



**HealthForceOntario**  
Marketing and Recruitment Agency

2010-11 Annual Report

**HealthForceOntario**

HealthForceOntario Marketing  
and Recruitment Agency

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January 16, 2013

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
80 Grosvenor Street  
Hepburn Block, 10<sup>th</sup> Floor  
Toronto, Ontario M7A 2C4

Dear Minister Matthews,

It is with pleasure that I present the 2010/11 Annual Report for HealthForceOntario Marketing and Recruitment Agency (HFO MRA). The HFO MRA Board deems the Agency to be in compliance with legislation, directives, the MOU and agreements, and we remain committed to continue to promote our shared goals of accountability and transparency. Specifically, we have ensured that our future financial statements will include the integral components, reflect the accepted accounting practice, and be available for public dissemination.

Health human resources are a key contributor to the realization of the Ontario government priorities and HFO MRA remains committed to working with the government and other partners to ensure the sustainability of a quality health care system in the years ahead.

Sincerely,

Dr. Peter Wells  
Chair, Board of Directors

c.c.: Ms. Suzanne McGurn, Assistant Deputy Minister, Health Human Resources Strategy  
Division, Ministry of Health and Long-Term Care (MOHLTC)  
Ms. Roz Smith, Executive Director (I), HealthForceOntario Marketing and Recruitment  
Agency



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## Message from the Executive Director

Health human resource issues remain a critical component of Ontario's health policy challenges. The effective resolution of any of these challenges rests on the depth of organizational collaboration that stakeholders are prepared to embrace. HealthForceOntario Marketing and Recruitment Agency (HFO MRA) recognized the need for this collaboration early in its history and began reaching out to a wide variety of partners including but not limited to: the Ministry of Health and Long-Term Care (MOHLTC), Ontario's hospitals and other clinical service organizations, Ontario's health regulatory colleges, local community officials and professional associations. HFO MRA adopted the mantra 'Stronger Together' to help reinforce the need for partnership and collaboration in the health human resources community and tries to live out that principle on a daily basis.

Since its inception, HFO MRA has been fortunate to rely on the wisdom and expertise of a remarkable Board of Directors. Their advice is always thoughtful, practical and timely. I remain indebted to them for the service that they provide to HFO MRA.

I do not often get the opportunity to thank the entire team at HFO MRA for their devotion, energy and endless enthusiasm. In particular, the spirited leadership of Wayne Oake, Director, Access Centre; Elsa van Vliet, Director, Ontario Physician Locum Programs; and Russ Harrington, Director, Corporate Affairs, have made my task an easy one. As the old saying goes, a chain is only as strong as its weakest link. Simply stated, the team chain at HFO MRA is remarkably strong.

Finally, I extend my gratitude to all of the individuals and organizations who have helped HFO MRA to succeed. Each of our successes has been the direct result of partnership and collaboration; I look forward to our continuing work together. HFO MRA is proud of its accomplishments to date and remains committed to helping resolve the challenges ahead.



Brad Sinclair  
Executive Director  
July 2011



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# Description of HealthForceOntario Marketing and Recruitment Agency (HFO MRA)

## History of HFO MRA

The past five years have been an exciting time as both HFO MRA and the Health Human Resources Strategy Division (HHRSD) of the Ministry of Health and Long-Term Care (MOHLTC) worked to define and refine the role of HFO MRA. What commenced as an agency in 2007 that would simply recruit qualified physicians from abroad to Ontario has evolved markedly to become the operational arm of the government's health human resources (HHR) strategy. HFO MRA's evolving operational responsibilities include working with internationally educated health professionals, operating a range of physician locum programs, supporting the province's interprofessional care/education initiatives and facilitating the corporate affairs of the Transitional Councils of the five new health regulatory colleges. The Board and Management remain committed to supporting the Ministry's HHR agenda.

## Vision

HFO MRA has adopted the vision of the government's HHR strategy as its own:

*HealthForceOntario (HFO) is Ontario's strategy designed to make the province the "employer of choice" in health care and to ensure that Ontario has the right number and mix of qualified health-care providers, when and where they are needed.*



## Corporate Governance

Alongside the operational evolution, HFO MRA's Board of Directors has experienced its own evolution. Originally a three-person board, membership has grown substantially. Originally an operational advisory Board providing strategic management advice on the start-up of HFO MRA, it now provides strategic policy advice and direction in accordance with HFO MRA's Memorandum of Understanding (MOU) with the Ministry of Health and Long-Term Care (MOHLTC).

