

2014/17

**HealthForceOntario  
Marketing and Recruitment Agency**

**Business Plan**

*Ensuring that 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.*



**Ontario**

HealthForceOntario Marketing  
and Recruitment Agency



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## Executive Summary

The 2014/17 HFO MRA Business Plan outlines the nature of the Agency's work, its plan to address key strategic issues, and the various supporting resources.

Established under the Development Corporations Act (Ontario Regulation 249/07), HealthForceOntario Marketing and Recruitment Agency (HFO MRA) is an operational services agency of the Government of Ontario. The Agency is aligned with and carries out the Government's health human resources strategy.

Following its mandate, the Agency focuses on:

- Retaining domestically trained health-care physicians;
- Facilitating a balanced distribution of physicians in Ontario;
- Recruiting practice-ready physicians in high-need specialties external to Ontario;
- Assisting internationally educated health professionals (IEHPs) living in Ontario on their path to practice;
- Working with communities in Ontario to enhance their HHR recruitment and retention efforts;
- Increasing awareness among stakeholders of Ministry and Agency programs, services, and initiatives.

The delivery of HFO MRA's programs and services are guided by Corporate Values – client-centredness; high-quality outcomes; and best possible return on investment.

The Agency is engaged in a strategic planning initiative that by December 2013 will produce a vision and strategy. Pending the outcome of that process, the Agency has identified the following strategic issues (see below) and interim strategies to address them:

1. Imbalance of physician distribution;
2. Shortage of specific high-need physician specialties;
3. Need to retain health professionals currently training and practising in Ontario;
4. Health-care professionals and communities having to search multiple sources for information on programs, incentives and opportunities in the province;
5. Requirement to remain aligned with the Government's current and future direction regarding health human resources.

## Overview

### *Executive Summary*

Looking forward, the Agency and the Ministry have engaged in a process to identify specific programs and services for migration from the Government to the Agency. The collaborative approach with third-party stakeholders will continue for both ongoing and new initiatives.

Financial, human and other resources support the Agency's operations. The current HFO MRA staffing complement is 99.0 full-time employees (FTEs).

As an operational services agency, HFO MRA is funded to provide a range of programs and services in support of its health human resources strategy. In each of the next three years, base revenue is projected to be \$12,577,800. One-time revenue is dependent on separately funded programs by the Ministry, i.e. HPRT, PA Grant Program and for 2014/15 is projected at \$3.04M, excluding any additional funding related to program transfers. A modest amount of out-of-province travel is required, all of which complies with Government Directives and approval procedures.

As well, an effective Board not only provides appropriate oversight, but also collectively possesses relevant expertise upon which the Agency draws. The Agency will strengthen Board governance over the next three years in various ways, including: recruitment of additional Board members; assessment of the need for additional Board committees; and review of Agency foundational documents.

## 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. Under this regulation, HFO MRA's mandate is:

- To recruit, internationally, nationally and provincially, health-care practitioners to practise in Ontario.
- To attract persons to the practice of health care in Ontario.
- To assist health-care practitioners and other interested persons in identifying requirements that must be met to practise health care in Ontario and determining ways to meet the requirements.
- To encourage health-care practitioners who currently practise in Ontario to continue practising in Ontario.
- To work with communities in Ontario to enhance their recruitment and retention of health-care practitioners to help meet communities' health needs.
- To make Ontarians aware of the services and initiatives of the Ministry of Health and Long-Term Care that are designed to enhance the supply and distribution of health-care practitioners in Ontario.

# Mission

As set out in the 2011 Transfer Payment Agreement between the Ministry of Health and Long-Term Care (Ministry) and HFO MRA (effective October 1, 2011), the Memorandum of Understanding (MOU), Ontario Regulation 249/07, and confirmed by the HFO MRA Board of Directors, HFO MRA executed programs and services are as follows for 2012/13:

- Outreach to physicians from outside Ontario;
- Broad range of services for internationally educated health professionals (IEHPs) seeking licensure/registration in their profession;
- Ontario physician retention/Practice Ontario/Return of Service;
- Regional Advisors' assistance with community-based recruitment and retention and LHIN-based health human resources planning;
- Four locum programs: Emergency Department Coverage Demonstration Project, Rural Family Medicine Locum Program, Northern Specialist Locum Programs, General Practitioner Vacancy Locum Coverage Arrangements;
- Facilities services to the Transitional Councils of the five new regulatory health professional colleges;
- Customer Support Office for the Nursing Graduate Guarantee Initiative;
- Health Professionals Recruitment Tour;
- Physician Assistant Grant Initiative (2010-2012 graduates);
- Clerkship Travel Program;
- HealthForceOntario.ca and HFOJobs.

