archipel.

Équipe Santé Ontario | Ontario Health Team

Primary Care Capacity in Archipel:

Survey Findings on Attachment, Capacity and Key Challenges

July 2026

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Acknowledgements

We gratefully acknowledge the Ottawa Ontario Health Team for generously sharing its original survey, which served as the foundation for much of this work. This spirit of collaboration exemplifies the partnerships that strengthen Ontario's health system, and we sincerely appreciate their support.

We also thank the Ontario Medical Association for its support in distributing the survey and for its ongoing commitment to strengthening our network. Finally, we extend our sincere appreciation to the primary care providers and clinics that took the time to participate. Your contributions represent an important first step in helping our OHT better understand our primary care partners, the realities of their day-to-day practice, and our region's capacity. This work provides an essential foundation as we move toward the provincial goal of ensuring that every person in Ontario is connected to a primary care provider by 2029.

Summary

The April 2026 Archipel primary care survey gathered input from 37 eligible respondents across 18 organizations in Ottawa East and Prescott-Russell. Respondents included 30 family physicians, 4 nurse practitioners and 3 clinic directors. More than half of clinics in the Archipel region were represented.

The results show a primary care community with meaningful capacity and commitment, but also clear pressures. Most respondents were relatively early in their careers and most intended to maintain their practice over the next five years, though about one-quarter expected to retire or transition away from primary care practice. Respondents were split between wanting to increase and reduce roster sizes.

Barriers to increased roster size and attachment included administrative burden, compensation, staffing/recruitment, physician and locum availability, space limitations, and problems with referral processes. Supports needed to increase panel sizes include more administrative staff, allied health professionals, locum/vacation coverage, digital solutions including A.I., and improved referral pathways.

Clinics varied in terms of staffing complements, roster sizes and attachment capacity. Almost all reported French capacity. Some offer additional languages or interpretation.

Most identified PS Suite as their EMR. While digital tools are an integral part of clinic workflows, there are challenges with usability, multiple logins, manual data entry, uneven adoption, limited referral options, and poor integration with EMRs.

Context

Archipel brings together 70 partners, organizations and community representatives, who work together to improve access, outcomes, equity and sustainability of health care in Ottawa East and Prescott-Russell.

In 2025-26, Archipel accelerated its primary care activities, expanding its primary care network, establishing a Primary Care Advisory Committee (PCAC), supporting funding applications and clinic expansions, supporting access to digital tools and coordinating the attachment of over 12,000 patients, including everyone on the initial[1] Health Care Connect list in our assigned FSAs (geographic areas).

In 2026-27, Archipel intends to strengthen and deepen primary care engagement, consolidate digital integration (e.g., OAB and eReferral) and accelerate attachment, moving towards the 2029 provincial goal of having all Ontarians attached to a primary care provider.

In March 2026 Archipel launched a survey to help understand the "lay of the land and the perspectives and needs of primary care providers. The results, summarized in this report, will help Archipel and the PCAC target efforts in 2026-27.

Methods

The survey includes questions related to primary care providers (e.g., roles, patient populations, activities and intentions) and clinics (e.g., staffing, capacity, digital tools) and the needs and challenges they face. It was developed based on Ottawa OHT's June 2025 survey, to leverage their work and facilitate comparisons.

Physicians and nurse practitioners completed the questions related to individual providers. Questions about the overall clinic and digital tools were answered by clinic directors and clinicians who self-identified as leads for their clinic or digital solutions.

While much of the original survey was retained, changes were made based on Ottawa OHTs' learnings, to remove questions with limited applicability and to shorten and simplify. A small number of questions were also added. The questionnaire was reviewed by Archipel's primary care co-leads, Martine Whissell and Dr. Elie Skaff. The Primary Care Advisory Committee had not yet had its first meeting.

[1] The initial list included people who registered with Health Connect by January 1, 2025.

The survey was disseminated via email using Archipel's primary care list and through the Ontario Medical Association and was promoted at the March 25, 2026 primary care luncheon in Hammond, featuring Dr. Jane Philpott. Information was collected securely using Microsoft Forms, during a one-month period, between March 25 and April 26, 2026. To be eligible respondents had to be family medicine physicians or nurse practitioners or clinic directors in the region (Ottawa East and Prescott Russell). An interactive map was provided to help. Respondents who provided their email address were eligible for a $50 gift card as a token of appreciation for their participation.

Results

Participation:

A total of 53 people completed the survey, however 16 that provided clinic locations outside Archipel were excluded. The remaining 37 included 10 in Prescott-Russell and 27 in Ottawa. There were 30 general physicians (GPs), 4 nurse practitioners (NPs) and 3 clinic directors representing 18 organizations across 22 sites. Based on our estimates of 230 GP and NPs in the region, the individual participation rate was 13%. On the other hand, more than half (56%) of the estimated 32 clinics were represented by at least one respondent.

