

**HealthForceOntario  
Marketing and Recruitment Agency  
2015-18 Business Plan**

Bringing health human resources to life



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# Executive Summary

HealthForceOntario Marketing and Recruitment Agency (HFO MRA) serves as the operating arm of the government's health human resources strategy and assists with the planning, recruitment, retention, transition, and distribution of health professionals in Ontario.

In the winter of 2014, as part of the agency's strategic planning process, KPMG conducted an extensive environmental scan. Detailed information on strengths, weaknesses, opportunities, and threats to the agency was collected from a broad range of external stakeholders as well as agency staff. Of particular note is the need to ensure the agency remains responsive to changes in program policy and in the health human resources (HHR) environment, as well as focus on initiatives that will have a high impact. HFO MRA is committed to building on its strengths, addressing weaknesses and threats, and pursuing opportunities to add value to Ontario's health human resources sector.

The agency started its eighth year with the development of a Strategic Plan, which aligns with the refresh of the government's HHR strategic direction and will serve as its way forward for the next three to five years. As part of the plan, HFO MRA has developed three strategic directions:

- Delivering strategic HHR solutions
- Building strategic partnerships
- Embracing ongoing process improvement.

The operating plan builds on these directions and was developed to align with the ministry's goals of enabling evidence-informed HHR planning; engaging providers to capture changing population needs; and facilitating a system where patients, families, and providers work together.

To gauge the effectiveness of the operating plan, the agency will continue to strengthen performance assessment, establishing performance targets and measurements as benchmarks for operating success.

Based on the assumption of adequate financial resources, in addition to maintaining the existing programs and services, and at the ministry's request, HFO MRA is planning to assume responsibility for additional programs. While preliminary work has been completed for a number of these programs, the transfers have not yet been confirmed.

HFO MRA recognizes the importance of collaborating with stakeholders in developing and delivering its programs and services, and to that end engages a wide range of government, educational, regulatory, and community organizations, and associations.

The current HFO MRA staffing complement is 99.0 full-time employees (FTEs), recognizing that at any given time there is variability due to leaves, turnover, and contract/temporary staff hirings.

For the 2013-14 year, the HFO MRA board comprised five to seven members with a wealth of experience and expertise related to governance, financial management, academics, clinical practice, and other areas. The affairs of the agency are under the management and control of the Board of Directors, subject to any policy directions issued by the Minister.

# Mandate, Vision, Mission, Values

## Mandate

The Ontario Government created HealthForceOntario Marketing and Recruitment Agency (HFO MRA) under Ontario Regulation 249/07 made under the *Development Corporations Act* on June 6, 2007.

HFO MRA serves as the operating arm of the government's health human resources strategy and assists with the planning, recruitment, retention, transition, and distribution of health professionals in Ontario.

## Vision

**Bringing health human resources to life.**

## Mission

**We inspire, develop, and drive health human resources solutions.**

## Values

HFO MRA has adopted Corporate Values to guide all agency programs and services.

**CLIENT CENTREDNESS**

**HIGH-QUALITY OUTCOMES**

**BEST POSSIBLE RETURN ON PUBLIC INVESTMENT**

# Environmental Scan

In the winter of 2014, as part of the agency's strategic planning process, KPMG conducted an extensive environmental scan. Detailed information on strengths, weaknesses, threats, and opportunities to the agency was collected from a broad range of external stakeholders as well as agency staff. The results of the environmental scan are presented following. The agency is committed to building on its strengths, addressing weaknesses and threats, and pursuing opportunities to add value to Ontario's health human resources sector.



## Strengths

The agency is fulfilling its mandate. It delivers programs/services that facilitate a balanced distribution of physicians in Ontario, helps retain domestically trained health-care professionals, recruits practice-ready physicians in high-need specialities, and assists internationally educated health professionals (IEHPs) on their path to practice. These programs/services are delivered where they will have the greatest impact.

The agency works collaboratively with a variety of stakeholders in health care and education to develop solutions to health human resources challenges in the province.

Agency staff are committed to the organization's mission and have strong subject matter expertise.

Agency staff have significant "on-the-ground" presence and are client-focused.

HFO MRA has an experienced and engaged board providing strategic oversight.

The agency has established credibility with stakeholders.

## Weaknesses

Processes have not yet been examined from a "process improvement" lens.

There are silos between and even within some teams and departments.

The agency does not yet have a robust decision support and evidence-based approach to resolving issues and making recommendations to the government.

Having developed into a larger organization, the agency now requires additional corporate practices/supports (performance, strategy, partnerships, evaluation) to optimize its work.



### Threats/Challenges

As it becomes larger, the agency may become “bureaucratic” and move to a cumbersome organizational structure, which inhibits progress and innovation, and reduces the ability to keep pace with a fast-changing environment.

Significant and ongoing reductions to the agency budget may require a review of objectives and priorities.

Primary-care physicians and generalist specialists are not always available for small, rural, or remote communities, compromising the agency’s ability to assist these communities.

Many solutions to improving recruitment/retention are not under the influence/control of the agency e.g. primary-care rostering.

Changes in government policies and incentives could affect the extent to which health professionals access agency programs. For example, physician payment and entitlements for the locum programs.



### Opportunities

Implement the agency’s new strategic plan, ensuring flexibility to accommodate changes in the environment.

Provide advice to organizations in developing health human resources solutions within existing resources.

Increase agency “high impact” focus on high-need communities, high-need physician specialties, and high-need health professionals.

In partnership with the MOHLTC, pursue additional initiatives that support the distribution of physicians and other health professionals.

Continue to develop strategies for advancing opportunities for IEHPs.

Become a knowledge broker, strengthening organization-wide knowledge and facilitating increased collaboration among stakeholders.

Maximize use of technology in delivering programs and services.

Listen, learn, and grow through staff and stakeholder engagement.

Engage organizations and develop strategic partnerships that support the agency’s mission.

# Risk Identification and Mitigation

## Internal to the Agency

Risk	Mitigation Strategy
<ul style="list-style-type: none"> <li>Not having adequate financial resources in 2014-15 and beyond, to maintain the current full range of services. The agency's one-time funds were withdrawn in April 2014 and to date only one-third has been reinstated.</li> </ul>	<ul style="list-style-type: none"> <li>The agency is not filling vacant positions, and is delaying or eliminating expenses, while monitoring the consequences and being prepared to reduce services and staff to ensure a balanced year-end financial position.</li> </ul>
<ul style="list-style-type: none"> <li>While the agency has accommodated a budget reduction of 2.5% for the past two fiscal years to contribute to the government's commitment to increased fiscal accountability and responsibility, its ability to fully meet current priorities would be compromised if future budget reductions are significant and ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>Priorities would be re-examined and client services and staff would be eliminated/reduced to accommodate funding shortfalls.</li> <li>In advance, the ministry would be consulted on the required adjustments to programs and services.</li> </ul>
<ul style="list-style-type: none"> <li>Constrained financial resources would affect the agency's ability to fully follow through on the commitment to performance, evaluation, process improvement, and strategy implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the strategy over an extended period.</li> <li>Reduce the scope of some/all components to maximize available resources.</li> <li>Reconsider some elements of the strategy in consultation with the ministry.</li> </ul>
<ul style="list-style-type: none"> <li>Not having enough resources (funding, staff) for migrating programs.</li> </ul>	<ul style="list-style-type: none"> <li>Assess opportunities to reallocate resources and/or seek one-time funds from the ministry.</li> <li>Work with the ministry to adjust program deliverables/expectations.</li> <li>Work with the ministry to consider alternate program parameters and/or outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>Inability to recruit board members with the necessary expertise and experience.</li> </ul>	<ul style="list-style-type: none"> <li>Use the agency's network of contacts to continue to develop lists of potential future board recruits, based on the board's succession plan.</li> </ul>



**External to the Agency**

Risk	Mitigation Strategy
<ul style="list-style-type: none"> <li>The practice choices available to graduating medical residents are influenced by a variety of factors, such as the retirement rate of existing Ontario physicians, compensation potential, and changes in community demand for health services. Some medical residents are experiencing a lack of opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide information/coaching supports for residents.</li> <li>Explore solutions in partnership with medical schools, providing information and support to medical students.</li> <li>Monitor the situation, report employment trends to the ministry, and jointly develop and pursue additional opportunities.</li> <li>Work with medical schools, the ministry and others to adequately forecast need, adjust incentives/disincentives to support high-need specialties.</li> </ul>
<ul style="list-style-type: none"> <li>There is an increasing number of Return of Service (ROS) clients who cannot find positions in ROS-eligible communities.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide information/support for ROS clients.</li> <li>Monitor the situation, report to the ministry, and work with the ministry to develop and implement solutions.</li> </ul>
<ul style="list-style-type: none"> <li>The provision of 200 first-year residency positions a year for the agency client base was traditionally used to cover international medical graduates (IMGs) who were born outside Canada and educated in a medical school abroad. Increasingly, Canadians who attended a foreign medical school are securing those residency positions. In addition to creating competition between traditional IMGs and Canadians studying abroad, this situation could become publicly contentious.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide the same services to both groups.</li> <li>Monitor client numbers and successful matches for each group and report to the ministry.</li> <li>Devote increased effort and focus to alternative careers programming for international medical graduates.</li> </ul>
<ul style="list-style-type: none"> <li>Regarding the locum programs, neither the volume of clinical service nor its costs is under control of the agency.</li> </ul>	<ul style="list-style-type: none"> <li>While the agency will continue to report regularly to the ministry on both the costs and volumes, these risks cannot be managed or fully mitigated by the agency.</li> <li>The agency will continue to support physician recruitment in locum and other communities.</li> <li>When communities successfully recruit physicians, their use of locums to cover for vacancies will decrease.</li> </ul>

# Strategic Plan

The agency started its eighth year with the development of a Strategic Plan, which aligns with the refresh of the government's proposed HHR strategic direction and will serve as its way forward for the next three to five years. As part of the plan, the agency has developed three strategic directions:

## Delivering strategic health human resources solutions

### Defining statement:

- Supporting recruitment, retention and distribution of Ontario's health human resources

### Objectives:

- Knowledge management:
  - Create, distribute and house relevant and reliable HHR information
  - Identify and disseminate leading, novel and emerging practices
- Policy development:
  - Bring staff, stakeholders and thought leaders together to inform program policies, practices and legislation
- Program and service excellence:
  - Continually monitor and measure performance
  - Annually evaluate select HFO MRA programs and services

## Building strategic partnerships

### Defining statement:

- Stronger together through purposeful and outcome-based partnerships

### Objectives:

- Engage and regularly communicate with partners to support the agency's mission
- Regularly assess strategic partnerships for their mutual value

## Embracing ongoing process improvement

### Defining statement:

- Doing what we do better, together

### Objectives:

- Integrate leading practice tools into the agency's work
- Maximize opportunities for efficiencies

The **foundation** for successful implementation of the new strategy includes:

- Listening, learning, growing through staff and stakeholder engagement
- Optimizing performance through decision support, risk management and monitoring outcomes
- Sharing what we know; owning what we do.