These components have evolved and HFO MRA continues to be responsive to Ministry requests to assume responsibility for new programs and services.

# Vision

HealthForceOntario Marketing and Recruitment Agency has adopted the vision of the Government's health human resources strategy as its own: to ensure that 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.

## Corporate Values

HFO MRA has adopted Corporate Values intended to guide all Agency activities:

### Client Centredness

i.e., Is the Agency department, program or service truly focused on the client?

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### High-Quality Outcomes

i.e., Is the work being executed in a way that produces the best possible results?

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### Best Possible Return on Public Investment

i.e., Are the resources invested in the department, program or service in the most effective and efficient manner, with accountability in mind?

# Environmental Scan

To support the HFO MRA strategic planning process, KPMG’s services were engaged to assist in identifying Agency direction, which included completion of an environmental scan. The objective of the scan is to identify the administrative and clinical forces shaping the current health-care landscape and the implications of these factors on HFO MRA. This includes a review of current leading practices in the field of health human resources (HHR) and a jurisdictional review of current and anticipated future states of the human resources supply.

## The Current Health-Care Landscape



From the current health-care landscape, the core concept that may be inferred is the need to assess and strengthen distribution of health human resources to maximize province-wide access to high-quality interdisciplinary care. Several notable advances can be identified to support this core concept, recognizing a balanced consideration of relevancy and future possibilities. These include:

- The probable creation of new disciplines;
- The evolution of and/or change in scope of practice and the impact to patients and all health-care disciplines;
- Continued inclusion of and attention to internationally educated health professionals;
- Strategy for distribution of health professionals

#### Key questions for addressing future considerations:

- Where are the vulnerabilities with respect to supply and distribution of health-care professionals?
- What might be the impact of new disciplines?
- What does the changing scope of practice mean?
- What new strategy is needed to move forward possibilities for internationally educated health professionals?
- How will the health-care system recognize and support HHR innovation?

#### Leading Practices

Further to understanding potential opportunities, a thoughtful review of leading practices is provided to inform and reflect on achievements that have made a positive difference. Briefly, the following pertinent information reveals:

- **In the United Kingdom’s National Health Service (NHS), strategic HHR is used to integrate across disciplines.** Leaders are leveraging the hiring and distribution of professionals to promote integration of systems and departments across organizations, aligning resource plans within adjacent functions and encouraging interprofessional collaboration.
- **Many health-care systems, including Sweden, NHS and Netherlands, are increasingly focusing attention on strengthening enterprise-wide knowledge and deepening collaboration.** Leaders in this space have sponsored the development of teams that form “knowledge communities.”

- **Having travelled to more than 50 countries, Global Health Care Chairman Mark Britnell (of KPMG) suggests engaging consumers as “co-producers.”** This is integral to address the needs of an aging, increasingly chronically ill, population. While people with diabetes have long been “co-producers” of their own care, there are examples of Home Self-Dialysis in Sweden where patients have been actively engaged in their own care.
- **In Canada, A Strategic HR Plan for the Urban Angel study (Owen, et al Longwoods, August 2011) found leading practice agencies and organizations match the supply of HHR to the areas where growth is the most probable.** Organizations are collecting and analyzing data to develop models enabling the strategic distribution of professionals to proactively address the needs of their client.

Considering the leading practices described, several principles resonate collectively. Implicit in each leading practice is the notion that “going alone” provides minimal success. Positive results are gained through interdisciplinary collaboration, broad sector partnerships, knowledge and resource sharing, and most significantly, engaged and educated consumers.

#### Key questions for addressing future practices

- What strategies are required for embarking on cooperative HHR planning?
- How and what will measure success?
- In what capacity will policy makers, educators and administrators collaborate and provide leadership?
- What further research and resources will be necessary?

#### Jurisdictional Review

The jurisdictional review completed reflects current and supposed health human resource possibilities across medical, nursing and allied health professionals. The review highlights current and predicted demographics, education, distribution and supply/demand. High-level analysis of potential opportunities for HFO MRA includes:

- An increase in educational opportunities in high-need disciplines;
- Focused engagement/marketing;
- Sustainability of strategies to support distribution and retention;
- Fostering innovation and creativity with existing resources;
- Exploring new/innovative technological opportunities;
- Engaging in HHR planning;
- Examining population demographics in relation to HHR planning (future trends).