The chart below documents the Board membership. (See Appendix A for member biographies)

### Board of Directors 2010-11

BOARD MEMBER	POSITION ON BOARD	DATE OF APPOINTMENT	TERM OF APPOINTMENT
Dr. Amit Chakma*	Chair (Past)	27-JUN-2007 – 26-JUN-2011	4
Dr. Peter Wells**	Chair (A)	27-JUN-2007 – 27-JUN-2012	1
Dr. Joan Lesmond**	Director	25-JUN-2007 – 24-JUN-2012	1
Ms. Carolyn Acker	Director	08-OCT-2008 – 07-OCT-2011	3
Dr. Robert Howard	Director	22-OCT-2008 – 21-OCT-2011	3
Dr. John Kelton	Director	22-OCT-2008 – 21-OCT-2011	3
Mr. Arun Mathur	Director	17-MAY-2011 – 16-MAY-2014	3
Dr. Raymond Pong	Director	19-NOV-2008 – 18-NOV-2011	3

\* Term expired June 2011

\*\* Reappointment



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## Core Business

Core business for HFO MRA continues to be organized around four units: Marketing & Recruitment, Access Centre, Ontario Physician Locum Programs and Corporate Affairs. Each of the business units contributes to the ultimate vision as follows:

### Marketing & Recruitment

This unit is dedicated to making Ontario the employer of choice for the health sector. It markets the many opportunities Ontario offers to facilitate the health professional recruitment and retention process and to ensure that Ontario has the right number and mix of health-care professionals. This unit also includes the Community Partnership Program (CPP), a program with representation across the province that is designed to help serve the local HHR needs of Ontario communities.

This unit's major activities can be divided into two categories: Internal Outreach and External Outreach.

#### Internal Outreach

This is defined as marketing activity associated with clients who reside within Ontario. The client base is two-fold, i.e., individual health professionals seeking career opportunities in their home province, and Ontario communities which require the clinical services of qualified and regulated health professionals.

- a. Outreach activity associated with individual health professionals has been largely targeted towards Ontario's graduating physicians. The Marketing & Recruitment unit provides career counselling to Ontario's graduating physicians and through the Community Partnership Program helps to educate them on the career opportunities in Ontario communities.
- b. Outreach activity associated with Ontario communities was originally targeted at educating the various officials and representatives re: the services and resources that HFO MRA could provide to them. Over the past 12-18 months that outreach has grown considerably more sophisticated and includes development of best practice modules on a broad array of recruitment-related issues, e.g., fundamentals of successful recruiting, working with the media and customer relationship management.

On a broader level, this internal outreach seeks to marry the career aspirations of individual physicians and Physician Assistants with the needs of Ontario's communities.



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## External Outreach

This is defined as marketing activity associated with the recruitment of qualified health professionals from outside of Ontario. To date, the Marketing & Recruitment unit has focused on physician recruitment. In 2010-11, activities have been focused exclusively on physicians from the following disciplines: Family Medicine, General Internal Medicine, Psychiatry, Emergency Medicine, General Surgery and General Paediatrics.

External outreach is divided into two areas: face to face outreach and digital media outreach.

- a. Face to face outreach included travel to the U.S. and focused largely on the border states and New England to promote Ontario as the employer of choice to qualified physicians living and working in those jurisdictions. Over the past year, this outreach included more than 50 such encounters.
- b. Digital media outreach included the use of various digital marketing initiatives and was used to market Ontario's communities, the Agency's services, as well as educate audiences about the universal health-care system. Digital outreach was supplemented by print advertising and other collateral printed materials.

All other activity under the management umbrella of Marketing & Recruitment was supportive to the two activities noted above. This supportive activity includes management of HealthForceOntario.ca (a government web site) and management of the Community Partnership Program.



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## Core Business cont'd

### Access Centre

This unit supports Ontario's health human resources mandate by providing case management services for two distinct client groups:

- Internationally educated health professionals who are residents of Ontario and wish to pursue registration in their profession come to the Access Centre for information on the path to practice, referral to immigration and professional-related services, and sessions that help prepare them for successful integration into their profession. Since inception, more than 13,500 clients have registered with the Access Centre, nearly 75% of whom are physicians. The Access Centre has helped more than 650 physicians successfully compete for a medical residency position that is the critical requirement for becoming a registered physician in Ontario. Hundreds of nurses, pharmacists, medical laboratory technicians, physiotherapists and clients from other regulated health professions have also been successfully integrated into their profession or an alternative career compatible with their education and experience. A significant return on investment is realized as clients move from jobs for which they are overqualified to well paid professional positions in their field of practice.
- Qualified physicians from countries with reciprocal agreements with Ontario receive case management services to help them prepare for registration, employment and immigration to Ontario. Since inception, the Access Centre has been in contact with thousands of qualified physicians and has actively helped more than 400 become registered and begin practice in Ontario. These physicians are addressing Ontario's shortage of Family Physicians and high-need specialties today.

The Access Centre works closely with a broad range of stakeholders to ensure that clients receive information that is current and services that are well coordinated. Additionally, the Access Centre writes and widely distributes a quarterly e-newsletter, the *IEHP Network*, for stakeholders in recognition of the sector's interest in developing best practices and client-centred services.



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## Ontario Physician Locum Programs

This unit helps provide Ontario residents with access to medical services, replacing a physician who is on vacation, on education leave or otherwise unavailable to the community, or temporarily filling a physician vacancy while a community is recruiting. The three distinct physician locum programs help medical service to be delivered when and where it is needed. The three locum programs are:

### The Rural Family Medicine Locum Program (RFMLP)

Provides temporary, short-term replacement coverage for eligible physicians practising in rural communities. From April 1, 2010 to March 31, 2011, 210 locum physicians provided 4,075 days of locum coverage for 219 participating rural physicians in 73 active eligible communities.