# Performance Assessment

Performance measurement provides effective and relevant departmental reporting on an ongoing basis to help assess the results of programs as well as the efficiency of their management. In addition, it helps to make informed decisions and take appropriate, timely action with respect to changes to programs/services.

Since 2006, as the agency has grown and matured, so too have the performance measures. With each passing year, it becomes more apparent that some measures that were suitable in previous years should be refined in response to changes in:

- Program direction, e.g. Emergency Department Coverage Demonstration Project (EDCDP) not only keeping emergency departments open, but also providing advice to prevent the need for the program
- The environment, e.g. not only assisting international medical graduates (IMGs) become practice-ready but also helping them pursue alternative careers
- MOHLTC priorities, e.g. to support allied health by extending HFOJobs beyond physicians and nurses to other health professions.

For these and other reasons, the performance measures year-over-year have been upgraded. In the 2015-18 Business Plan, 12 new measures were added related to the agency's first strategic plan and the anticipated migration of ministry programs. Also in the 2015-18 plan, specific program satisfaction measures from previous years were combined into one measure for all agency clients and another for agency stakeholders.

Nonetheless, client satisfaction ratings by program and stakeholder satisfaction ratings by sector type continue to be collected and reviewed. Similarly, data continues to be collected on the three measures related to program output that were reported on in 2014-17 but were not included in the 2015-18 Business Plan.

The agency has many current and proposed opportunities that can support further performance measurement:

- A comprehensive database that can serve as a source of data for performance indicators
- An operating plan that includes the objective to evaluate at least one program annually
- A research/evaluation resource through HIRE IEHP (HealthForce Integration Research and Education for Internationally Educated Health Professionals) funding
- An evaluation of internationally educated health professional (IEHP) and physician recruitment services pre- and post-intervention, and
- Potential participation in the ministry-led review of health human resources (HHR) programs.

Ideally, an aspect of implementation of HFO 2.0 will be confirmation of HHR priorities and extrapolation to agency program objectives, which will then define performance measures that directly relate to the priorities and objectives. In the interim, the agency will continue to annually refine the measures.

The agency's performance targets relate directly to the operating plan priorities. Working closely with the MOHLTC and key stakeholders, the agency is committed to achieving the following in 2015-16:

**Performance Measures**

**Performance Targets**

**Agency Sustainability**

The organization redesign is implemented.  
 The agency strategy is implemented.  
 A risk management approach is developed.

Implement organization redesign.  
 Implement agency strategy.  
 Develop a risk management approach.

**Strategic Directions**

Delivering Strategic HHR Solutions

Practice Ontario sessions are delivered to residents in all high-need specialties in all six Ontario medical schools.  
 Contingent on the transfer of five Return of Service programs from the ministry in 2014-15, performance indicators are developed.  
 The number of unplanned closures of an emergency department due to physician unavailability.  
 The number of physicians recruited to Ontario.  
 The number of newly recruited physicians practising in a high-need community or specialty: Family Medicine, psychiatry, or emergency medicine.  
 The satisfaction rating from agency clients.  
 Percentage of Career Start Physician Assistant clients who are placed.

Deliver Practice Ontario sessions to residents in all high-need specialties in all six Ontario medical schools.  
 Contingent on the transfer of five Return of Service programs from the ministry in 2014-15, develop performance indicators.  
 Zero unplanned closures of an emergency department due to physician unavailability.  
 Based on stakeholder consultation, ongoing assessment of community need, agency resources, and agency physician recruitment experience, successfully recruit to Ontario approximately 100 physicians from outside the province.  
 Based on stakeholder consultation, community need, agency resources and agency physician recruitment experience, at least 65 newly recruited physicians are practising in a high-need community and/or specialty: Family Medicine, psychiatry, or emergency medicine.  
 Greater than 75% satisfaction rating from agency clients.  
 90% of Career Start physician assistant clients are placed.

Building Strategic Partnerships

The expansion of HFOJobs to five additional professions has been implemented.  
 The percentage of stakeholders surveyed who are satisfied with the agency's programs/services.

To initiate a staggered expansion of HFOJobs; add five additional professions.  
 At least 75% of stakeholders surveyed are satisfied with the agency's programs/services.

Embracing Process Improvements

The percentage increase in the number of nursing and allied health professional clients over 2014-15.  
 The number of process improvement initiatives that are undertaken.  
 One program/service has been evaluated.  
 Agency-wide customer service standards have been reviewed and refined.

To better reflect the percentage of nursing and allied IEPs in the province relative to IMGs, the agency will redirect resources and realize a 10% increase in the number of nursing and allied health professional clients over 2014-15.  
 Undertake three process improvement initiatives.  
 Evaluate at least one program/service determined by analysis of feedback from client surveys, environmental scan findings, change in government priorities, and potential opportunities for efficiencies and enhanced effectiveness.  
 Review and refine agency-wide customer service standards.

**Program Migration**

A program migration plan has been developed and implemented.  
 Twelve months post-transfer of migrated programs, there has been a consultation with the ministry on any change in resources required to meet program deliverables.

Develop and implement a program migration plan.  
 Twelve months post-transfer of migrated programs, consult with the ministry on any change in resources required to meet program deliverables.

**Staff and Board Development**

A board five-year succession plan has been developed and implemented.  
 The formal board evaluation has been expanded.  
 An employee engagement plan (including surveys, culture change, and customer service) has been implemented.

Develop and implement a board five-year succession plan.  
 Expand formal board evaluation.  
 Implement an employee engagement plan including: surveys, culture change, and customer service standards.

# Current Programs and Services

## Clerkship Travel Program

The Clerkship Travel Program covers select travel and accommodation expenses for eligible medical students (clerks) in the final two years of their program who are accepted for a clinical rotation. The program helps improve the distribution of physicians across Ontario by giving undergraduate medical students exposure to alternative practice settings.

## Community Showcases

Community Showcases connect interested physicians from targeted specialties with job opportunities in Ontario communities that have high physician vacancies. Communities are identified and opportunities are presented to physicians through webinars, e-communications, and other means to encourage them to apply.

## Emergency Department Coverage Demonstration Project

The Emergency Department Coverage Demonstration Project (EDCDP) assists hospitals to avert closure of an emergency department due to physician unavailability. EDCDP provides urgent locum coverage as an interim measure of last resort to designated hospitals facing significant challenges covering emergency department shifts. At any given time, approximately 20 hospitals – those that have been assessed as most in need of staffing assistance – access EDCDP. Additionally, more than two-thirds of the hospitals in Ontario have received EDCDP advice regarding emergency department staffing, recruitment and retention, and sharing of best practices.

## External Physician Outreach

External Physician Outreach supports qualified physicians in high-need specialties who are not practising in Ontario, but have expressed an interest in relocating to the province. Currently, External Outreach connects with physicians with specialties in: Family Medicine, emergency medicine, psychiatry, and other high-need specialties. Outreach is conducted via webinars, email campaigns, and the agency's website to generate interest from physicians best-suited to meet Ontario's needs.



## General Practitioner Vacancy Locum Coverage Arrangements

The General Practitioner Vacancy Locum Coverage Arrangements (GPVLC) provides vacancy locum coverage for high-need communities in Northern Ontario while they recruit for additional Family Medicine physicians. Thirteen communities receive varying levels of vacancy support from the GPVLC.

## HFOJobs

HFOJobs is a web-based job board connecting health-care organizations, communities and employers who have opportunities for physicians and nurses to candidates seeking employment. HFOJobs staff work with employer and community recruiters from across the province to support them on the site. HFOJobs staff also support the Nurses' Career Start Gateway for newly graduated nurses, as part of the Nursing Graduate Guarantee Initiative. In February 2014, a newly designed site was launched, providing greater user-friendliness, and efficiency in posting and searching for physician and nursing jobs across Ontario.

### **Internationally Educated Health Professionals Advisory Services**

The Internationally Educated Health Professionals (IEHP) Advisory Services supports IEHPs living in Ontario to pursue a career in Ontario's health-care system and enables Ontario to make the best use of their skills in meeting the province's health human resources needs. The agency provides a range of information and advisory services to all of Ontario's regulated health professions; nearly 75% of all IEHP clients are physicians. Staff work with clients in group settings and on an individual basis using a case management approach to assess the client's professional background and current status, and develop an individualized action plan.