Almost half of the respondents (17/37) were from four clinics: Family First Health Centre, Équipe de santé familiale communautaire de l'Est d'Ottawa, Équipe de santé familiale Plantagenet and Connexion Family Health Team (see Table 1).

Table 1. Number of respondents by clinic

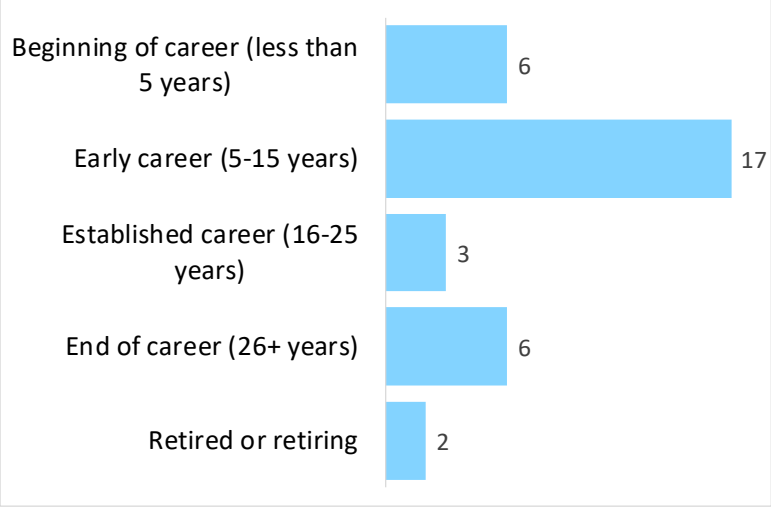
Clinic	Respondents
Family First Health Centre	5
ESF comm. de l'Est d'Ottawa	4
ESF Plantagenet	4
Connexion FHT	4
Clinique méd. Casselman	3
ESF académique Montfort	3
CSC Estrie	2
Orleans Family Health Clinic	2
Byward Family Health Team	1
Carson Medical Clinic	1
Ottawa NPLC	1
Clinique Medicale Wateridge	1
Médecine Familale 535	1
Perley Health	1
Sante Nation Health	1
St-Isidore Médical	1
YHVS	1
Solo doc	1

The average time to complete the survey was 11 and a half minutes. Those who filled in both the clinician and clinic-level questions took longer on average.

Clinician characteristics and activities

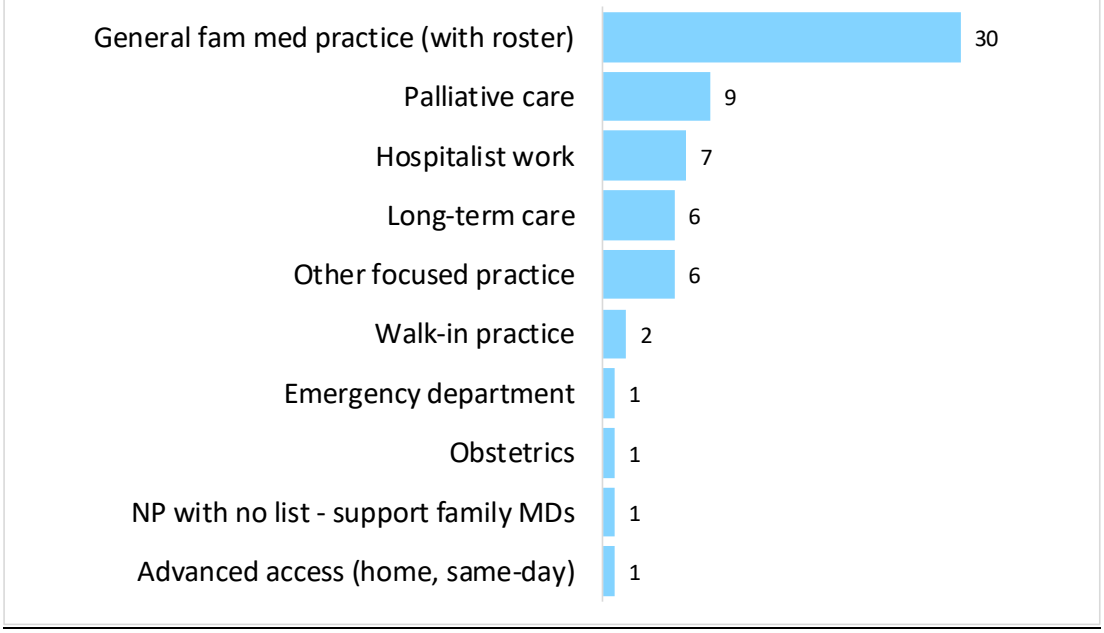
Most respondents (25/37) preferred "she/her" pronouns, followed by he/him (9) and 3 indicated a preference to just use their first names. Most (23/31) were relatively early in their careers, defined as 15 years or less (see Figure 1).