### The Northern Specialist Locum Program (NSLP)

Provides replacement specialist locum coverage in designated areas and specialties in Northern Ontario. From April 1, 2010 to March 31, 2011, NSLP approved 1,691 assignments totalling 8,408 days of locum coverage for 28 specialties in 16 communities. These services were provided by 269 specialists.

### The Emergency Department Coverage Demonstration Project (EDCDP)

Provides urgent, last-resort, physician locum coverage to designated high-need hospitals that are facing significant challenges covering Emergency Department shifts. From April 1, 2010 to March 31, 2011, almost 21,000 hours of coverage were provided to approximately 20 designated EDCDP hospitals. Since program inception in October 2006, more than 80,000 hours of urgent locum coverage have been provided, and 109 hospitals have received EDCDP assistance through locum coverage, advice and/or referral.

In addition to administering these three programs, and based on best practices among program participants, the Ontario Physician Locum Programs (OPLP) team offers advice to communities and hospitals as well as referrals to relevant programs and other resources. As advisors to government, LHINs and others, OPLP's expertise is also sought at multiple provincial committees and task forces.



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# Core Business cont'd

## Corporate Affairs

This unit is dedicated to

The provision and maintenance of HFO MRA corporate infrastructure including:

- Staff payroll, benefits and Human Resources
- Finance
- Facilities Management
- Product and Service Procurement
- Information Technology
- Compliance with all legal, conflict of interest and privacy matters and
- Freedom of Information

Day to day operational management of HFOJobs

Corporate Affairs for the Transitional Councils for the five new health regulatory colleges

Support for the Province's Interprofessional Care/Education Initiatives



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# Analysis of Operational Performance

## Performance Targets 2010-11

Appendix B: HFO MRA Logic Model: 2010-11 provides a schematic of the Agency's core business, strategic directions, activities and outcomes. The column entitled, "Intermediate Indicators 2010/11" lists specific performance targets for the Agency and its business units as determined in consultation with the Ministry. Client and stakeholder satisfaction were key performance indicators for the overall Agency and each unit. An anonymous survey was sent through Survey Monkey to all stakeholders and to all clients receiving service in 2010-11. Responses were received from 8% of stakeholders (n = 195), 22% of IEHP clients (n = 784), 15% of physician recruitment clients (n = 70) and 9% of physician retention clients (n = 18).

Agency-wide targets were focused on increasing our connections to key stakeholders and stakeholder satisfaction ratings of the overall Agency. Stakeholder encounters increased year over year by more than 9% (target = 10% increase). Overall satisfaction ratings of 84% were above the annual target of 75%.

Performance targets related to internationally educated health professionals included the number of new clients (target = 3100, actual = 3759), average number of active clients (target = 2000, actual = 3159) and the percentage of Ontario's medical residencies offered to clients (target = 50%, actual = 61%). Client satisfaction ratings of 69% were marginally below the annual target of 75%. A review of additional comments offered by IEHP clients indicates that a significant aspect of their dissatisfaction stems from their inability to gain registration in their professions.

Performance targets related to physician locum programs focused on client satisfaction and averting emergency room closures. The Rural Family Medicine Locum Program response rate from rural physicians was 72% (n = 715) with a client satisfaction rate of 99.7% (target 75%); the locum physician response rate was 84% (n = 830) with a client satisfaction rate of 99.3% (target 75%). With a 61% response rate (n = 14), organizations supported by the Northern Specialist Locum Program had a 93% client satisfaction rate (target 75%). The Emergency Department Coverage Demonstration Program (EDCDP) had a target of 0 closures in EDCDP hospitals (n = ~30) which was achieved. For non-EDCDP hospitals (n = ~120) the target of 0 closures in partnership with the Ministry and LHINs was also achieved.

Continued...



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## Analysis of Operational Performance cont'd

Performance targets related to recruiting qualified physicians from outside Ontario include conversion rates on physicians expressing interest in our services relative to the number who became clients (target = 10% increase, actual = 20%) and physician clients in high-need specialties (target = 10% increase, actual = 23%). Client satisfaction ratings of 69% were marginally below the annual target of 75%. A review of additional comments offered by these clients indicates that a significant aspect of their dissatisfaction stems from their inability to find employment in Ontario or the challenges associated with immigration and/or registration in Ontario.

Performance targets related to the retention of Ontario's domestically trained physicians included satisfaction ratings from medical resident clients (target = 75%, actual = 62%) and the number of medical residents who became clients (target = 300, actual = 211). The small number of clients responding to the survey (n = 18) suggests that these results should be interpreted with caution. However, the low response rate (9%) is a concern that needs to be better understood. In 2011-12, the Agency will be redoubling its efforts to provide broader and more timely services to this group of clients. We look forward to assessing the results of these efforts.

This is the first year the Agency has been asked to undertake a formal review of its services relative to pre-determined performance measures. We are enthused by the overall results and committed to maintaining and strengthening our performance in the coming year.



## Government Directives

HFO MRA is subject to Directives, Policies and Directions issued by the Management Board of Cabinet, and the Government. The Agency is reliant on the MOHLTC for receiving copies of such documents and appreciates efforts by the Ministry to keep the Agency informed of new, or changes to, existing Directives, which assists the Agency in maintaining compliance.