### **Northern Specialist Locum Programs**

The Northern Specialist Locum Programs consist of two programs that support continuous patient access to specialist services in Northern Ontario. Northern Ontario communities with eligible specialist physician vacancies or urgent situations access the Urgent Locum Tenens Program to provide temporary specialist locum coverage. Eligible Northern Ontario physician specialists are also entitled to receive respite coverage through the Respite Locum Tenens Program while they are on vacation, continuing medical education or leave.

### **Physician Assistant Program**

The Physician Assistant (PA) Program administers the PA Career Start Program, which facilitates the transition of Ontario PA graduates into the health-care system. The program supports the employment of graduates in priority clinical and geographic areas. In addition, the agency supports the PA Demonstration Project that introduced the PA role to the provincial health system.

### **Physician Recruitment Advisory Services**

The Physician Recruitment Advisory Services assist practice-ready external physicians with relocation to Ontario and assist communities with external recruitment questions. Advisors provide registration, certification and immigration advice; co-ordination with key stakeholders (e.g. College of Physicians and Surgeons of Ontario, Royal College of Physicians and Surgeons of Canada); and practice information. Advisors also work with Canadians who are transitioning between medical school and residency in the US, many of whom return to Ontario to practise medicine after residency.

### **Practice Ontario**

Practice Ontario is a service that helps Ontario post-graduate medical residents with their transition to practice across the province. Regional Advisors, in conjunction with all six medical schools, provide career counselling; assistance in identifying practice opportunities across the province; and information regarding resources, supports, and incentives. Practice Ontario supports retention of the residents who are trained in Ontario, and helps to connect them to high-need communities across the province.

### **Recruitment Essentials (formerly Recruiter U)**

Recruitment Essentials is an online toolkit that includes health-care recruitment and retention tools, tips, and advice, developed by recruiters for recruiters. Topics include: Customer Relationship Management, Licensing and Supervision, Locums: Making Them "Work" for You and Your Community, Marketing, Physician Recruitment and Retention, Social Media, Transition Out of Practice (Succession Planning), and Working with the Media.

### **Regional Advisors**

Regional Advisors are located across the province and have two key functions:

- To assist hospitals, employers and stakeholders with their community-based health human resources (HHR) initiatives. Advisors work one on one to connect health-care providers, organizations and resources, to share best practices and assist with community and Local Health Integration Network-based HHR planning.
- To support residents, physicians, and their partners find suitable practice opportunities in Ontario through Practice Ontario, HFOJobs, and other means.

### **Return of Service Programs**

Through five Return of Service (ROS) programs, the ministry funds post-graduate training opportunities in exchange for a commitment to provide a period of full-time service in an eligible community in Ontario. These programs are the: International Medical Graduate Training Program; Emergency Medicine Residency Program; Repatriation Program; Re-Entry Residency Training/Education Program; and Resident Loan Interest Relief Program. Eligible communities and length of service vary by program. The agency works closely with communities, Return of Service participants, and the ministry to provide client/program information and help facilitate eligible placements that best match their needs and interests.

### **Rural Family Medicine Locum Program**

The Rural Family Medicine Locum Program maintains ongoing primary care in eligible communities by providing temporary short-term replacement coverage for practising rural Family Medicine physicians.

### **Transition into Practice Service (formerly Practice U)**

Written in collaboration with experts across Ontario's health-care sector, this online toolkit helps physicians prepare for professional practice in Ontario. Transition into Practice Service (TiPS) modules include: The Business Side of Medicine, Compensation and Incentives, Countdown to Practice, Finding Your Ideal Practice, Physician Well-Being, and Physician Resources.



# Operating Plan

The HFO MRA operating plan was developed to align with the ministry's goals of enabling evidence-informed HHR planning; engaging providers to capture changing population needs; and facilitating a system where patients, families and providers work together. The agency's intention is that its priority initiatives will commence or continue in fiscal 2014-15 and be completed by the end of fiscal 2015-16, with some exceptions. Those noted with an \* will continue into future years.





## Agency Sustainability

### Objectives

1. Ensure financial viability and sustainability.
2. Ensure activities align with government and agency priorities.

### Priority Initiatives

#### *Continuation*

- Reinststate the required one-time funds.
- Implement the organization redesign.
- Submit to the MOHLTC a proposal for resources required to accommodate agency growth.

#### *New*

- \*Regularly assess progress on strategy implementation and adjust as required.
- \*Communicate regularly regarding strategy implementation.
- Draft a risk management framework.

**Delivering HHR Solutions**

**Objectives**

1. Create, distribute and house relevant and reliable HHR information.
2. Identify and disseminate leading, novel, and emerging practices.
3. Bring staff, stakeholders and thought leaders together to inform policies, practices, and legislation.
4. Annually evaluate select programs and services.
5. Continuously monitor and measure performance.

**Priority Initiatives**

*Continuation*

- \*Enhance agency focus on nursing and allied health professions.
- Implement funded Health Professionals Recruitment Tour alternatives.
- \*Pursue opportunities for virtual delivery of programs and services.
- \*Continue to enhance the value of EDCDP.
- \*Expand HFOJobs to include more health professions.
- \*Refine agency-wide performance measures.
- Formalize Senior Leadership Team performance assessment.
- Implement short-term actions arising from the recent agency think tank on physician distribution.

*New*

- Develop a physician transition out of practice strategy.
- Develop a knowledge management framework with actions.
- \*Evaluate at least one program.

**Building Strategic Partnerships**

**Objectives**

1. Engage and regularly communicate with partners to support the agency's mission.
2. Regularly assess strategic partnerships for their mutual value.

**Priority Initiatives**

*Continuation*

- \*Issue PULSE at least two times annually.
- Refine the annual agency-wide client survey.
- \*Reach out to settlement and employment agencies.
- Establish a minimum of one strategic partnership.

*New*

- Develop a strategic partnership framework that includes an inventory and assessment of current partnerships.
- Identify an agency champion for each strategic partner.

**Embracing Process Improvement**

**Objectives**

1. Integrate leading practice tools into the agency's work.
2. Maximize opportunities for efficiencies.

**Priority Initiatives**

*Continuation*

- Update the agency Memorandum of Understanding.
- Refine the e-Transfer Payment Agreement.
- Propose revisions to the agency regulation.
- Evaluate the accounts payable process.
- Assess Managers Forum and adjust as required.
- Assess and refine the procurement process.
- Assess and refine the budgeting process.
- Implement electronic transfer of funds.

*New*

- Develop a process improvement framework.
- Develop a plan for and initiate the efficient allocation of administrative and programmatic responsibilities across units.

## Program Migration

### Objectives

1. Develop a consistent and comprehensive process for program migration.
2. Support the government in strengthening its adoption of a strategic policy role.

### Priority Initiatives

#### *Continuation*

- Develop and implement a program migration plan.

#### *New*

- Develop program migration tools.
- \*Develop a framework to assess the resource requirements of programs that have migrated and propose adjustments as required.

## Staff and Board Development

### Objectives

1. Promote a healthy, safe, and accessible environment.
2. Develop the workforce.
3. Cultivate a unified organization.
4. Promote further engagement of staff and board.

### Priority Initiatives

#### *Continuation*

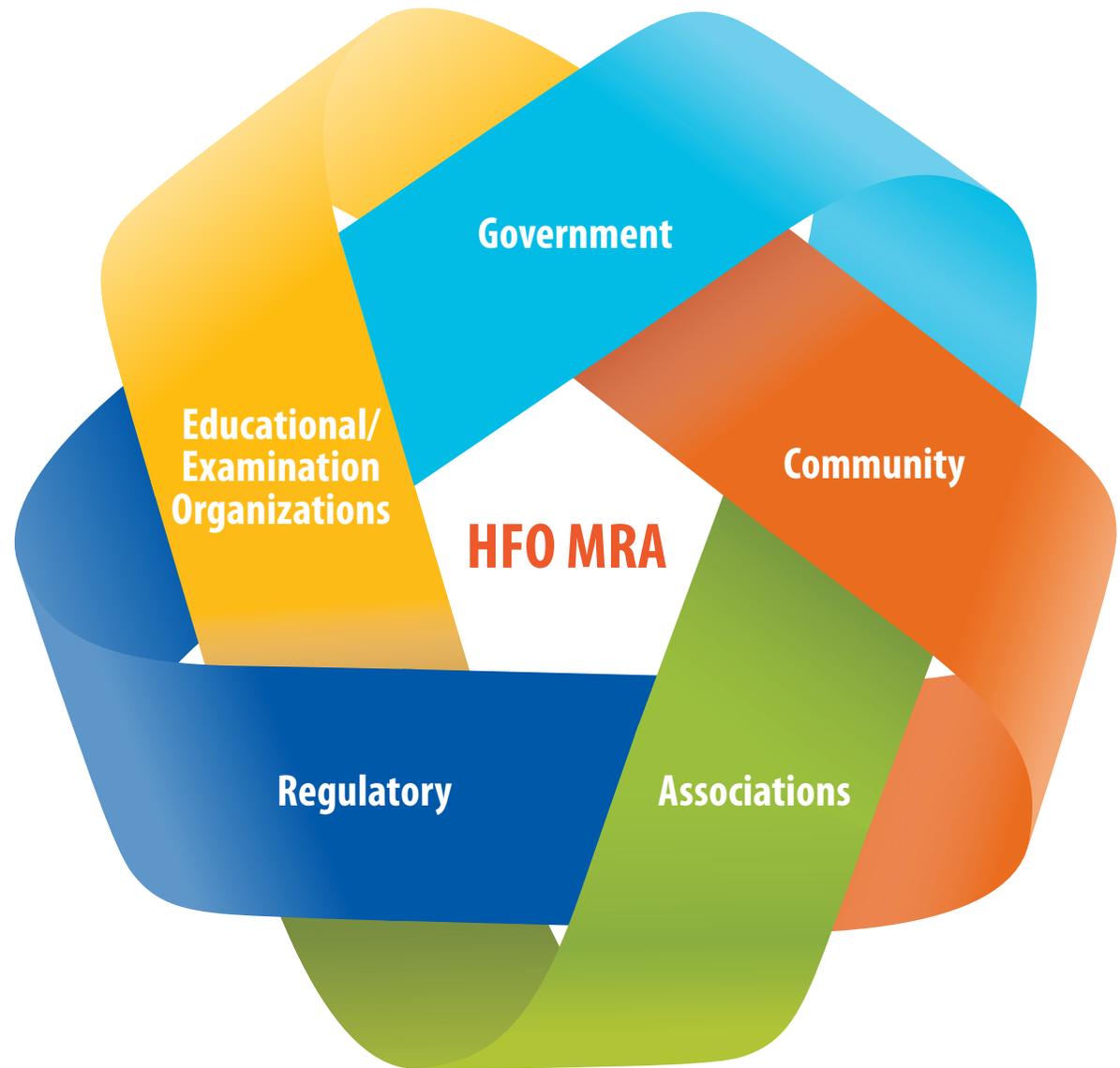
- \*Continue to build a culture of performance and excellence.
- \*Develop talent and leadership at all levels.
- Formalize a board five-year succession plan.
- Conduct a formal board evaluation.