Figure 1. GP/NP Career Stage



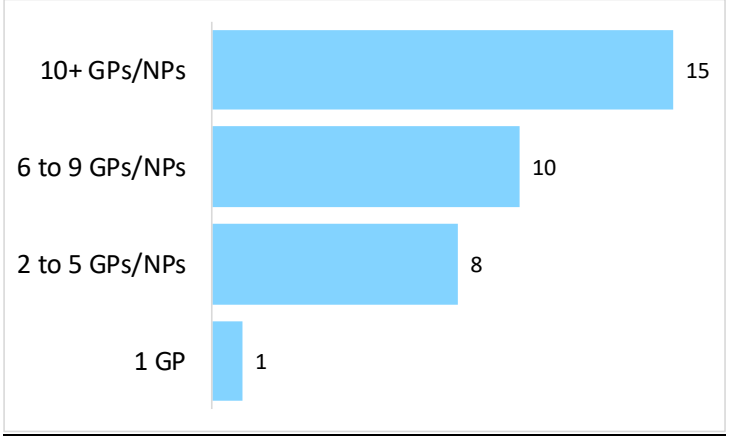
When asked about their primary clinical activities, 33 responded. Half (17) identified more than one type of clinical activity. General family medicine practice was identified by almost all of them (30). Other frequently identified clinical areas included palliative care, hospitalist work, long-term care and "others" (see Figure 2). About one-third identified a lead administrative or digital role. That group along with clinic directors were asked the clinic-level questions, summarized later in this report.

Figure 2. GP/NP clinical activities (multiple selections possible)



Most (74%) worked in clinics with 6 or more GPs/NPs (see Figure 3). Only one solo physician responded to the survey. If each clinic is only counted once, the proportion with large physician complements decreases.

Figure 3. # GPs and NPs in their practice



Most GP/NPs (59%) spent 20 to 29 hours on their family medicine practice, dedicated to *clinical* activities and almost a third (29%) spent 30 or more hours. As noted above, half of clinicians also engaged in activities other than general family medicine. On the paperwork side, most (55%) reported spending 10 to 19 hours per week on administrative tasks related to family medicine. Four of the respondents selected the same amount of time (10 to 19 or 20 to 29 hours) for both clinical work and administrative tasks.

Figure 4. Time/week for clinical activities with patients (family medicine practice)

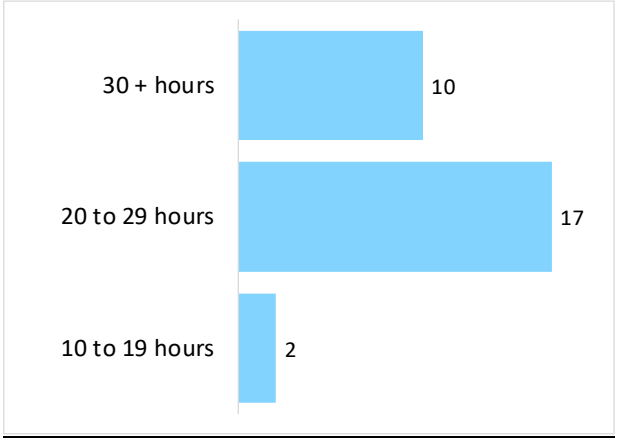
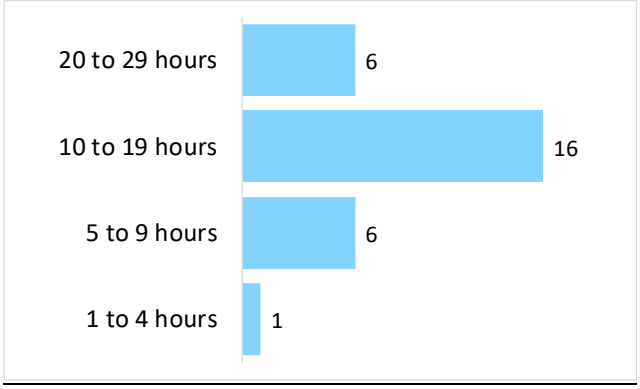


Figure 5. Time / week for administrative tasks related to family medicine practice



Clinician rosters

Among those with their own patient lists, the rosters ranged from 350 to almost 2,400. The median was 993 and the average was 1099. The distribution is shown in Figure 6. The fact that some clinicians also work in other contexts (e.g., emergency department), likely explains part of the variation. Difference in patient complexity may also partly explain. As a point of comparison, physicians funded through the recent (2024-2026) Interprofessional Primary Care Team process are each required to roster 1,400.

The vast majority of patients (94%) across responding clinicians are rostered patients with Ontario Health Insurance Plan (OHIP) coverage (see Figure 7). While other groups made up small proportions overall, there was considerable variation. The proportion of non-rostered patients ranged from 0 to 13% and the proportion of patients from Quebec ("RAMQ" or "QHIP") ranged from 0 to 31%.

