

October 19, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier,

On behalf of the Ontario College of Family Physicians (OCFP), the professional college for more than 15,000 family physicians across the province, we thank you for your letter and the opportunity to share our views on a possible province-wide vaccine mandate for hospital healthcare workers.

We wish to begin by acknowledging the collective efforts across the province in achieving such a high vaccination rate among eligible Ontarians. That Ontario is among the leading vaccination jurisdictions worldwide is an incredible achievement. The OCFP and our family physician members will continue to support efforts to move the needle, such as our [public campaign](#) to support youth vaccination that we now have underway.

As it relates to mandating vaccination in healthcare settings, the OCFP aligns with the position of our national College of Family Physicians of Canada, calling for mandatory COVID vaccination for “all healthcare workers who provide direct patient care.” This is part of our ethical and professional responsibility to put patients first and protect their health and wellbeing.

At present, our position does not extend to mandatory vaccination for non-direct care provider staff, including those in hospital settings. While many of our members work in hospitals, the majority practice in small offices with limited office staff. As such, the OCFP is currently exploring – both independently and together with our key provincial partner organizations – how mandatory vaccination mandates could be implemented in community-based practices

Given our above focus, we offer the following comments as it relates to mandatory vaccination in hospitals, recognizing that we are not at the forefront of their implementation experience, nor have we had direct access to the evidence on their success. As this data emerges and is more widely shared, we will benefit from those learnings as we turn to community settings.

Key HHR considerations arising from mandatory vaccination

It may be too early to understand the full HHR risks posed by mandatory vaccination. From what we have heard so far:

- Many hospitals have already implemented mandatory vaccination policies, and the [CBC](#) has reported that the numbers of unvaccinated/ impacted staff are not affecting operations or patient care. In contrast, some of our members from the Waterloo Region are noting significant HHR concerns among the local hospitals that have implemented mandatory vaccine policies.

- Rural communities across Northern Ontario are fragile and depend on a very small group of healthcare workers to function. Ensuring stabilization and retention of the workforce is critical, especially given primary care and ER coverage are not separate – it is the same small group covering their clinics, the ER, inpatients, and testing/assessment centres. We understand that not all rural Northern hospitals have implemented a vaccine mandate yet due to concerns about losing staff.

Potential benefits of a province-wide vaccine mandate

It is our position that a uniform provincial vaccine mandate from the Ministry of Health is likely to ultimately support both patients and healthcare workers. Consistent messaging from the leaders of our healthcare system, coupled with this clear guidance from the government, will show the necessary leadership for institutions.

Among the potential benefits of a vaccine mandate:

- While recognizing the possible HHR risks as noted in the section above, especially in areas already challenged by healthcare worker recruitment and retention, a province-wide vaccine mandate might mitigate that risk by reducing the likelihood of healthcare workers migrating from one site to another. We believe there is a need to signal a high level of expectation of safety for the whole system, rural and Northern included.
- Some of the small and rural settings are the least able to manage the unpredictability of a staff member being off work with COVID illness – both if they must isolate unexpectedly for several days, or if they must be off with “long COVID” on a longer-term basis. Allowing healthcare workers to be unvaccinated in small settings creates unpredictability because of potential illness, with which many of those settings are not easily able to cope.

Drawbacks in reassigning unvaccinated healthcare workers

It is our understanding that in some jurisdictions, healthcare workers with valid medical exemptions to vaccination have been reassigned to non-frontline roles. Reassigning unvaccinated workers without valid exemptions is not an approach that is widely in practice as far as we know, nor do we anticipate it is one the healthcare system would wish to support.

- These reassignments have potential time and administrative costs required to train an unvaccinated worker for a different role, while still needing to recruit for their current role.
- Additionally, moving unvaccinated healthcare workers to a different role may appear to ‘reward’ that person for their decision.

In short, we do not believe this is a reasonable expectation for unvaccinated workers without medical exemptions, nor one that would benefit hospitals and the broader system.

Other opportunities to impact vaccination rates

Family physicians continue to play a leading role in informing and educating their patients about vaccination. As noted, the OCFP has been promoting the unique value add of a patient’s own family physician in boosting vaccine confidence. Our [public campaign](#) now underway is reinforcing that fact through both traditional and social media and encouraging patients to reach out.

In moving through this last mile of vaccination, our members have remarked that these conversations with patients are now longer and more challenging. As such, it is also important to provide vaccine hesitant healthcare/hospital workers with the necessary tools and vaccination options to help them make informed decisions.

We are encouraged by the strong collaboration between local public health units and primary care in developing their regional approaches to vaccination. Supporting ongoing collaboration on regional solutions will be critical to reaching all patients. For instance:

- Access to COVID vaccines for family physicians to use in office will continue to be a channel we need to support, particularly as we consider children and youth vaccination.
- As community spaces such as hockey arenas and community centres are reclaimed, the creation of “mini-mass” vaccination clinics is just one innovative approach being explored. Larger primary care spaces, like those that house teams, could be leveraged after hours as primary care vaccine hubs providing private exam rooms for anxious children to be vaccinated.

Self-referral options, notably Scarborough’s VaxFacts Clinic which has proven effective in helping increase vaccination, can be further leveraged.

- Over 600 patients have been counselled by VaxFacts physicians, with more than 80 per cent choosing to be vaccinated following those discussions. If capacity permits, we believe there would be great value in offering onsite VaxFacts support within the hospitals. This boots-on-the-ground approach, particularly in hospitals with lower vaccination rates, could move more towards vaccination.

One key area that we need to consider in any mandatory vaccination program is the historical mistrust of healthcare institutions that may impact vaccine acceptance among healthcare workers.

- Placing unvaccinated staff on unpaid leave and/or terminating their employment may disproportionately impact populations already experiencing structural vulnerabilities. Making these mandates work in practice must consider how best to reconcile this reality. As such, we wish to reinforce the importance of targeted strategies in communities where vaccine hesitancy is highest and working together with trusted messengers.

Once again, Premier, thank you for reaching out to the OCFP. And most importantly, for the work you are doing every day to keep Ontarians healthy and safe.

Sincerely,



Dr. Liz Muggah
President, Ontario College of Family Physicians

cc. OCFP Board of Directors