

FACT SHEET

Urgent Care Centres (UCCs) Summer Hours

Issued by Niagara Health – Updated June 11, 2025

Overview: Protecting Emergency Care for the Region

Niagara Health (NH) has made schedule changes at the Fort Erie and Port Colborne Urgent Care Centres (UCCs), due to the critical shortage of available physicians. These one day a week closures this summer is to ensure our Emergency Departments (EDs) remain fully operational. This difficult decision was made to preserve access to 24/7 emergency care in Niagara Falls, Welland and St. Catharines — a non-negotiable priority.

Key Points

- This is a last resort. The closures are the direct result of a critical, ongoing shortage of emergency-trained physicians.
 - Even after the reduction of hours at UCCs, we are facing 111 unfilled shifts across our sites.
- Emergency care must come first. More than half of these gaps are at the Marotta Family ED in St. Catharines — one of the busiest in Ontario — with most of the rest in Niagara Falls.
- This is not about funding — it's about staffing. NH is short 10 to 15 emergency-trained physicians to meet baseline needs. We are onboard five new ED physicians this summer, however, this is not enough.
- UCCs are not Emergency Departments. They are not equipped for life-threatening conditions and cannot operate safely without an on-site physician.

Schedule of Closures

- Both UCCs will be closed one day a week throughout July, August and into early September.
- Fort Erie closures will take place on Fridays and Port Colborne on Saturdays.
- Both UCCs will be closed on Canada Day (July 1) and Labour Day long weekend (August 30 September 1)
- Fort Erie UCC will also close for the Civic Holiday long weekend (August 1–4)

Why This Is Necessary

- Emergency Departments must be prioritized — they serve the sickest patients and receive the most ambulance arrivals.
- Physician coverage is a finite resource — and must be directed where it is most needed to save lives.

Let's Focus on the Future — Not the Past

Some municipal leaders continue to fight for a model that no longer works. UCCs were never designed to replace family doctors or Emergency Departments — and they cannot meet the growing needs of today's patients. We need real, viable solutions to address these challenges, not rhetoric.

- NH has presented realistic options for walk-in and team-based care. In Port Colborne, that proposal has sat idle at council for six months. In Fort Erie, no plan has been brought forward.

What We're Doing to Fix This

Niagara Health is:

- Aggressively recruiting emergency-trained physicians across Canada and the U.S.
- Offering financial incentives and relocation support.
- Working with the local primary care network
- Engaging in direct outreach to local and international physicians.
- Marketing Niagara as a desirable place to live and practice.

What We've Offered Municipal Leaders

- Support to transform UCCs into community walk-in or family practice hubs.
- Help identifying partners, developing proposals, and navigating funding.
- Active collaboration to secure sustainable models that meet community needs.

What's Been Done:

- Port Colborne: A team-based care model is on the table. NH and local physicians are still awaiting councils decision.
- Fort Erie: Despite invitations to do so, Fort Erie has yet to bring forward a primary care proposal for the UCC. Provincial primary care funding went unapplied for in 2023. NH's recruitment campaign has not been promoted locally.

Let's Work Together

Niagara Health is committed to working with all partners — but collaboration means more than criticism. We call on community leaders to:

- Focus on solutions for the future.
- Promote primary care, not outdated models.
- Help us ensure safe, sustainable care for everyone in Niagara.

Questions & Answers

Q: Why are you closing the UCCs during tourist season?

A: We don't want to — but we have no choice. Emergency care is non-negotiable and we don't have enough emergency physicians to safely staff both EDs and UCCs.

Q: Why not move doctors from EDs to UCCs?

A: That would put the entire region at risk. EDs in Niagara Falls, St. Catharines and Welland must stay open 24/7.

Q: Why can't nurse practitioners' staff UCCs?

A: Care at our Urgent Care Centres cannot be delivered without on-site physician oversight, therefore a sole nurse practitioner cannot be used to staff them this summer.

Q: Is NH acting in bad faith?

A: We have done everything possible to avoid this. Suggesting otherwise dismisses the work of countless staff trying to solve a complex, system-wide problem.

Bottom Line

These closures are not about what we want — they're about what's possible. Niagara Health remains focused on one thing: keeping emergency care available for those who need it most.

We will not risk that. Not now. Not ever.

Physician Recruitment Efforts

- **Dedicated Recruitment Resources**
 - Niagara Health has invested in dedicated staffing to support physician recruitment, including a Medical Affairs team member focused on coordination and logistics, a temporary full-time position to advance workforce planning and relocation supports, and a long-standing Physician Recruitment Coordinator role (since 2017) dedicated to Emergency Department needs, recruitment strategy, candidate engagement and onboarding.
- **Workforce Planning**
 - Ongoing collaboration with department leaders to assess current needs and forecast future demand.
 - Flexible work options such as Full-Time Equivalent adjustments and job-sharing arrangements to support physician well-being and work/life balance.
- **Targeted Physician Recruitment**
 - Job postings on physician-specific boards, provincially, nationally and across the border.
 - Dedicated emergency department recruitment coordinator supports onboarding, networking and long-term recruitment planning.
- **Medical Learner Engagement**
 - Partnerships with McMaster University to provide a positive training experience for medical learners, with the goal of encouraging them to stay in Niagara post-graduation.
- **Incentives & Support**
 - Relocation assistance and immigration support for qualified international candidates.
 - Site visits and peer networking to help new recruits integrate into the team and community.

- **Primary Care Collaboration**

- Support for primary care recruitment, including campaigns like “**Know Your Options**” and initiatives like **SCOPE Niagara**, which provides real-time support to primary care providers and helps reduce ED demand.

[SCOPE Niagara](#)

- Creation of Chief of Primary Care role, with Dr. Jennifer Robert taking the role, to improve communication and engagement between the hospital and family doctors.

Number of ED Physicians Hired

From December 2023 to May 2025 we have credentialed 12 physicians in the ED:

- 4 Active/Associate physicians
- 2 Courtesy physicians
- 6 Locum physicians

There is currently ED credentialing in progress for four physicians with the plan to present to the Credentialing Committee in August, pending the physicians submitting all required documentation:

- 2 Active/Associate physicians
- 2 Locum physicians

An ED Mentorship Program for Family Physicians has been supported by the Ministry of Health to provide ED funding to facilitate the onboarding of family physicians who have not previously practiced in an ED or UCC setting.

- Offers approximately eight weeks of funding, contingent on a minimum commitment of 32 hours per month. During this period physicians are compensated at the standard departmental rate and work alongside ED physicians (mentors) during buddy shifts, actively participating in patient care within the ED. Upon completion of the program, the expectation is that these physicians will transition to working independently in the ED. Since June 2022 we have onboarded 3 physicians through the mentorship program. Two continue to work in our ED, the third is no longer practicing in ED or UCC.