## Preface to 2010/11 Audited Financial Statements

The report by Deloitte and Touche LLP on the 2010/11 financial statements was prepared to assist HealthForceOntario Marketing and Recruitment Agency (HFO MRA) to comply with the reporting requirements of the Ministry of Health and Long-Term Care (MOHLTC) and was solely for the use of HFO MRA and MOHLTC and not for distribution to outside parties. While Deloitte and Touche has not removed the restriction on distribution of these statements, the Agency is confirming that the Minister is able to table in the legislature and make public the 2010/11 HFO MRA Annual Report, and rely on the financial statements as a demonstration of transparency and public accountability.

Producing a balance sheet for the Agency requires the Agency to have received two consecutive years of revenue. The first year the Agency received revenue for all its expenses (payroll and accounts payable) was 2011/12. Therefore, the first balance sheet will be produced in 2012/13, and thereafter will continue to be a component of the audited financial statements.

A cash flow statement requires two years of reported balance sheets, in this case 2012/13 and 2013/14. Therefore, the first cash flow statement will be produced in 2014/15, and thereafter will continue to be a component of the audited financial statements.

In addition, all components of the audited financial statements will have comparative amounts for the previous year.



# Audited Financial Statements

Statement of expenditures of

## **HealthForceOntario Marketing and Recruitment Agency**

March 31, 2011



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HealthForceOntario Marketing  
and Recruitment Agency

# Audited Financial Statements cont'd

## **HealthForceOntario Marketing and Recruitment Agency**

March 31, 2011

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## Independent Auditor's Report

To the Board of Directors of  
HealthForceOntario Marketing and Recruitment Agency

We have audited the accompanying statement of expenditures of HealthForceOntario Marketing and Recruitment Agency for the year ended March 31, 2011 and a summary of significant accounting policies and other explanatory information (together, the "financial statement").

### Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of the financial statement that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



## Audited Financial Statements cont'd

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### **Opinion**

In our opinion, the financial statement presents fairly, in all material respects, the results of operations of HealthForceOntario Marketing and Recruitment Agency for the year ended March 31, 2011 in accordance with Canadian generally accepted accounting principles.

### **Restriction on Distribution and Use**

The financial statement is prepared to assist HealthForceOntario Marketing and Recruitment Agency to comply with the reporting requirements of the Ministry of Health and Long-Term Care. As a result, the financial statement may not be suitable for another purpose. Our report is intended solely for HealthForceOntario Marketing and Recruitment Agency and the Ministry of Health and Long-Term Care and should not be distributed to parties other than HealthForceOntario Marketing and Recruitment Agency or the Ministry of Health and Long-Term Care.

### **Other Matter**

The statement of expenditures for the year ended March 31, 2010 was audited by another auditor who issued an unmodified opinion on May 21, 2010.

*Deloitte & Touche LLP*

Chartered Accountants  
Licensed Public Accountants  
June 22, 2011



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and Recruitment Agency

## HealthForceOntario Marketing and Recruitment Agency

Statement of expenditures  
year ended March 31, 2011

	Base	Program	2011 Total	2010 Total
	\$	\$	\$	\$
<b>Expenditures</b>				
Salaries and benefits				
Salaries and benefits, excluding OPLP and IPCIG	5,372,508	-	5,372,508	5,027,133
Ontario Physician Locum Programs ("OPLP")	-	1,205,781	1,205,781	1,137,833
Inter-professional Care Initiatives Group ("IPCIG")	-	519,156	519,156	489,077
Board of Directors	10,188	-	10,188	16,884
Corporate affairs				
Finance/Operations (Note 5)	1,689,727	-	1,689,727	1,514,736
IPCIG	-	4,815,642	4,815,642	11,441,415
HFO Jobs	21,703	-	21,703	30,637
Nursing Graduate Guarantee	80,500	-	80,500	82,847
Marketing and recruitment	1,276,097	-	1,276,097	1,480,402
Access Centre	132,238	-	132,238	396,908
OPLP	-	20,205,477	20,205,477	20,252,292
Total expenditures before undemoted	8,582,961	26,746,056	35,329,017	41,870,164
Capital expenditures	121,240	-	121,240	122,651
Allocation to Regulatory Colleges (Note 5)	-	(579,569)	(579,569)	(424,480)
Total expenditures before Regulatory Colleges	8,704,201	26,166,487	34,870,688	41,568,335
Regulatory Colleges (Note 5)	-	2,939,219	2,939,219	1,716,703
<b>Amounts funded by the Ministry of Health and Long-Term Care</b>	<b>8,704,201</b>	<b>29,105,706</b>	<b>37,809,907</b>	<b>43,285,038</b>



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## HealthForceOntario Marketing and Recruitment Agency

Notes to the statement of expenditures

March 31, 2011

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HealthForceOntario Marketing and Recruitment Agency (the "Agency") is an operational service agency of the Ministry of Health and Long-Term Care (the "Ministry"). The Agency was incorporated without share capital under the Development Corporations Act, Regulation 249/07 as of June 6, 2007. As part of the incorporation agreement, the Agency is only allowed to receive Crown Funds. The Agency's funding comes from the Ministry; however, it is processed through other agencies. Part of a provincial government strategy to increase the number and mix of health professionals practicing in Ontario, the Agency recruits qualified healthcare professionals (primarily physicians at this time) into Ontario, retains Ontario's domestically trained healthcare professionals, assists internationally educated health professionals living in Ontario to become qualified to practice in the province, facilitates delivery of clinical care through the administration of locum programs and manages inter-professional care grant programs and initiatives.