#### *New*

- Introduce an employee engagement survey.
- Recruit additional board members.
- Initiate a job evaluation process.

# Initiatives with Partners

HFO MRA recognizes the importance of collaborating with stakeholders in developing and delivering its programs and services. This is reflected in a pillar of the agency's new strategy: strengthened strategic partnerships. The following list is not comprehensive but representative of agency relationships.





## Associations

### **Professional Association of Residents of Ontario (PARO)**

- Professional Association of Residents of Ontario (PARO) refers many medical residents to Practice Ontario.
- The association provides feedback about residents' ongoing needs.
- The association informs the agency of eligibility of the clinical clerks and disseminates information about the Clerkship Travel Program to medical students performing clinical rotations.
- Emergency Department Coverage Demonstration Project (EDCDP) coordinates with PARO to find residents for summer locums.

### **Ontario Medical Association (OMA)**

- The Ontario Medical Association (OMA) distributes physician assistant (PA) information/ grant applications to relevant members.
- The OMA participates on the review committee for PA Career Start applications.
- Ontario Medical Students' Association informs the agency of eligibility of the clinical clerks for the Clerkship Travel Program.
- OMA regional representatives work with Regional Advisors (RAs) on physician transition into and out of practice.

### **Ontario Hospital Association (OHA)**

- The Ontario Hospital Association (OHA) distributes PA communication information/grant applications to relevant members.
- The OHA participates in the review committee for PA Career Start applications.

### **Canadian Medical Association (CMA)**

- The Canadian Medical Association (CMA) works with RAs on physician transition out-of-practice.



## Community

### **Health-Service Providers across Ontario**

- Regional Advisors (RAs) assist recruiters and stakeholders with community-based recruitment and retention.
- RAs develop and share recruitment and retention best practices, policies, guidelines, and materials.
- The agency works with health-service providers in Return of Service (ROS)-eligible communities to help physicians with a ROS contract find a suitable practice opportunity.
- Northern Specialist Locum Programs (NSLP) work with health-service providers in Northern Ontario to provide specialist physician clinical services to eligible communities.
- Rural Family Medicine Locum Program (RFMLP) work with most rural, remote and/or Northern primary-care organizations to maintain ongoing provision of primary-care services when Family Medicine physicians are away.

### **Hospital and Physician Leaders across Ontario**

- Locum programs provide advice and support regarding urgent and longer-term planning for physician coverage.

### **Municipal and Community-Based Stakeholders**

- RAs work extensively in many rural and regional referral communities and municipalities with stakeholders who represent a large component of community-based recruitment in Ontario, and who are seeking recruitment advice.

### **Community-Based Organizations and Agencies that Offer Immigrant Settlement Services**

- The agency refers clients to community-based organizations and agencies to assist in the transition to Canada and integration into a new community.

### **Ontario Psychiatric Outreach Program (OPOP)**

- The NSLP Manager and RA Lead for psychiatry participate in Ontario Psychiatric Outreach Program's (OPOP's) Access to Clinical Services Committee. The committee coordinates and advises on OPOP's outreach services in underserved areas and populations across Ontario.
- NSLP approves and reimburses travel for psychiatric residents to accompany OPOP psychiatrists providing NSLP locum coverage.



## Educational/Examination Organizations

### Medical Schools

- With the support and assistance of the six medical schools in Ontario, Regional Advisors (RAs) offer unique career-planning and recruitment services for residents.
- Medical schools inform the agency of eligibility of the clinical clerks for the Clerkship Travel Program.

### Canadian Resident Matching Service (CaRMS)

- Canadian Resident Matching Service (CaRMS) is an electronic application service and computer match for international medical graduates (IMGs) applying and competing for post-graduate Year 1 residency positions.
- CaRMS informs agency advisors on behalf of clients about the online application, documents to be submitted, and eligibility.

### Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA)

- Centre for the Evaluation of Health Professionals (CEHPEA) administers the National Assessment Collaboration Objective Structured Clinical Exam and the Internationally Educated Nurse Objective Structured Clinical Exam for the province of Ontario.
- The agency offers an Objective Structured Clinical Exam orientation to internationally educated nurses.

### Council of Ontario Universities (COU) and Colleges Ontario

- HealthForceOntario Marketing and Recruitment Agency (HFO MRA) collaborates with the Council of Ontario Universities (COU) and Colleges Ontario to gather advice and consult on program administration matters that relate to health-care students/trainees.

### Medical Council of Canada (MCC)

- Medical Council of Canada (MCC) assesses every Ontario medical school graduate and international medical school graduate seeking to practise in Canada.
- Advisors liaise with the MCC to maintain updated knowledge of requirements and processes.

### Rural Ontario Medical Program (ROMP)

- Rural Ontario Medical Program (ROMP) operates as a learner placement program for Ontario's medical universities, arranging core and elective rotations for medical trainees across south central Ontario.
- Emergency Department Coverage Demonstration Project (EDCDP) assists ROMP in finding new community preceptors.

### McMaster University Physician Assistant (PA) Program

- HFO MRA communicates with the McMaster University PA Department Chair on the status of employment of their graduates.

### University of Toronto

- HFO MRA communicates with the Consortium PA Department Chairs on the status of employment of their graduates.
- EDCDP assists the Rural Northern Initiative to recruit more University of Toronto faculty or appointed preceptors.



## Government

### **Ministry of Health and Long-Term Care (MOHLTC)/Government**

- The agency aligns its initiatives with the government's health human resources strategic direction.
- The agency shares on-the-ground information about local health human resources (HHR) trends to help inform forecasting.
- The agency contributes to policy discussions about physician and nurse distribution and retention.
- The agency accesses government services through the Ministry of the Attorney General and the Ministry of Government Services.

### **Local Health Integration Networks (LHINs)**

- The agency informs and contributes to Local Health Integration Networks (LHIN) activities regarding HHR, recruitment and retention.
- Regional Advisors (RAs) participate on relevant LHIN committees and working groups, providing insight on current and upcoming physician vacancies, HHR trends, and sharing of best practices.
- Emergency Department Coverage Demonstration Project (EDCDP) works with LHINs to explore underlying issues contributing to ED coverage shortages and possible solutions.
- EDCDP works with physician LHIN leads on emergency department (ED) coverage physician staffing.
- ED LHIN leads disseminate urgent shift information to their local network of physicians.
- The North East and North West LHINs engage with Northern Specialist Locum Programs (NSLP) to help better determine community needs.

### **Ministry of Citizenship and Immigration (MCI)**

- The agency contributes to the assessment of Ministry of Citizenship funded projects related to internationally educated health professionals (IEHPs) e.g. Ontario Bridge Training projects targeting health-care professions.

### **Health Canada**

- The Physician Recruitment Advisory (PRA) team works with Health Canada and Canadians entering residency training in the US to maximize their eligibility for registration in Ontario when they return.



## Regulatory

### **College of Physicians and Surgeons of Ontario (CPSO)**

- The College of Physicians and Surgeons of Ontario (CPSO) collaborates with advisors for processing of client registration applications.
- Advisors work with CPSO to keep apprised of changes to registration parameters.
- The CPSO refers physicians to the Physician Recruitment Advisors (PRA) program for advice about the registration process.

### **Royal College of Physicians and Surgeons of Canada (RCPSC)**

- Advisors work with the Royal College of Physicians and Surgeons of Canada (RCPSC) to maintain knowledge of current exam eligibility and training requirements, especially for clients transitioning to post-graduate residency from the US (many of whom return to Ontario post-residency) and overseas specialist clients.
- The agency is engaged with the RCPSC on career planning for medical students and residents.

### **College of Family Physicians of Canada (CFPC)**

- PRA team works with the College of Family Physicians of Canada (CFPC) to maintain current knowledge of CFPC policies.

### **Physician Credentials Registry of Canada (PCRC)**

- Advisors assist clients register with the Physician Credentials Registry of Canada (PCRC).
- Advisors liaise frequently with the PCRC to maintain up-to-date knowledge of their requirements and processes.

