19.0%
C21 Service & Distribution	1.00	18,000	ft ²	77.78	1,672	m ²	837.19	1,400,000		
C22 Lighting, Devices & Heating	1.00	18,000	ft ²	111.11	1,672	m ²	1,195.99	2,000,000		
C23 Systems & Ancillaries	1.00	18,000	ft ²	52.22	1,672	m ²	562.11	940,000		
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	225.09	1,672	m²	2,422.89		4,051,700	17.7%
Z11 General Requirements	15%							2,826,800		
Z12 Fee	6.5%							1,224,900		
NET BUILDING COST		18,000	ft²	1,272.04	1,672	m²	13,692.10		22,896,700	100.0%

Detailed Cost Estimate Breakdown: Option 3 (cont'd)

NOSM University Medical Campus
 City of Sault Ste. Marie, Ontario
 Feasibility Study 2028 Start

GFA: 18,000 ft²

Est. Class: D

Element	Ratio G.F.A.	ft²		m²			Amount \$	Total Cost \$	%	
		Element		Average	Element					Average
		Quantity	Unit	Unit Cost	Quantity	Unit				Unit Cost
NET BUILDING COST								22,896,700		
D1 SITE WORK		18,000	ft²	141.67	1,672	m²	1,524.89	2,550,000		
D11.1	1.00	18,000	ft²	8.33	1,672	m²	89.70	150,000		
D11.2	1.00	18,000	ft²	83.33	1,672	m²	896.99	1,500,000		
D11.3	1.00	18,000	ft²	19.44	1,672	m²	209.30	350,000		
D11.4	1.00	18,000	ft²	13.89	1,672	m²	149.50	250,000		
D12	1.00	18,000	ft²	11.11	1,672	m²	119.60	200,000		
D13	1.00	18,000	ft²	5.56	1,672	m²	59.80	100,000		
D2 ANCILLARY WORK		18,000	ft²	25.00	1,672	m²	269.10	450,000		
D21.1	1.00	18,000	ft²	8.33	1,672	m²	89.70	150,000		
D22	1.00	18,000	ft²	16.67	1,672	m²	179.40	300,000		
Z1 GENERAL REQUIREMENTS & FEES		18,000	ft²	35.83	1,672	m²	385.71	645,000		
Z11	15%							450,000		
Z12	6.5%							195,000		
NET CONSTRUCTION COST		18,000	ft²	1,474.54	1,672	m²	15,871.79	26,541,700		
Z2 ALLOWANCES		18,000	ft²	586.13	1,672	m²	6,309.02	10,550,300		
Z21	30%							7,962,500		
Z23	7.5%							2,587,800		
SUBTOTAL CONSTRUCTION COST		18,000	ft²	2,060.67	1,672	m²	22,180.81	37,092,000		
Goods & Services Tax									0	
TOTAL CONSTRUCTION COST		18,000	ft²	2,060.67	1,672	m²	22,180.81	37,092,000		
Z31	18%							6,676,600		
ESCALATED CONSTRUCTION COST		18,000	ft²	2,431.59	1,672	m²	26,173.38	43,768,600		

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