### 1. Significant accounting policies

#### *Basis of presentation*

The Agency divides its expenditures into two categories: Base and Program. The Base funding includes funds expended by the Agency (with funds provided by the Ministry) which can be spent at the discretion of the Board of Directors. The Program Funds represent funding from the Ministry which is restricted for specific purposes whereby the Agency must comply with the terms of the funding and have limited ability to redirect the funds.

#### *Expenditures*

Expenditures are recognized on the accrual basis.

#### *Capital expenditures*

Capital expenditures represent amounts spent on software and is amortized on a straight-line basis over one year. Other capital assets consisting of furniture, hardware and leasehold improvements were provided by the Ministry at a nominal amount.

#### *Use of estimates*

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of expenditures and disclosure of contingent liabilities at the date of the financial statement and the reported amounts of expenditures during the year. There are no significant estimates. Actual results could differ from those estimates.

### 2. Future accounting changes

In December 2010, the Public Sector Accounting Board changed the accounting framework required to be followed by Government Not-for-Profit Organizations. Effective for fiscal years beginning on or after January 1, 2012, Government Not-for-Profit Organizations will be required to select from either (a) the CICA Public Sector Accounting Handbook, including Sections PS 4200 to PS 4270 or, alternatively, (b) the CICA Public Sector Accounting Handbook without Sections PS 4200 to PS 4270. Early adoption of these new standards is permitted. The Agency is required to adopt the new accounting standards for Government Not-for-Profit Organizations for its fiscal year beginning on April 1, 2012. The impact of transitioning to this new accounting framework has not been determined at this time.



## HealthForceOntario Marketing and Recruitment Agency

Notes to the statement of expenditures

March 31, 2011

### 3. Lease commitments

The Agency has entered into an operating lease for premises which expires July 2013. Approximate future minimum lease payments are as follows:

	\$
2012	454,000
2013	454,000
2014	151,000
	<u>1,059,000</u>

### 4. Economic dependence

The Agency is economically dependent upon the continued financial support of the Ministry.

### 5. Regulatory Colleges

The Regulatory Colleges pay a management fee to HealthForceOntario Marketing and Recruitment Agency at a rate of 15% (2010 - 15%) of total expenditures less rent and management fees.

The amounts expended during the year related to the Regulatory Colleges (including the allocated management fee) are as follows:

	2011	2010
	\$	\$
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	633,680	558,149
College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario	596,808	407,209
College of Kinesiologists of Ontario	498,332	78,135
College of Homeopaths of Ontario	610,015	396,044
College of Naturopaths of Ontario	600,384	277,166
	<u>2,939,219</u>	<u>1,716,703</u>



# Audited Financial Statements cont'd

HealthForceOntario Marketing and Recruitment Agency

By: 

Name: Dr. Peter Wells  
Title: Chair (A), Board of Directors

HealthForceOntario Marketing and Recruitment Agency

By: 

Name: Dr. Robert J. Howard  
Title: Member, Board of Directors



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## Appendix A—Board Member Biographies



### Dr. Amit Chakma

Amit Chakma is the 10th President and Vice-Chancellor of The University of Western Ontario. Dr. Chakma arrived at Western after serving the University of Waterloo since 2001 as Vice-President, Academic & Provost, and as a Professor in the Department of Chemical Engineering. Prior to that, he served as Dean of Engineering and then Vice-President (Research) and International Liaison Officer at the University of Regina. He began his academic career as a Professor of Chemical and Petroleum Engineering at the University of Calgary.

Dr. Chakma is a graduate of the Algerian Petroleum Institute (Dip. Ing., 1982) and the University of British Columbia (Master of Applied Science, 1984, and PhD, Chemical Engineering, 1987). The author of more than 100 articles, he is a leading expert in areas related to petroleum research and energy management. His research interests include: mass transfer, gas separation, gas processing, membrane separation, petroleum waste management, greenhouse gas control technology, and energy and environmental systems modelling.

In addition to his roles at Western, Dr. Chakma currently serves as Chair of the Board of HealthForceOntario Marketing and Recruitment Agency.

In 1998, Dr. Chakma was recognized with Canada's Top 40 Under 40 Award, given annually to honour Canada's best and brightest in their fields younger than 40. He is a fellow of the Canadian Academy of Engineering.



## Appendix A—Board Member Biographies cont'd



### Dr. Peter Wells

Dr. Peter Wells graduated from McMaster University with a Bachelor of Arts in Psychology in 1976 and as a Medical Doctor in 1980. He obtained his Canadian College of Family Physicians certification in 1982, and received his Fellowship from the College of Family Physicians of Canada in 2002. In 2009, Dr. Wells achieved his Fellowship in Rural and Remote Medicine.