# Forthcoming Programs

HFO MRA and the ministry are discussing the migration to the agency of a number of programs. Those noted below are slated to migrate first:

## **Nursing Graduate Guarantee (NGG)**

The Nursing Graduate Guarantee is an initiative of the Ministry of Health and Long-Term Care aimed at providing an opportunity to new nursing graduates (RN and RPN) who wish to work full time in Ontario. The Nursing Graduate Guarantee Initiative uses the HealthForceOntario Nurses' Career Start Gateway to link new graduate nurses with employers. Funding is provided to create bridging positions to support new graduate nurses in finding full-time employment immediately upon graduation and to provide them with an orientation to enhance their skills and confidence in practice.

## **Return of Service Programs (ROS) (5)**

### **International Medical Graduate Training Program**

Every year, the ministry funds approximately 200 residency positions earmarked for international medical graduates. Residents who are accepted into these programs agree to provide the province with five years return of service in eligible communities once they begin practice. All communities in Ontario are ROS-eligible with the exception of: Ottawa, Toronto, Mississauga, Brampton, Vaughan, Markham, and Pickering.

### **Emergency Medicine Residency Program**

From 2012 to 2014, Health Canada provided funding for additional PGY3 Emergency Family Medicine residency positions leading to a Certificate of Special Competence in Emergency Medicine from the College of Family Physicians of Canada (CFPC-EM). Upon completion of CFPC-EM training, program participants are required to fulfill a two-year return of service requirement in an Ontario community with an eligible emergency department.



### **Repatriation Program**

Under the Repatriation Program, the ministry funds a small number of additional post-graduate medical training positions (advanced-level entry) for specialist or family physicians who:

- Have completed or partially completed post-graduate training outside Canada
- Require up to two years of training to meet the national certification requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians of Canada (CFPC).

In return, participants agree to return service for up to five years in an eligible community in Ontario. All communities in Ontario are ROS-eligible with the exception of: Ottawa, Toronto, Mississauga, Brampton, Vaughan, Markham, and Pickering.

### **Re-Entry Residency Training/Education Program**

Under the Re-Entry Program, the ministry funds up to 50 entry/advanced level post-graduate training positions for physicians practising in Canada who wish to re-enter post-graduate medical training to pursue a new specialty. In exchange, participants agree to return service for two years anywhere in Ontario.

### **Resident Loan Interest Relief Program**

The Resident Loan Interest Relief Program provides financial relief to residents by consolidating all of a resident's Canadian student loans into a single Ontario "Medical Resident Loan," and exempting residents from having to make principal or interest payments until they have completed post-graduate study. In return, program participants provide Ontario with five years of return of service anywhere in the province.

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### **Community Assessment Visit Program**

The Community Assessment Visit Program (CAVP) provides reimbursement for travel and accommodation expenses within Ontario, for a physician or rehabilitation professional and spouse, to visit ministry designated underserved communities for the purpose of exploring practice opportunities. The community must have a Rurality Index of Ontario (RIO) score of 40 or higher.

### **Nursing Community Assessment Visit Program**

The Nursing Community Assessment Visit Program (NCAVP) provides reimbursement to employers for travel and accommodation expenses incurred by nurses (and their spouse, if applicable) for the purpose of assessing nursing employment opportunities in communities with a RIO score of 40 or higher.

### **Northern Ontario Health Professional Development**

The Northern Ontario Health Professional Development (NOHP-Dev) provides professional support, especially to rehabilitation practitioners working in Northern underserved areas as a means of promoting retention. Due to professional isolation, NOHP-Dev is needed to provide support, such as mentors to offer clinical support and consultative services as requested; as well as quarterly newsletters for sharing information and networking to reduce professional isolation.

### **RNPGA Vacancy Locum Program**

RNPGA Vacancy Locum Program provides locum funding (daily stipend, travel time reimbursement, and travel and accommodation expense reimbursement) to support locum coverage in Rural Northern Physician Group Agreements (RNPGA) experiencing physician vacancies. Three days of locum funding per month are provided for each vacant position increasing (for a maximum period of 12 months) to 10 days of locum funding per vacancy per month in RNPAs where the vacancy rate rises to 50% or higher.

# Implementation Plan

The adequacy of financial resources will determine the extent to which the agency is able to deliver on its mandate. The financial state will be monitored monthly to determine what adjustments need to be made to programs/services/staff. At the same time, the agency continues in discussion with the ministry regarding their request for HFO MRA to assume responsibility for additional programs in addition to those noted under Forthcoming Programs (and listed below in grey).

## Programs Under Consideration for Transfer

Clerkship Stipend  
Community Assessment Visit Program (Physicians, Rehabilitation Professionals)  
Continuing Medical Education (CME)  
Grow Your Own Nurse Practitioner  
Incentive Grant Program for Rehabilitation Professionals  
Late Career Nurse Initiative  
New Nursing Graduate Initiative for Canadian Educated Nurses  
Northern and Rural Recruitment and Retention Initiative (NRRRI)  
Northern Ontario Health Professional Development Program (NOHP-Dev)  
Northern Physician Retention Initiative (NPRI)  
Nursing Career Orientation Initiative  
Nursing Community Assessment Visit Program  
Nursing Graduate Guarantee (NGG)  
Ontario Nursing Workforce Alliance (ONWA)  
Ontario Psychiatry Outreach Program (OPOP)  
Pregnancy and Parental Leave Benefit Program (PPLBP)  
Return of Service Programs (five programs)  
RNPGA Vacancy Locum  
Summer Externship Program  
Tuition Support for Nurses  
Visiting Specialist Clinic Program

## Travel Plan

To support the operations of the agency, a modest amount of out-of-province travel is required. All travel complies with government directives, approval procedures and fits within the existing approved budget. For the 2015-16 year, this travel includes:

- Attend Fédération des médecins résidents du Québec (FMRQ)
- Attend national meetings: Canadian Association of Staff Physician Recruiters (CASPR), Canadian Association of Emergency Physicians (CAEP)
- Potential to present at key national organizations such as the Canadian Conference on Medical Education and the Royal College of Physicians and Surgeons of Canada Conference on Residency Education.
- Attend US conference: Association of Staff Physician Recruiters (ASPR).

## Proposed Capital Plan

As a result of the evolution of the agency's programs and services, and the expansion of programs as requested by the ministry, there are requirements to incur minor capital expenses to reconfigure space, conduct leasehold improvements, acquire furniture and secure adequate Information Technology support. The agency will seek ministry approval for any single capital expenditure of \$100,000 or more.



# Communications Plan

The communications plan objectives all serve to support the strategic directions of delivering strategic health human resources solutions, building strategic partnerships, and embracing ongoing process improvement. In addition to ongoing communication with partners, the agency has developed a targeted communications plan for 2015-16. Communication activities are carried out year-round, recognizing that specific programs have more intense periods of activity. All communications adhere to the communications directives for the Ontario government's operational services agencies.



**Objective:** Increase clients', potential clients' and stakeholders' understanding of HFO MRA programs and services, including eligibility requirements.

**Strategy:** Regular communication with clients, potential clients, and stakeholders about HFO MRA programs and services, including eligibility requirements.

Tactics	Metrics
<p><b>Locum Programs:</b></p> <ul style="list-style-type: none"> <li>• Connect with community representatives in-person at health-care conferences and events.</li> <li>• Distribute program information/flyers through Regional Advisors (RAs), health-care conferences and site visits.</li> </ul> <p><b>PA Program:</b></p> <ul style="list-style-type: none"> <li>• Initiate email and phone communication with Ontario sites in high-priority clinical and geographic areas about how to apply for program funding, as well as Ontario-based physician assistant (PA) graduates about the PA Career Start program.</li> <li>• Communicate program announcements, employment opportunities, and status updates through the Ontario Medical Association, Ontario Hospital Association, and HealthForceOntario.ca.</li> </ul> <p><b>ROS:</b></p> <ul style="list-style-type: none"> <li>• Use HealthForceOntario.ca and email to inform Return of Service (ROS) residents about ROS program information and agency services.</li> <li>• Presentation to ROS residents at Centre for the Evaluation of Health Professionals Educated Abroad pre-residency orientation programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction ratings of clients (individuals and organizations), stakeholders and locum communities.</li> </ul>



**Objective:** Increase potential clients' participation in/use of HFO MRA programs and services.

**Strategy:** Create a content plan across various media to target each group of qualified prospective clients to motivate them to participate in the appropriate program.

Tactics	Metrics
<p><b>Internationally Educated Health Professionals Service:</b></p> <ul style="list-style-type: none"> <li>Promote internationally educated health professionals (IEHPs) services on HealthForceOntario.ca.</li> <li>Conduct in-person presentations at community-based organizations across the province.</li> </ul> <p><b>Outreach to External Physicians:</b></p> <ul style="list-style-type: none"> <li>Disseminate information through HealthForceOntario.ca, Facebook and Twitter about Ontario's current specialty and distribution needs, as well as barriers to licensure/immigration so physicians are informed of the process to practice. This will generate more qualified leads.</li> <li>Host webinars that explain the registration process and promote practice opportunities.</li> <li>Purchase Facebook and Twitter page promotions.</li> </ul> <p><b>Regional Advisors (RAs)/Practice Ontario:</b></p> <ul style="list-style-type: none"> <li>Deliver Practice Ontario presentations for residents, focusing on high-need specialties and high-need communities at all Ontario medical schools.</li> <li>Promote Practice Ontario through HealthForceOntario.ca, Twitter and in-person at medical schools.</li> </ul>	<ul style="list-style-type: none"> <li>The number of inquiries from IEHPs and qualified external physicians in high-need specialties as a result of online/ social media promotions, webinars and in-person presentations.</li> <li>The number of click-throughs to HealthForceOntario.ca from external physician social media promotions and HFO MRA social media channels.</li> <li>The number of inquiries from residents as a result of Practice Ontario presentations/ promotion.</li> <li>The number of page views for IEHP, external physician and Regional Advisors/ Practice Ontario areas of HealthForceOntario.ca.</li> </ul>



**Objective:** Connect communities/health-care organizations seeking health-care professionals with qualified candidates.