Figure 6. Number of patients

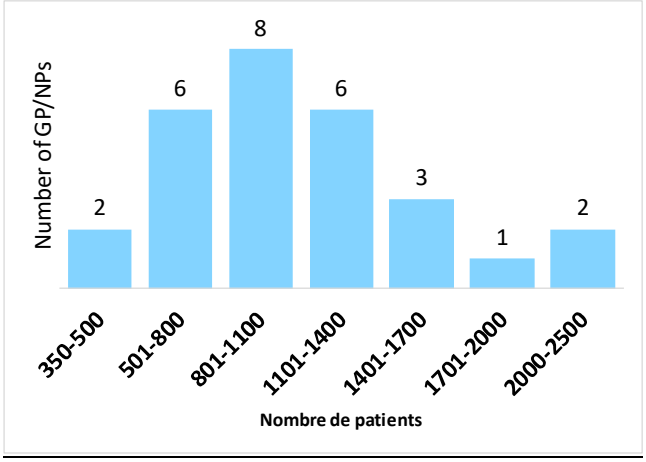
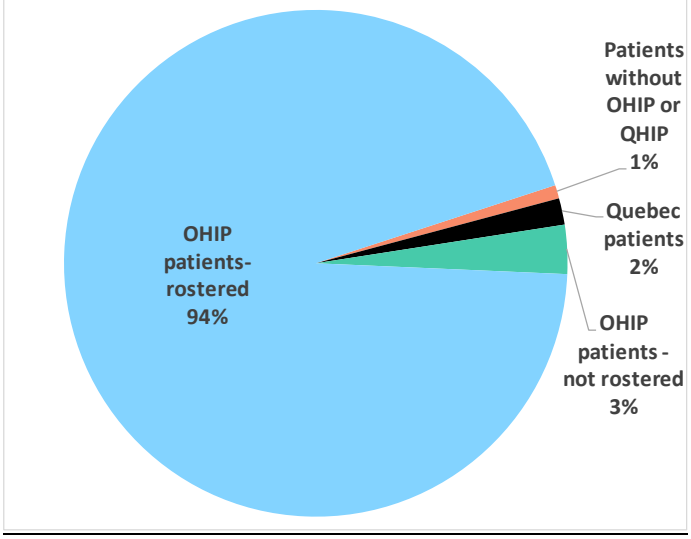


Figure 7. Distribution of rosters by patient insurance



Clinician roster plans

While most (59%) plan to maintain their primary care practice over the next 5 years, about a quarter (24%) intend to retire or transition from the practice in the next 5 years, though for most of those, the change is more than a year away (see Figure 8). In terms of roster sizes, the proportion who want to reduce their rosters is the same as the proportion who want to increase it: 21% (see Figure 9).

Figure 8. Primary care practice plans- next 5 years

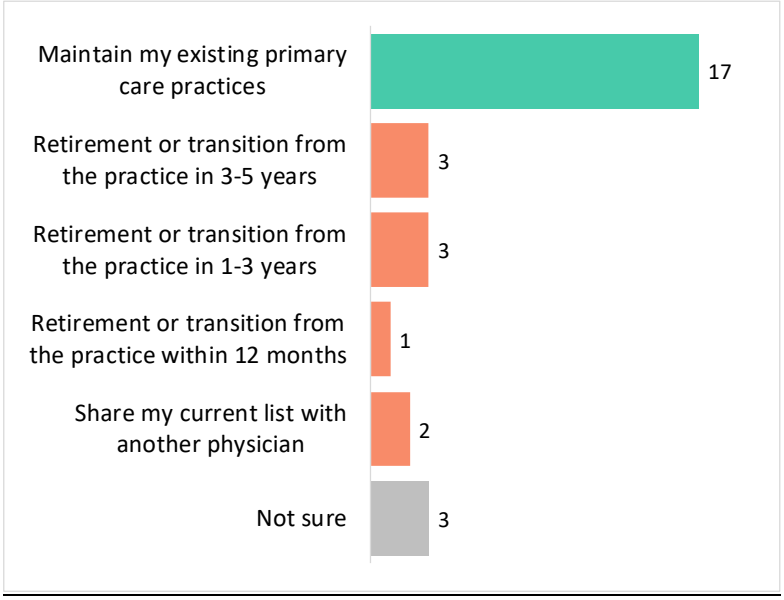
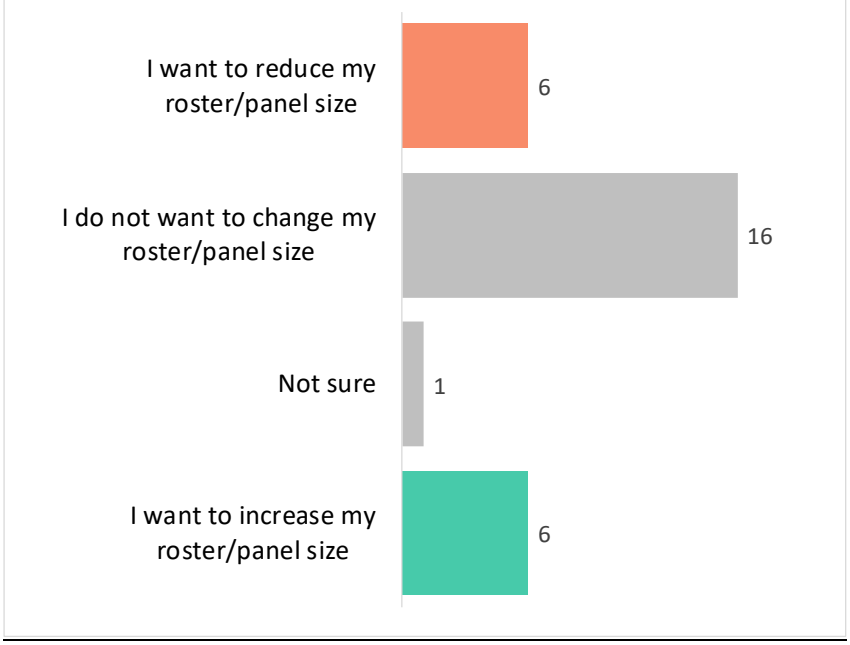