Dr. Wells is the Founder and Executive Director of the Rural Ontario Medical Program, as well as a Family Physician with a busy practice in Collingwood. He has a teaching appointment from McMaster University as a Part-Time Assistant Clinical Professor, and the University of Toronto as Assistant Professor. Dr. Wells has been teaching at the Collingwood hospital for more than 20 years.

In 1988, Dr. Wells founded the Rural Ontario Medical Program in response to the severe physician shortage in our region. Dr. Wells continues to lead the Rural Ontario Medical Program and has recently been presented to the Canadian Parliamentary Standing Committee on Health for Health Human Resources. Currently, Dr. Wells serves as the Vice-Chair of HealthForceOntario Marketing and Recruitment Agency.





## Dr. Joan Lesmond

Dr. Joan Lesmond is the Executive Director of Community Engagement at Saint Elizabeth Health Care, a not-for-profit charitable organization that has been dedicated to delivering the highest calibre of health-care in the home and community since 1908. In this role, she is responsible for building community partnerships and engagement in the areas of direct service delivery, international consulting and SEHC's chronic disease self-management program.

Ms. Lesmond also serves as the Executive Director of the Saint Elizabeth Health Care Foundation, a leading Canadian charity. In this role, Ms. Lesmond combines her years of experience in leadership, health and community service for the advancement of knowledge and charitable initiatives in home and community care.

Ms. Lesmond is a dynamic, well-known nursing leader who has worked in the community health-care field for over 30 years. As the former Chief Nursing Executive and Director of Professional Practice at Casey House Hospice in Toronto, Ms. Lesmond was responsible for ensuring consistent high-quality care and service delivery, as well as effective management and professional practice across community and institutional settings at the HIV/AIDS treatment hospice. Further experience includes positions with several provincial associations. Over the last 14 years, Ms. Lesmond has instructed Baccalaureate Nursing Students in Community Health at Ryerson University.

Ms. Lesmond is currently President of the Association of Ontario Health Centres (AOHC), Vice President of the Ontario Community Support Association (OCSA), and Board Member of the Ontario Hospice Association, Women's College Hospital, and HealthForceOntario Marketing and Recruitment Agency. She is Past President of the Registered Nurses' Association of Ontario (RNAO), Past President of the International Nurses Interest Group of the RNAO, Past President of Regent Park Community Health Centre and Past Board Member of the Canadian Nurses Protective Society.

Ms. Lesmond holds a Doctor in Education – Health Policy and a Master of Science in Community Health Nursing from D'Youville College in Buffalo, and a Bachelor of Science in Nursing from Ryerson University in Toronto.



## Appendix A—Board Member Biographies cont'd



### Ms. Carolyn Acker

Carolyn Acker began her career as a Registered Nurse at Saint Michael's Hospital, and then became a Community Health Nurse with Saint Elizabeth Health Care. She later obtained a Bachelor of Administrative Studies from York University and a Master of Arts in Applied Behavioural Sciences from City University in Seattle, Washington. In 2010, she received an Honorary Doctorate of Science from the University of New Brunswick and was recognized as a "Canadian Pioneer in Poverty Reduction". At Saint Elizabeth Health Care, she held positions of District Nurse specializing in Palliative Care, District Administrator, Director of Nursing Services, and Director of Policy and Program Development. In 1992, she became the Executive Director of the Regent Park Community Health Centre, in Canada's oldest and largest public housing community. The Health Centre served about 20,000 people annually who were largely disadvantaged or homeless and offered a range of medical, dental, health and social services; community development; and capacity building programs. In 2006, she became the founding Executive Director of Pathways to Education Canada, a Public Foundation. Today, Carolyn holds the position of Founder of Pathways to Education Canada.

In 2001, as Executive Director of the Regent Park Community Health Centre, she founded the Pathways to Education Program and fundraised to sustain and replicate it. At the time, she didn't think of herself as a social entrepreneur; rather she was working hard to break the cycle of poverty and implement the Health Centre's vision of "Community Succession" – *that the young people growing up in the community would be the future doctors, nurses, social workers, community development workers and administrators of the Centre*. Six years later, the 56% high school drop-out rate became just 11% and post-secondary attendance increased from 20% to 81%. In order to replicate this program in other low income communities, she became the founding Executive Director of Pathways to Education Canada where she led the replication of Pathways in five other communities in Ontario and Quebec. The results from the replication sites are as good as or better than the results in Regent Park. Pathways is now in 10 other low income communities from Winnipeg to Halifax and more than 3,300 students are getting results that mirror these.



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## Dr. Robert J. Howard

Robert J. Howard is one of Canada's leading health-care administrators. He is the President and Chief Executive Officer of St. Michael's Hospital, an academic hospital dedicated to caring for the critically ill and society's most vulnerable. St. Michael's Hospital is known as Toronto's Urban Angel.

Bob Howard is a well-respected Cardiologist and is also known in the health-care world for his leadership in quality improvement. He has made it the cornerstone of the Hospital's strategic plan, and his work in this area is setting the benchmark among the Toronto Central LHIN and within Ontario.