**Strategy:** Bring communities/health-care organizations together and showcase opportunities in high-need communities to potential qualified candidates.

Tactics	Metrics
<p><b>HFOJobs:</b></p> <ul style="list-style-type: none"><li>• Promote HFOJobs through agency newsletters.</li><li>• Remind communities about HFOJobs during in-person community visits.</li><li>• Highlight HFOJobs during Practice Ontario sessions with post-graduate residents.</li></ul> <p><b>Outreach to External Physicians:</b></p> <ul style="list-style-type: none"><li>• Create online Community Showcases on HealthForceOntario.ca for high-need communities to advertise their physician specialist opportunities, along with testimonial content from successfully placed physicians.</li></ul> <p><b>Regional Advisors (RAs)/Practice Ontario:</b></p> <ul style="list-style-type: none"><li>• Regional Advisors to promote communities' practice opportunities to residents at Ontario medical school recruitment events.</li><li>• Promote physician recruitment to high-need communities through sharing best practices and through Recruitment Essentials online modules.</li><li>• Promote retention of domestic graduates through Transition into Practice Service (TiPS) online modules.</li><li>• Promote HFOJobs to additional health professions when HFOJobs expands the number of health professions beyond physicians and nurses.</li></ul>	<ul style="list-style-type: none"><li>• The number of physicians and communities reached through agency newsletters, Practice Ontario sessions and in-person community visits in which HFOJobs is mentioned.</li><li>• The number of page views of Community Showcase pages on HealthForceOntario.ca.</li></ul>

# Governance

The agency is continuously pursuing opportunities to strengthen board governance. Over the next three years, this will be evidenced by: recruitment of additional board members, review of agency foundational documents, and regular assessments of governance effectiveness.

## Role

The affairs of the agency are under the management and control of the Board of Directors, subject to any program policy directions issued by the Minister. The board is accountable to the Minister for the agency's use of public funds.

Specific board responsibilities are to:

- Establish the goals, objectives, and strategic direction
- Monitor the use of funds and assets
- Develop effective performance measures
- Establish guidelines, policies, and practices under which the agency operates and by which the agency's overall priorities are set.

## Composition

*Ontario Regulation 249/07* stipulates the board shall be a maximum of nine members, all of whom are to be appointed by the Lieutenant Governor in Council. For the 2013-14 year, the HFO MRA Board comprised five to seven members with a wealth of experience and expertise related to governance, financial management, academics, clinical practice, and other areas.

## Structure

The board meets at least six times each year and is available at other times as required for advice and decision. Every meeting has the option for a two-part in camera session: one that includes the Executive Director, and a second that is exclusive to board members.

There is one committee of the board, the Finance and the Audit committee, which meets and reports to the board on a regular basis.

## Board Policies and Processes

The board is subject to a Conflict of Interest policy and codes of ethics/conduct, which is in compliance with the *Public Service of Ontario Act, 2006*.

In addition to the initial and comprehensive orientation provided separately by both the ministry and the agency, the board receives regular updates and information sessions from the ministry and the agency.



# Board Member Biographies

## Dr. Peter Wells, Chair

**Appointed:** 2007 to 2012

**Appointed as Vice-Chair:** 2011

**Reappointed:** 2012

**Appointed as Chair:** 2012

**Current Term Expires:** 2015

Dr. Wells is the Founder and Executive Director of the Rural Ontario Medical Program, which is dedicated to offering medical trainees exposure to medical experiences in rural and remote settings. He is also a Collingwood-based Family Medicine physician. In 2012, the College of Family Physicians of Canada named Dr. Wells Ontario's Family Physician of the Year.

## Ms. Carolyn Acker

**Appointed:** 2008 to 2011

**Reappointed:** 2011

**Current Term Expires:** 2014

Ms. Acker began her career as a practising Registered Nurse. She served as Executive Director of the Regent Park Community Health Centre and is Founder of Pathways to Education Canada. In 2012, Ms. Acker became a recipient of the Order of Canada.

## Dr. Robert Howard

**Appointed:** 2008 to 2011

**Reappointed:** 2011

**Current Term Expires:** 2014

Dr. Howard is President and Chief Executive Officer of St. Michael's Hospital in Toronto. He joined the hospital as a staff Cardiologist in 1982 and has since held various leadership positions including Chief Medical Officer and Executive Vice-President, Programs and Education.

## Dr. John G. Kelton

**Appointed:** 2008 to 2011

**Reappointed:** 2011

**Current Term Expires:** 2014

Dr. Kelton is Dean of the Faculty of Health Sciences and Vice-President of McMaster University. He has an active clinical practice and conducts research, with a particular focus on bleeding disorders of pregnant women and heparin-induced thrombocytopenia.

## Mr. Arthur J.M. Lamarche

**Appointed:** 2014

**Term Expires:** 2017

Mr. Lamarche is an Executive Management/Financial Consultant and a Fellow of the Institute of Canadian Bankers. Currently retired from the federal government, he has held many executive positions in the House of Commons, Veterans Review and Appeal Board of Canada, and Member/Chair Federal Judicial Appointment Committee.

From left: Dr. Robert Howard, Dr. John G. Kelton, Ms. Carolyn Acker, Dr. Peter Wells, Ms. Linda Nagel, Mr. Arun K. Mathur, Mr. Arthur J.M. Lamarche



## Mr. Arun K. Mathur

**Appointed:** 2011

**Reappointed:** 2014

**Term Expires:** 2017

Mr. Mathur, a Chartered Accountant, is the partner in charge of the Toronto-area office of Gerald Duthie & Co. LLP Chartered Accountants. He helps business owners facing growth and financial challenges, and advises clients on business acquisitions and complex business problems.

## Ms. Linda Nagel

**Appointed:** 2014

**Term Expires:** 2017

Ms. Nagel has served as President and Chief Executive Officer of Advertising Standards Canada, Canada's national advertising self-regulatory organization, since 1994. Previously, she held senior positions in US and Canadian trade and health-care organizations.

# Resource Requirements

As an operational service agency, HFO MRA is funded to provide a range of programs and services in support of the government's health human resources strategy, HealthForceOntario. Client service resides at the core of the agency's activity. Accordingly, the resources required for the agency to meet its goals and objectives include staff who provide the client service and the corporate services/infrastructure.

## Staff

The current HFO MRA staffing complement is 99.0 full-time employees (FTEs), recognizing that at any given time there is variability due to leaves, turnover, and contract/temporary staff hirings.

The agency is organized into four departments, each with its own staff complement. Every effort is taken to focus on client service, therefore management and administrative support is kept to a minimum.

If significant funding reductions beyond the annual 2.5% budget reduction are imposed, staffing levels would be reduced. Uncertainty related to staffing would likely affect employee engagement and motivation, leading to negative consequences on staff performance.

## Staff Compensation and Benefits

Managing compensation costs is an important part of the province's and agency's plan to control spending and protect front-line government services, and the agency continues to take strong and fair action to manage compensation costs within Ontario's fiscal framework. The agency's benefit plan is reviewed on a regular basis and is similar to that offered in the Ontario Public Service. As a public-sector partner, HFO MRA will continue to work to control current and future compensation costs.