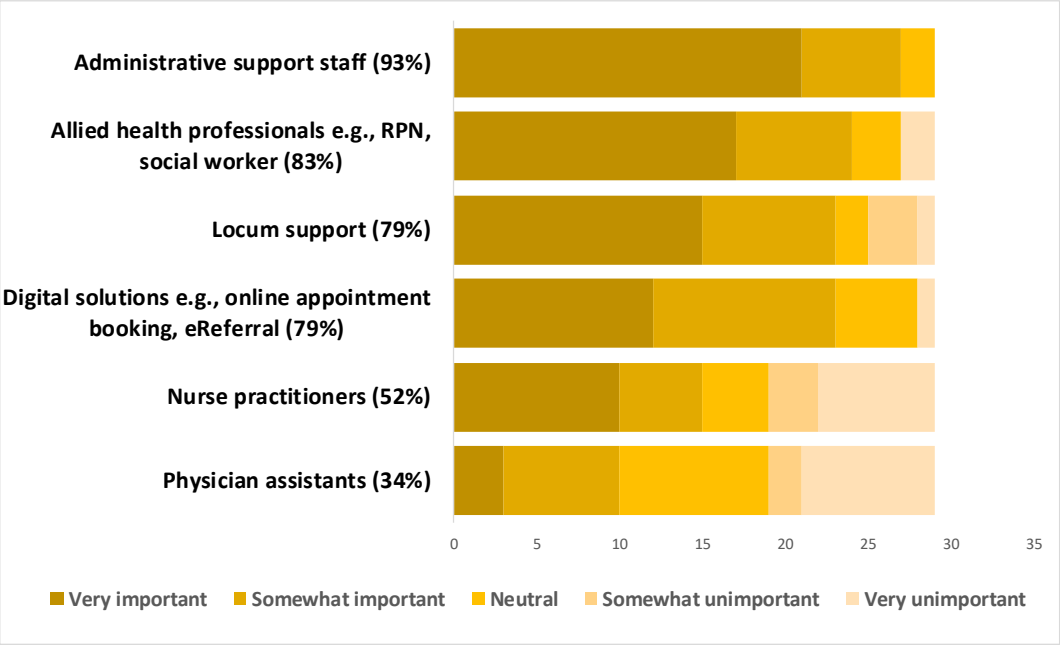
Figure 9. Goals for roster/panel size



Influences on roster sizes potential

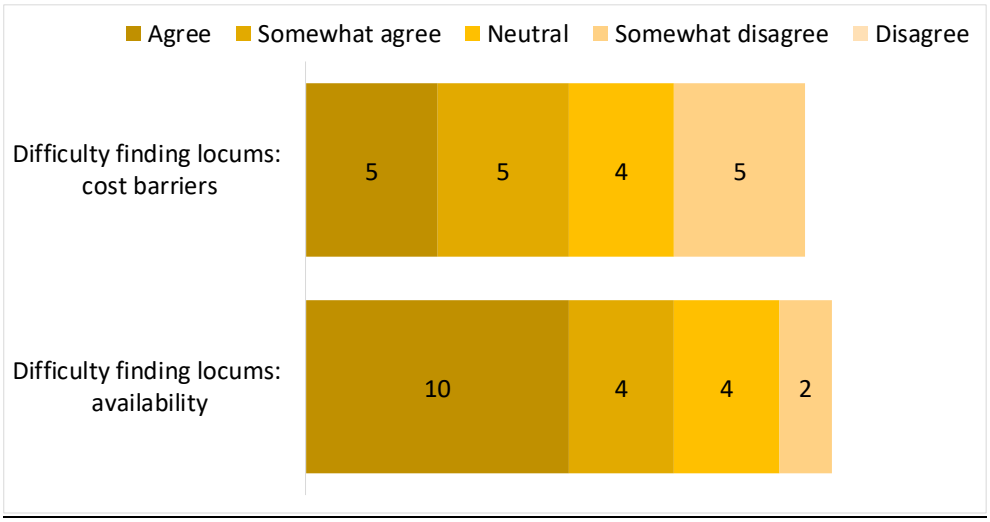
When asked what additions might help to increase panel sizes, administrative support staff were more frequently identified as very or somewhat important (93%), followed by allied health professionals (83%), locum support (79%), digital solutions (79%), nurse practitioners (52%) and physician assistants (34%) (see Figure 10).