This year, under Bob's leadership, St. Michael's will officially open two linked buildings—the Keenan Research Centre and the Li Ka Shing International Healthcare Education Centre—that together form the Li Ka Shing Knowledge Institute. This innovative facility brings the worlds of health sciences research and medical education together to advance patient care faster. Prior to his appointment as President and CEO, Bob was the Executive Vice-President, Programs and Education at St. Michael's. Under his leadership, the Hospital saw unprecedented growth in the education and academic partnerships portfolio.

Bob has an undergraduate degree in Industrial Engineering from the University of Toronto, a medical degree from McMaster University, and an Executive MBA from the Richard Ivey School of Business, and is a Professor in the Faculty of Medicine at the University of Toronto.



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## Appendix A—Board Member Biographies cont'd



### Dr. John G. Kelton

Dr. Kelton is the Dean of the Faculty of Health Sciences and Vice-President for McMaster University in Hamilton, Ontario. The Faculty of Health Sciences includes the Michael G. DeGroot School of Medicine, School of Rehabilitation Sciences, the Bachelor of Health Sciences, Midwifery Education Program, various graduate studies programs, and the Physician Assistant's Program. Dr. John Kelton has an active clinical practice along with a research focus into platelet and bleeding disorders with a particular focus on bleeding disorders of pregnant women and heparin induced thrombocytopenia.

Dr. Kelton's research contributions have led to numerous national and international awards for research excellence including his induction as a Fellow of the Royal Society of Canada, the Jean-Julliard Award from the International Society of Blood Transfusion, the Emily Cooley Award from the American Association of Blood Banks, and the Bernard L. Schwartz Award from the Scripps Research Institute, among others.

He is the author of five books, more than 80 book chapters, and more than 300 scientific publications including more than 15 original articles in the *New England Journal of Medicine*. Dr. Kelton graduated (cum laude) from the University of Western Ontario in 1973. Following specialty and research training at Duke University in North Carolina and McMaster University, he joined McMaster's Faculty of Health Sciences in 1977.





## Dr. Raymond W. Pong

Dr. Raymond Pong established the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University in 1992 and was its Director for 18 years until he stepped down in 2010 and became a Senior Research Fellow of the research centre. He is also a Professor of the School of Rural and Northern Health at Laurentian University and the Northern Ontario School of Medicine.

Prior to joining CRaNHR, he worked many years for the provincial governments of Alberta and Ontario, mostly in the areas of health care and health human resources.

He obtained a PhD degree in sociology at the University of Alberta.

As a Researcher, he specializes in rural health, health services and policy, and the health workforce. His research has been supported by such organizations as the Canadian Institutes of Health Research, Canadian Health Services Research Foundation, Richard Ivey Foundation, Change Foundation, Canadian Institute for Health Information, Ontario Ministry of Health and Long-Term Care, and Health Canada. He has published extensively.

Dr. Pong has also served on many international, national, and provincial committees and task forces such as the World Health Organization expert group on recruitment and retention of rural health-care workers, the Rural and Northern Health Care Panel of Ontario, the Canadian Collaborative Centre for Physician Resources, and the Scientific Advisory Committee on Rural and Northern Health Research of the Canadian Institutes of Health Research.



## Appendix A—Board Member Biographies cont'd



### Mr. Arun K. Mathur

Arun K. Mathur is a Chartered Accountant with more than 30 years of business experience. Today, he is the Partner in charge of the Toronto office of Gerald Duthie & Co. LLP Chartered Accountants. Here, he helps business owners with growth and financial challenges and advises clients on business acquisitions and complex business problems.

In 1978, Mr. Mathur obtained his Chartered Accountancy designation with Ernst & Young's Toronto office (Clarkson Gordon), specializing in information systems auditing. He acquired experience in internal control evaluation and contract compliance auditing.

As well, Mr. Mathur has extensive experience as a commercial real estate broker including buying and selling commercial properties, arranging financing, investment syndication, managing commercial properties and rezoning land to higher uses.