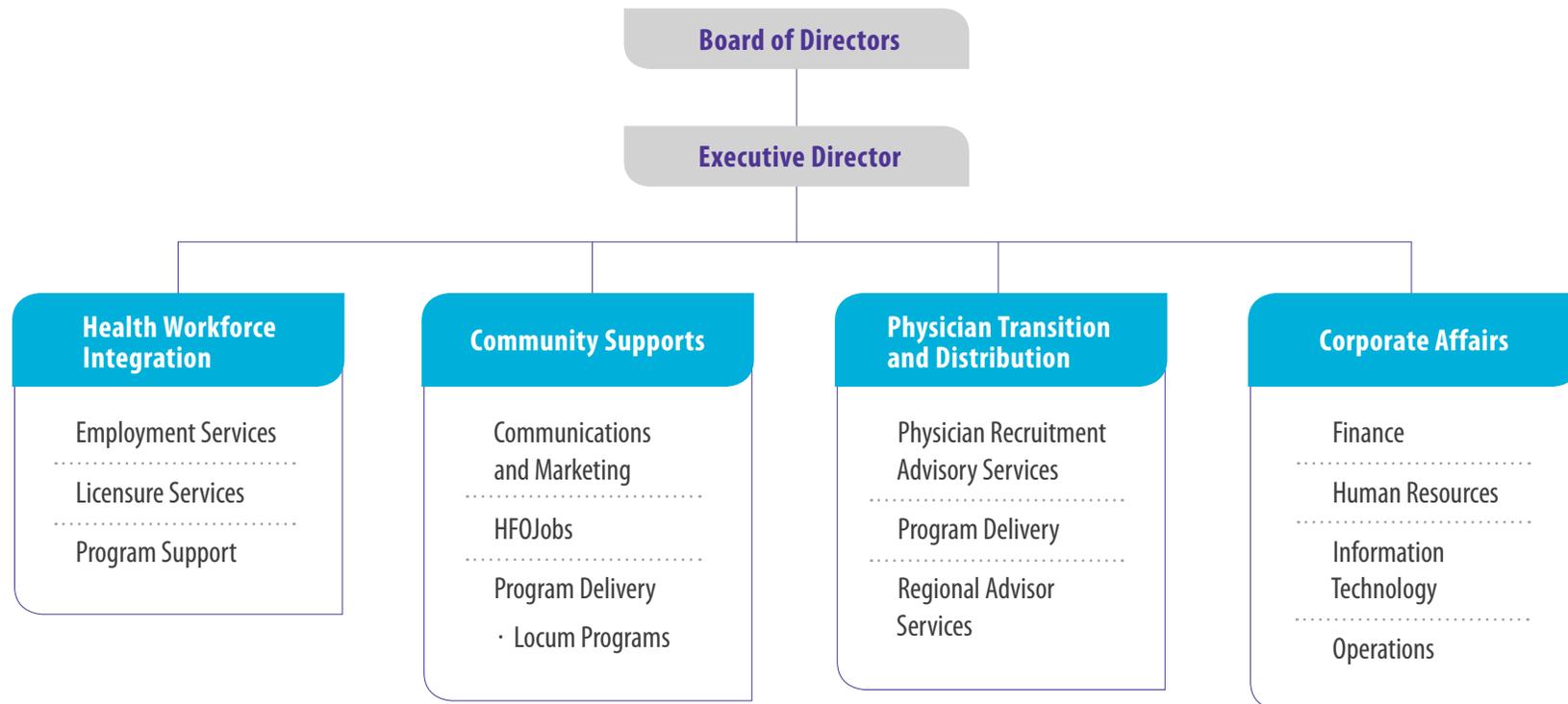
## IT Support

The software used to support the agency's activities consists of a variety of standard commercial applications, modified applications, and custom-designed applications. The IT infrastructure is regularly assessed to determine the need for upgrades and/or additional applications. Program-specific software will be regularly evaluated and updated/revised as required.

As necessary, staff are provided with BlackBerrys to facilitate communications while out of the office.

All network services are provided by in-house server infrastructure.

# Organizational Chart



# Financial Schedule

## Projected Revenues

Base Funds	2015-16 <sup>1</sup>	2016-17 <sup>1</sup>	2017-18 <sup>1</sup>
Program Support Component	9,947,800	9,947,800	9,947,800
Less 2.5% annualized administrative efficiency	(255,700)	(255,700)	(255,700)
Subtotal	9,692,100	9,692,100	9,692,100
CTP Reallocation – for NGG	280,000	0	0
Total Program Support	9,972,100	9,692,100	9,692,100
Clerkship Travel Program	2,350,000	2,630,000	2,630,000
PA Grant Program	3,732,000	3,732,000	3,732,000
<b>Subtotal Base Funding</b>	<b>16,054,100</b>	<b>16,054,100</b>	<b>16,054,100</b>
<b>One-Time Funding</b>			
PA Grant Program	448,400	0	0
<b>Subtotal One-Time Funding</b>	<b>448,400</b>	<b>0</b>	<b>0</b>
<b>Total Revenue</b>	<b>16,502,500</b>	<b>16,054,100</b>	<b>16,054,100</b>

## Projected Estimated Expenditures

Base Funds	2015-16 <sup>1</sup>	2016-17 <sup>1</sup>	2017-18 <sup>1</sup>
Program Support Component	9,972,100	9,692,100	9,692,100
Clerkship Travel Program	2,350,000	2,630,000	2,630,000
PA Grant Program	3,732,000	3,732,000	3,732,000
<b>Total Base Funds</b>	<b>16,054,100</b>	<b>16,054,100</b>	<b>16,054,100</b>
<b>One-Time Funding</b>			
PA Grant Program	448,400	0	0
<b>Total One-Time Funding</b>	<b>448,400</b>	<b>0</b>	<b>0</b>
<b>Total Projected Revenue</b>	<b>16,502,500</b>	<b>16,054,100</b>	<b>16,054,100</b>

Note:

<sup>1</sup>These estimates are placeholders until the agency's formal budget process has been completed and approved by the Board of Directors and the ministry.

# Financial Statements

Financial Statements of

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Years ended March 31, 2014 and 2013



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### INDEPENDENT AUDITORS' REPORT

To the Board of Directors of HealthForceOntario Marketing  
and Recruitment Agency

We have audited the accompanying financial statements of HealthForceOntario Marketing and Recruitment Agency, which comprise the statement of financial position as at March 31, 2014, the statements of operations and repatriation of contributions, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements 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 statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 made by management, as well as evaluating the overall presentation of the financial statements.

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

#### *Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of HealthForceOntario Marketing and Recruitment Agency as at March 31, 2014, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

June 24, 2014  
Toronto, Canada

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

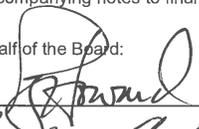
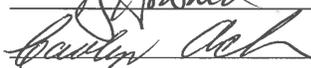
Statement of Financial Position

March 31, 2014, with comparative information for 2013

	2014	2013
<b>Assets</b>		
Current assets:		
Cash	\$ 3,373,186	\$ 2,522,898
Prepaid expenses	152,732	217,747
	<u>3,525,918</u>	<u>2,740,645</u>
Capital assets (note 2)	132,919	138,516
	<u>\$ 3,658,837</u>	<u>\$ 2,879,161</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 3,859,955	\$ 1,099,675
Net assets:		
Unrestricted (deficiency)	(334,037)	1,640,970
Invested in capital assets	132,919	138,516
	<u>(201,118)</u>	<u>1,779,486</u>
Commitments and contingencies (note 6)		
Economic dependence (note 7)		
	<u>\$ 3,658,837</u>	<u>\$ 2,879,161</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Director  
 Director

1

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Statement of Operations and Repatriation of Contributions

Year ended March 31, 2014, with comparative information for 2013

	2014	2013
<b>Revenue:</b>		
Ministry of Health and Long-Term Care - Component	\$ 10,784,048	\$ 10,962,800
Clerkship Travel Program One-time	400,000	-
Ministry of Health and Long-Term Care Physician Assistant Grant Program	6,831,400	4,321,672
Health Integration Resources and Education	<u>-</u>	<u>215,826</u>
	18,015,448	15,500,298
<b>Expenses:</b>		
Salaries and benefits	7,938,708	7,478,737
Base:		
Corporate Affairs	1,665,016	1,415,578
Clerkship Travel Program	301,092	185,388
Community Partnership Program	163,620	138,480
Access Centre	104,737	167,536
Amortization	80,745	180,689
Ontario Physician Locum Programs ("OPLP") (note 3)	70,668	44,550
Board of Directors	62,230	5,295
Recruitment and Retention Outreach	46,415	29,127
Website	4,712	26,675
HFOJobs	6,677	7,073
One-time:		
Physician Assistant Grant Program	6,119,779	3,643,791
Health Professionals Recruitment Tour	120,226	130,119
Nursing Graduate Guarantee	74,162	80,435
Clerkship Travel Program	70,804	-
Other	69	110,972
Health Integration Resources and Education	<u>-</u>	<u>83</u>
Total expenses	<u>16,829,660</u>	<u>13,644,528</u>
Excess of revenue over expenses before repatriation of contributions	1,185,788	1,855,770
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	<u>(3,166,392)</u>	<u>-</u>
Excess (deficiency) of revenue over expenses after repatriation of contributions	<u>\$ (1,980,604)</u>	<u>\$ 1,855,770</u>

See accompanying notes to financial statements.

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## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

### Statement of Changes in Net Assets

Year ended March 31, 2014, with comparative information for 2013

			2014	2013
	Invested in capital assets	Unrestricted	Total	Total
Balance, beginning of year	\$ 138,516	\$ 1,640,970	\$ 1,779,486	\$ (76,284)
Excess (deficiency) of revenue over expenses before repatriation of contributions	(80,745)	1,266,533	1,185,788	1,855,770
Ministry of Health and Long-Term Care repatriation of contributions (note 4)	—	(3,166,392)	(3,166,392)	—
Net change in investment in capital assets	75,148	(75,148)	—	—
<b>Balance, end of year</b>	<b>\$ 132,919</b>	<b>\$ (334,037)</b>	<b>\$ (201,118)</b>	<b>\$ 1,779,486</b>

See accompanying notes to financial statements.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

### Statement of Cash Flows

Year ended March 31, 2014, with comparative information for 2013

	2014	2013
Cash provided by (used in):		
Operating activities:		
Excess (deficiency) of revenue over expenses after repatriation of contributions	\$ (1,980,604)	\$ 1,855,770
Amortization of capital assets which does not involve cash	80,745	180,689
Change in non-cash operating working capital:		
Prepaid expenses	65,015	(40,598)
Accounts payable and accrued liabilities	2,760,280	(1,505,196)
Deferred contribution	—	(221,672)
	925,436	268,993
Investing activities:		
Net purchase of capital assets	(75,148)	(191,794)
Net increase in cash	850,288	77,199
Cash, beginning of year	2,522,898	2,445,699
<b>Cash, end of year</b>	<b>\$ 3,373,186</b>	<b>\$ 2,522,898</b>

See accompanying notes to financial statements.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements

Year ended March 31, 2014

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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 Regulation, the Agency is only allowed to receive money or assets from The Crown in Right of Ontario.

The creation of the Agency arose out of the government's health human resource strategy. The Agency is dedicated to making Ontario the "employer of choice" in health care, and to ensure Ontarians have access to the right number and mix of qualified health care providers, when and where they are needed, now and in the future. The Agency's programs and services can be grouped in two categories:

1. Retention and distribution of Ontario's health professionals;
2. Recruitment of and outreach to:
  - (a) Internationally educated health professionals living in Ontario;
  - (b) Ontario's recruitment community;
  - (c) Practice-ready physicians in high-need specialties outside of Ontario.