Figure 10. Importance of practice additions to increase panel size (% very or somewhat important)



When asked about finding locums in the last 24 months, half (50%) agreed or somewhat agreed that cost was a barrier. A larger proportion (70%) identified availability to locums as a barrier. (See Figure 11). Availability appears to be the more significant challenge.

Figure 11. Difficulty finding a locum in the last 24 months due to availability of cost barriers



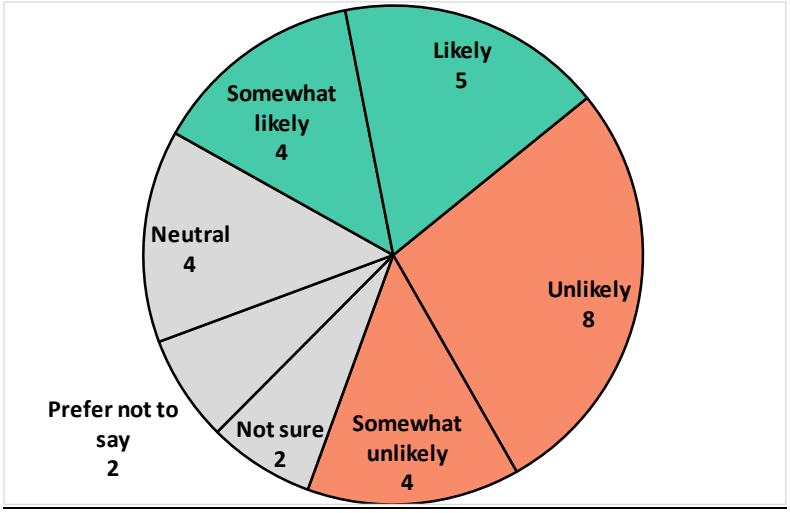
Of the 28 respondents who provided comments to an open-ended question about measures that would increase or maintain their interest and capacity to provide longitudinal primary care and/or practise as a family physician, most identified compensation, administrative burden, and access to support resources as key factors. More specifically, they identified the need for:

- Improved remuneration, including compensation for administrative and indirect patient care work, as well as funding for clinic overhead and staff.
- Reduced administrative burden through increased administrative support, streamlined forms and referral processes, improved digital systems, and funding for AI-enabled tools.
- Greater access to interdisciplinary team members, such as nurse practitioners, nurses, social workers, psychologists, and other allied health professionals.
- Better access to specialists, diagnostics, and centralized referral systems to improve care coordination and reduce delays.

Several respondents also emphasized the importance of reliable locum coverage and protected vacation time to support work-life balance and reduce burnout. A small number highlighted the need for support with succession planning and practice transitions.

When asked about Health Care Connect, more GPs/NPs said they were unlikely or somewhat *unlikely* to use it (12) than those who said likely or somewhat *likely* to use it (9), with a similar proportion indicating that they were neutral, unsure or preferring not to say (8). (See Figure 12).

Figure 12. Likelihood to use Health Care Connect to attach patients



Clinic characteristics

The following sections pertain to responses provided by clinic directors and clinicians who identified that they had a lead role or role related to digital health. Although 18 clinics were represented in the overall survey, only 9 had respondents that provided clinic-level responses.

The number of clinicians and other staff varied significantly across the 9 clinics that reported. The count of physician ranged from 5 to 16, nurse practitioners from 0 to 18 and social workers from 0 to 50 (see Table 2). The ratio of administrative staff to clinicians in those categories ranged from 1.95 (about 2 admin staff members per clinical staff) to 0.21 (about 1 admin staff member per five clinicians).

There are a number of caveats to note:

- These are head counts rather than FTEs
- The categories may exclude some types of staff
- The broad administrative category includes staff with different degrees of impact on clinician workload.
- Where more than one person responded for a clinic there were sometimes large discrepancies in the allied health and administrative staff counts.

Table 2. Clinic staffing complements (# of individuals)

	Clinical staff			Admin staff	Ratio:
Clinic	General Practi-tioners	Nurse Prac-titioners	Allied health professionals (RPNs, SWs etc.)	Clerks, assistants, technicians, managers	Admin to clinical
Centre de santé commun. Estrie	16	18	50	36	0.43
ESF académique Montfort*	13	3	11	6	0.22
Connexion FHT*	13	3	8	5	0.21
ESF comm. de l'Est d'Ottawa	10	3	6	10	0.53
Sante Nation Health	8	0	2	6	0.60
Family First Health Centre*	12	3	6	41	1.95
ESF Plantagenet*	7	0	5	6	0.50
Your Health Votre Santé	7	0	1	6	0.75
Clinique médicale Casselman	5	0	0	6	1.20

*Based on the averages of 2 or 3 respondents.