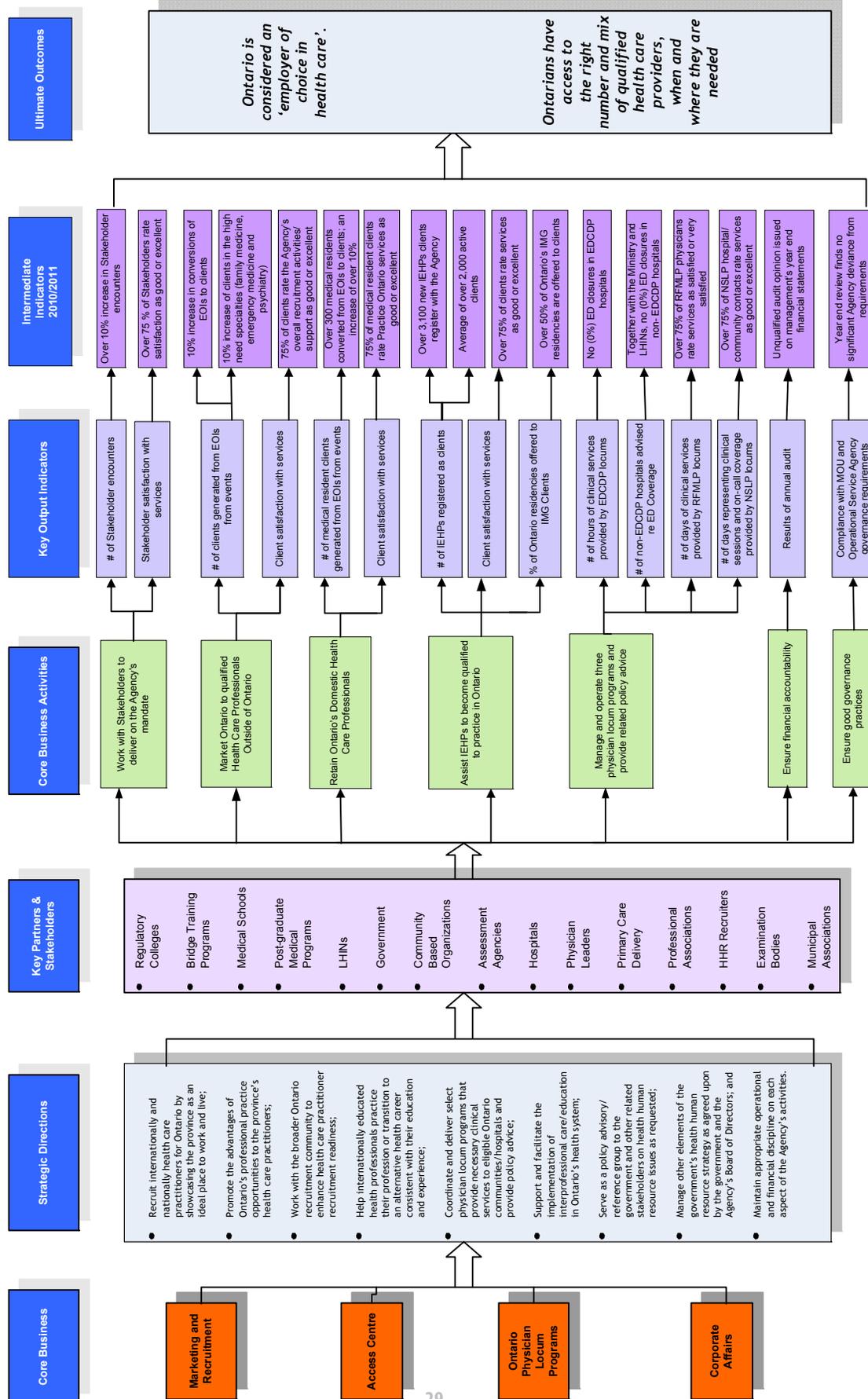
Mr. Mathur prepared and delivered a course on Improving Governance in the Not for Profit Sector for the Institute of Chartered Accountants of Ontario. He has also prepared a comprehensive governance program for United Way Toronto's agencies to be delivered in fall, 2011. He provides corporate training in accounting and finance through University of Ontario Institute of Technology and Durham College.

Mr. Mathur has served the not-for-profit sector for more than three decades and has audited many not-for-profit entities in the Toronto area.



# Appendix B—HFO MRA Logic Model 2010-11

## HFO MRA LOGIC MODEL: 2010/11



## Appendix C – Directives, Policies and Guidelines Applicable to the Agency

If a Directive is listed the Policy and Guideline also applies. Guidelines or Policies are listed only if there is no corresponding Directive. This list is not exhaustive. Amended, revised or successive Directives, Policies and Guidelines contained in this list continue to apply to the Agency until the list is updated.

1. The Agency shall comply with the following Management Board of Cabinet Directives, Policies and Guidelines:

Accountability;  
Advertising Content;  
Advertising and Creative Communication Services Procurement;  
Agency Establishment and Accountability;  
Cash Management;  
Emergency Evacuation Planning;  
Enhancing Privacy: Computer Matching of Personal Information;  
Freedom of Information and Privacy;  
General Expenses;  
Government Appointees;  
Government Publications Directive;  
Internal Audit;  
Management of Recorded Information Directive;  
Privacy Impact Assessment Guidelines;  
Procurement Directive for Consulting Services;  
Procurement Directives for Goods and Services;  
Procurement Directive for Information Technology;  
Real Property and Accommodation;  
Risk Management Policy;  
Travel, Meal and Hospitality Expenses;  
Visual Identity



2. The Agency shall comply with all MOF Directives, Policies and Guidelines.
3. The Agency shall comply with any new Directives applicable to operational service agencies that may be approved in the future by MBC, or by any body with the authority to make Directives that are binding on such an agency unless the Agency is specifically exempted by MBC, or by the body that made the Directive, and the MOHLTC gives the Agency a written confirmation of that exemption.
4. The Agency shall develop its own Policies and Procedures on the following matters with reference to the associated Directives:

- (a) Conflict of Interest and Post-Service Employment.
- (b) Intellectual Property: The Board shall develop intellectual property policies that cover the holding of intellectual property, which are consistent with the principles of the Managing, Distribution and Pricing Government Information (Intellectual Property) Directive.
- (c) Information and Information Technology: The Agency shall have policies in place which are consistent with the principles of the Information and Information Technology Directive.



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