Consistent with the 2012/2013 Transfer Payment Agreement ("TPA"), Schedule A, the Memorandum of Understanding, and the Development Corporations Act, the Agency executes programs and services as follows:

- Outreach to physicians from outside Ontario;
- Internationally Educated Health Professionals ("IEHP") Advisory Services;
- IEHP workplace Health Integration Resources and Education - ("HIRE") IEHP;
- Ontario physician retention/Practice Ontario/Return of Service;
- HealthForceOntario.ca and HFOJobs.ca;

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

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- Regional Advisors;
- Emergency Department Coverage Demonstration Project;
- Rural Family Medicine Locum Program;
- Northern Specialist Locum Programs;
- General Practitioner Vacancy Locum Coverage Arrangements;
- Corporate Affairs;
- Physician Assistant Grants;
- Clerkship Travel Program;
- Health Professionals Recruitment Tour;
- Facilities Services to a maximum of five Transitional Councils for regulatory health professional colleges; and
- Client support for the Nursing Graduate Guarantee Initiative.

# HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

## 1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards, including the 4200 standards for government not-for-profit organizations.

### (a) Revenue recognition:

The Agency is funded through three TPAs with the Ministry. The principal TPA provides funding for the majority of the Agency's expenses, including salaries and benefits, base and one-time funding. A secondary TPA provides funding for the Physician Assistant Grant Program (note 4) which the Agency administers on behalf of the Ministry.

The last TPA provides funding for the Clerkship Travel Program which the Agency administers on behalf of the Ministry.

The Agency follows the deferral method of accounting for contributions which include government grants.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Agency does not receive externally restricted contributions as all funding must be received from the Ministry.

### (b) Expenses:

The Agency divides its expenditures into two categories: Base and One-time. Base expenses include funds expended by the Agency to provide ongoing programs and services to clients and stakeholders, and corporate services to the Agency. One-time expenses relate to programs and services to clients and stakeholders which may be limited to the current fiscal year.

# HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

## 1. Significant accounting policies (continued):

### (c) Allocation of expenses:

The Agency records a number of its expenses by program. The cost of each program includes the personnel, premises and other expenses that are directly related to providing the program.

Administration and corporate governance are not allocated.

### (d) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated lives of the assets or over the lease term, as appropriate. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Agency's ability to provide services, its carrying amount is written down to its residual value.

Works of art, historical treasures and intangible assets are not recognized in these financial statements.

Capital assets are amortized on a straight-line basis using the following annual rates:

Furniture and fixtures	20%
Computer hardware	33%
Computer software	33% - 100%
Leasehold improvements	Lease term

### (e) Employee future benefits:

The costs of multi-employer defined contribution pension plan benefits, such as the Public Service Pension Plan ("PSPP"), are the employer's contributions due to the plan in the period.

# HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

## 1. Significant accounting policies (continued):

### (f) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of capital assets and obligations related to employee future benefits. Actual results could differ from those estimates.

## 2. Capital assets:

	2014		2013	
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and fixtures	\$ 191,642	\$ 157,166	\$ 34,476	\$ 33,014
Computer hardware	353,501	290,767	62,734	52,736
Computer software	222,226	222,226	—	8,129
Leasehold improvements	261,675	225,966	35,709	44,637
	<u>\$ 1,029,044</u>	<u>\$ 896,125</u>	<u>\$ 132,919</u>	<u>\$ 138,516</u>

The Agency has full use and enjoyment of assets paid for by the Government of Ontario; as such, the historical cost of these assets is not recorded in the Agency's books. Assets paid for by the Government of Ontario include leasehold improvements, computer hardware and furniture and fixtures.

# HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

## 3. Ontario Physician Locum Programs ("OPLP"):

The OPLP provides centralized and coordinated locum physician assistance for hospitals, communities and physicians across the Province of Ontario. The Ministry makes the payments directly to the physicians for the locum services provided. The Agency administers the programs and records as expenses the general operating costs and salaries and benefits.

During the year, OPLP physician payments made by the Ministry were \$22,023,453 (2013 - \$23,450,759). The OPLP physician payments issued by the Ministry directly to physicians are not presented on the statement of operations. Funds flowing through the Agency are for the purpose of OPLP administration only. No funds flow to the Agency for physician payments.

## 4. Ministry of Health and Long-Term Care repatriation of contributions:

Fiscal year	Type	Amount	Status at March 31, 2014
2011 - 2012	Final	\$ 352,015	Paid
2012 - 2013	Estimated	1,622,993	Accrued
2013 - 2014	Estimated	1,191,384	Accrued
		<u>\$ 3,166,392</u>	

The Agency returns to the Ministry surplus amounts based on a reconciliation process with the Ministry. The amounts noted above as estimated are management's best estimates; actual results could differ from those estimates. The Agency has remitted \$1,622,993 to the Ministry for fiscal year 2012-2013 subsequent to year end.

## 5. Employee future benefits:

The Agency makes contributions to the PSPP, which is a multi-employer plan, on behalf of certain members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Year ended March 31, 2014

### 5. Employee future benefits (continued):

Contributions for employees with a normal retirement age of 65 were being made at a rate of 6.4% for earnings up to the yearly maximum pensionable earnings of \$52,500 and at a rate of 9.5% for earnings greater than the yearly maximum pensionable earnings. The amount contributed to PSPP for 2014 was \$476,341 (2013 - \$453,299) for current service and is included as an expense on the statement of operations. Employees' contribution via payroll deductions to PSPP in 2014 was \$468,282 (2013 - \$457,435).

### 6. Commitments and contingencies:

(a) The Agency has entered into an operating lease for the premise which expires in 2018. Approximate future minimum lease payments are as follows:

2015	\$ 483,800
2016	483,800
2017	483,800
2018	161,300
	<u>\$ 1,612,700</u>

(b) Indemnity insurance has been provided to all directors and officers of the Agency for various items including, but not limited to, all costs to settle suits or actions due to association with the Agency, subject to certain restrictions. The Agency has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of the Agency. The maximum amount of any potential future payment cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Agency from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties.

### 7. Economic dependence:

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

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## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2014 and 2013

### 8. HealthForceOntario Marketing and Recruitment Agency:

	Salaries and benefits	General operations	Actual	Budget
<b>Revenues:</b>				
Component			\$ 10,784,048	\$ 13,592,800
CTP One Time Funding			400,000	400,000
PA Funding			6,831,400	6,831,400
<b>Total</b>			<u>\$ 18,015,448</u>	<u>\$ 20,824,200</u>
<b>Expenses:</b>				
Base components:				
Board of Directors:				
Salaries and benefits	12,571	-	\$ 12,571	\$ 18,356
General operating	-	62,230	62,230	75,680
<b>Total</b>			<u>74,801</u>	<u>94,036</u>
Corporate Affairs:				
Salaries and benefits	2,060,651	-	2,060,651	2,223,434
General operating	-	1,745,761	1,745,761	1,880,016
<b>Total</b>			<u>3,806,412</u>	<u>4,103,450</u>
Clerkship Travel Program:				
General operating	-	301,092	301,092	2,630,000
<b>Total</b>			<u>301,092</u>	<u>2,630,000</u>
Access Centre:				
Salaries and benefits	1,945,041	-	1,945,041	2,062,789
General operating	-	104,737	104,737	115,100
<b>Total</b>			<u>2,049,778</u>	<u>2,177,889</u>
Website:				
General operating	-	4,712	4,712	10,032
<b>Total</b>			<u>4,712</u>	<u>10,032</u>
HFOJobs:				
Salaries and benefits	118,384	-	118,384	120,893
General and operating	-	6,677	6,677	28,520
<b>Total</b>			<u>125,061</u>	<u>149,413</u>
Outreach:				
Salaries and benefits	168,166	-	168,166	203,955
General operating	-	46,415	46,415	44,300
<b>Total</b>			<u>214,581</u>	<u>248,255</u>
RRP - Community Partnership:				
Salaries and benefits	1,270,463	-	1,270,463	1,355,953
General operating	-	163,620	163,620	117,500
<b>Total</b>			<u>1,434,083</u>	<u>1,473,453</u>
OPLP:				
Salaries and benefits	1,578,866	-	1,578,866	1,661,522
General operating	-	70,668	70,668	29,750
<b>Total</b>			<u>1,649,534</u>	<u>1,691,272</u>
<b>Base component total</b>			<u>\$ 9,660,054</u>	<u>\$ 12,577,800</u>

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# HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2014 and 2013

## 8. HealthForceOntario Marketing and Recruitment Agency (continued):

	Salaries and benefits	General operations	Actual	Budget
One-time components:				
CTP				
General operating	–	70,804	\$ 70,804	\$ 400,000
<b>Total</b>			<b>70,804</b>	<b>400,000</b>
NGG:				
Salaries and Benefits	183,916	–	183,916	199,670
General operating	–	74,162	74,162	80,330
<b>Total</b>			<b>258,078</b>	<b>280,000</b>
HPRT:				
Salaries and Benefits	42,681	–	42,681	52,578
General operating	–	120,226	120,226	182,422
<b>Total</b>			<b>162,907</b>	<b>235,000</b>
Other:				
Salaries and Benefits	433,446	–	433,446	482,542
General operating	–	69	69	17,458
<b>Total</b>			<b>433,515</b>	<b>500,000</b>
Physician Assistant:				
Salaries and Benefits	124,523	–	124,523	210,000
General operating	–	6,119,779	6,119,779	6,621,400
<b>Total</b>			<b>6,244,302</b>	<b>6,831,400</b>
<b>One-time component total</b>			<b>\$ 7,169,606</b>	<b>\$ 8,246,400</b>
<b>Total expenses</b>			<b>\$ 16,829,660</b>	<b>\$ 20,824,200</b>
<b>Surplus/(shortage)</b>			<b>\$ 1,185,788</b>	



Find out more about HealthForceOntario  
Marketing and Recruitment Agency:

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[www.HealthForceOntario.ca/acs](http://www.HealthForceOntario.ca/acs)