All 9 clinics for which clinic-level responses were provided offer service in English and eight of the nine provide service in French. Four have Arabic speaking practitioners, two Spanish and the clinic in Casselman offers Russian and Persian. The Centre de santé Communautaire Estrie and the ESF communautaire de l'Est Ottawa have capacity to provide primary care in additional languages through the use of interpretation services (see Table 3).

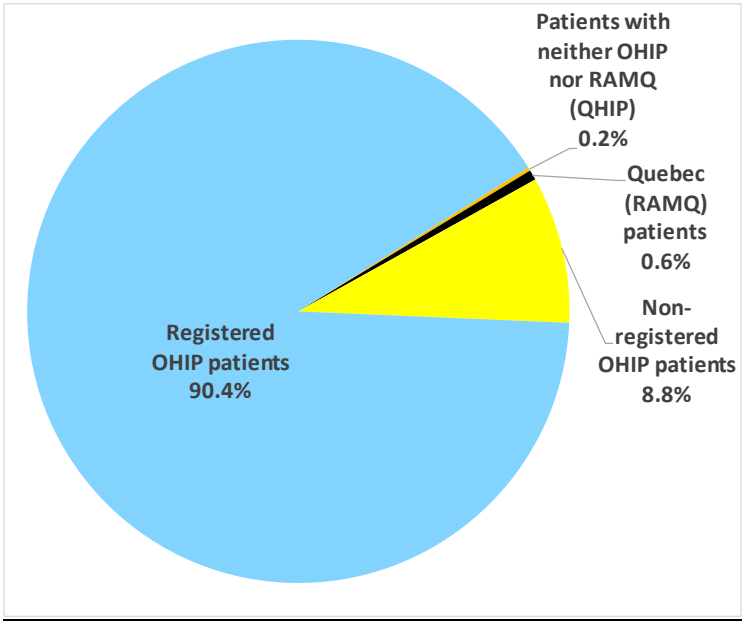
Table 3. Languages available

Clinic	English	French	Spanish	Arabic	Russian	Persian	Interpretation Service
Centre de santé comm. Estrie	✓	✓					✓
Clinique médicale Casselman	✓	✓			✓	✓	
Connexion FHT	✓	✓	✓	✓			
ESF académique Montfort	✓	✓	✓	✓			
ESF comm. de l'Est d'Ottawa	✓	✓					✓
ESF Plantagenet	✓	✓					
Family First Health Centre	✓	✓		✓			
Sante Nation Health	✓	✓					
YHVS	✓			✓			

*One respondent indicated yes and one indicated no.

The number of patients in the 9 clinics reporting ranged from about 1,000 to over 25,000. Detailed clinic-level data is not provided here due to data quality concerns. Most patients (90.4%) are registered OHIP patients, followed by unregistered OHIP patients (8.8%), Quebec or RAMQ (QHIP) patients (0.6%) and patients with neither provinces' health insurance coverage (0.2%). (See Figure 13)

Figure 13. Number of clinic clients by insurance coverage



Seven of the nine clinics indicated that they were accepting clients or were planning to in the following 12 months. Two of the clinics reported that they sometimes accepted patients or accepted them on a case-by-case basis such as for newborns or family members of current patients (see Table 4).

Table 4. Clinics accepting patients

Clinique	Accepting patients
Centre de santé comm. Estrie	Yes
Clinique médicale Casselman	Yes
Connexion FHT	Yes
ESF académique Montfort	Yes
ESF comm de l'Est d'Ottawa	Yes
ESF Plantagenet	Yes
Family First Health Centre	Yes
Sante Nation Health	Sometimes*
YHVS	Sometimes*

*e.g., for newborns

When asked an open question about attachment intentions and barriers at the clinic level, response themes overlapped those identified a similar question for individual clinicians (see page 14) but some additional system-level themes also emerged.

Clinics reported varying capacity to roster additional patients. While several are currently accepting new patients and some anticipate expanding capacity through the recruitment of additional physicians, many indicated that their ability to grow is constrained. Several clinics noted that they are currently only accepting specific patient groups, such as newborns, and would require additional resources and supports to expand their patient attachment capacity.

Common barriers included full rosters and high workload, physician availability, and physicians not working full time in primary care. Insufficient clinical, administrative, and human resource supports were identified by several. Several flagged challenges recruiting both physicians and staff and one cited space limitations.

In addition, respondents identified issues with the HCC referral processes, including delays in receiving patient information and the lack of language data to target Francophone patients.

Digital tools

Of those clinics with online appointment booking, most respondents indicated that the majority of physician and nurse practitioner appointments were booked that way, with several indicating that it was between 80 and 100%.

Thirteen people across 9 clinics responded to the question about virtual appointments. Of the 13, 5 (38%) indicated that less than 10% of appointments were virtual, 6 (46%) indicated 10 to 24% and 2 (15%) said 25-49% were virtual.

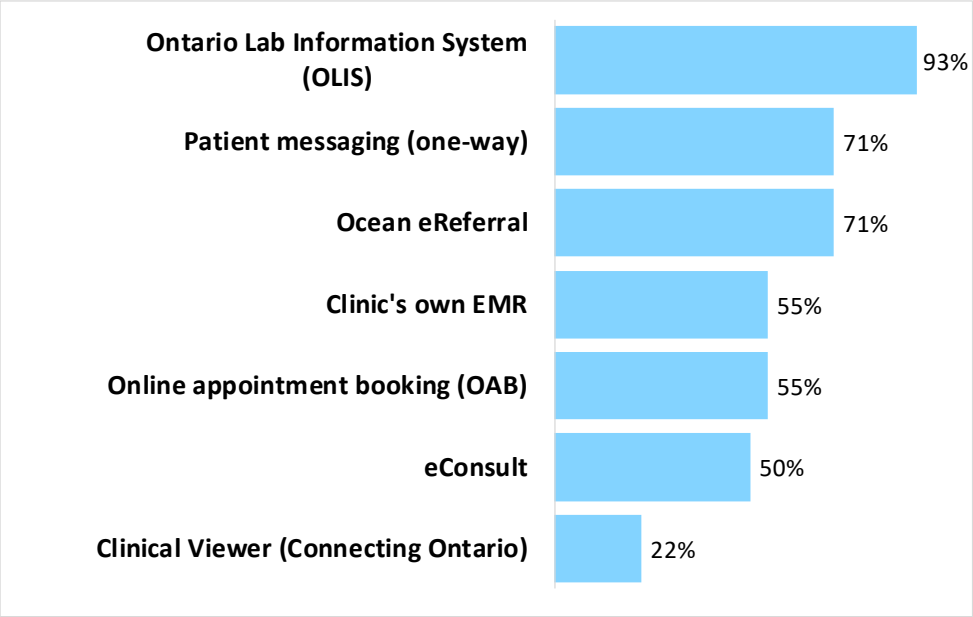
All but one of the nine clinics reporting identified PS Suite as their EMR (see Table 5).

Table 5. Electronic Medial Record (EMR) used by clinics

Clinic	EMR
Your Health Votre Santé	Telus CHR
Centre de santé commun. Estrie	PS Suite
Clinique médicale Casselman	PS Suite
Connexion FHT	PS Suite
ESF académique Montfort	PS Suite
ESF comm. de l'Est d'Ottawa	PS Suite
ESF Plantagenet	PS Suite
Family First Health Centre	PS Suite
Sante Nation Health	PS Suite

When asked about their overall level of satisfaction with various digital tools, the Ontario Laboratory Information System received the most favourable ratings with 93% satisfied or somewhat satisfied, followed patient messaging tools and Ocean eReferral (71% each), the clinic's own EMR and online appointment booking (55% each), eConsult (50%) and lastly the Connecting Ontario's Clinical Viewer (22%). Results exclude "not applicable" responses. (See Figure 14).

Figure 14. Proportion satisfied or somewhat satisfied with digital solutions



In an open-ended question about eReferral and other digital tools providers identified challenges related to cumbersome workflows, multiple login steps, manual entry of patient information, inconsistent adoption across providers and referral sites, limited referral options, and poor integration with electronic medical records.

Respondents also noted a lack of bidirectional communication for tracking referrals and resolving issues. While Ocean was viewed positively by some, they indicated that broader provider participation and access to current wait-time information would improve its effectiveness.

Comments about digital tools in general focused primarily on implementation and usability challenges. Providers reported administrative burdens and the time required to learn new systems. Patient-facing issues were also noted, particularly difficulties using online messaging and appointment booking platforms, with one clinic indicating that challenges with its current platform may lead to a transition to Ocean.

General comments

Eight respondents provide comments to a final open-end question. Themes included:

- Appreciation to Archipel for support (several) and for the March 25, 2026 Primary Care Lunch and learn session.

- Desire for better integration among primary care providers across Prescott-Russell.
- Frustration about the lack of government support to expand rosters.
- Challenges finding a successor in a FHO due to recruitment preferences linked to (avoiding) after-hours call coverage obligations creating a risk that patients will be orphaned.
- Disincentives to hiring nurse practioners and physician assistants under the FHO model which does not allow billing for their services.

Conclusion

The survey confirms that primary care providers and clinics in Archipel are committed to patient attachment and service expansion, but that additional capacity will depend on additional resources and practical supports that reduce workload and strengthen team-based care. Priorities for 2026-27 should include targeted support for administrative capacity, interdisciplinary team members, locum access, succession planning, and the continued spread and improvement of digital tools such as online appointment booking and eReferral. The Archipel Primary Care Advisory Committee can use these findings to focus engagement, align resources with provider-identified needs, and support clinics that are ready to attach more patients while addressing the structural barriers that limit growth.