## External Environment

### *Environmental Scan*

#### **Implications for HFO MRA**

The environmental scan provided by KPMG has helped inform the HFO MRA strategic planning process, and consequently, identification of methods that may fortify the Agency's participation in HHR planning in Ontario. Implementing ways and means to acquire data and learnings will add to HFO MRA's credibility and broad acknowledgement as experts in the field. Next steps will need to include further analysis of the environmental scan data and its relevancy and feasibility with the Agency's focus, including application to future business plans.

## Risk Identification and Mitigation

HFO MRA faces a number of risks outside of the Agency's control (such as Government Policies/Directives and the level of funding) that are able to be mitigated.

- **Risk:** The introduction of health-care reform in the U.S. could lead to an increase in U.S. recruitment of practising Ontario physicians or graduating Ontario residents. Recent U.S. reports suggest this may be particularly true for Family Medicine physicians.

**Mitigation Strategy:** To aid residents in their decision-making process, present a cost/benefit analysis of residents remaining in Ontario vs. residents moving to the U.S., and work with physicians to explore all Ontario options available to them. Monitor trends and inform the Ministry of findings.

- **Risk:** The practice choices available to graduating medical residents are influenced by a variety of factors, such as the retirement rate of existing Ontario physicians and changes in community demand for health services. Some residents are experiencing a lack of opportunities, and those with Return of Service obligations in low-vacancy specialties are finding it increasingly difficult to secure practice opportunities in eligible communities.

**Mitigation Strategy:** Work with residents to expand their search for potential practice locations. Monitor the situation, report employment trends to the Ministry and jointly develop and pursue additional opportunities.

- **Risk:** Physician Assistant (PA) graduates leave Ontario to practise elsewhere.

**Mitigation Strategy:** Market opportunities at a wide cross-section of sites in a variety of clinical/geographic areas in Ontario to PAs at the start of their job-search process. Solicit feedback from PAs leaving Ontario to practise and advise the Ministry on feedback received.

- **Risk:** As the Agency increases engagement in initiatives with allied health professionals, associations and regulatory colleges for these professionals may express concern about overlap with their roles.

**Mitigation Strategy:** Pursue allied health services in a manner that accommodates communicating Agency intent and receiving feedback from key associations and regulatory colleges prior to introducing new approaches.

## External Environment

### Risk Identification and Mitigation

- **Risk:** Job searching, especially among younger job seekers, has evolved considerably in the last decade with the development of web-enabled services and tools. The Health Professionals Recruitment Tour (HPRT), which operates as a traditional job fair, may become a less effective vehicle for connecting with health-care graduates.

**Mitigation Strategy:** Consult with key stakeholders on alternatives to HPRT with an emphasis on recruitment.

- **Risk:** The provision of a minimum of 200 residency positions a year for the Agency client base originally was intended to cover “traditional” international medical graduates (IMGs) – those who were born outside Canada and educated in a medical school abroad. Increasingly, non-immigrant IMGs (Canadians who travelled abroad to attend a foreign medical school, typically in the Caribbean, the U.K, or Australia) are securing those residency positions. In addition to creating competition between traditional IMGs and Canadians studying abroad (CSA) for a limited number of positions, this is a situation that could become publicly contentious.

**Mitigation Strategy:** Continue to provide the same services to both groups. Monitor client numbers and successful matches for each group and report to the Ministry. At the same time, the Agency will be required to devote increased effort and focus to alternative careers programming.

- **Risk:** There is the potential that deficit-cutting measures in the U.S. may reduce the number of residency positions available to non-U.S. medical school graduates. This change could affect the number of Canadians accepted for residency thereby increasing competition for limited positions in Ontario.

**Mitigation Strategy:** Inform IMG and CSA clients of any changes to post-graduate training opportunities in the U.S. Maintain a strong connection with existing J1 visa trainees. Work with Health Canada to track the impact of the U.S. residency availability. Refer IMGs or CSAs who do not secure a residency position to the Agency’s alternative career track.

- **Risk:** IMGs who have completed post-graduate training and have several years of practice experience are further challenged when competing with medical students and recent graduates for first-year residency training positions.

**Mitigation Strategy:** Work with the Ministry to explore alternative routes to practice and assessment for IMGs as recommended in the *Independent Review of Access to Postgraduate Programs by International Medical Graduates in Ontario* by George Thomson and Karen Cohl.



## External Environment

### *Risk Identification and Mitigation*

The locum programs have been examined from a risk perspective regarding volume and rate, and there are no risks that can be managed or mitigated by the Agency. Neither volume of clinical service nor its cost is under the control of the Agency.

Further: The Agency is engaged in assisting with physician recruitment to the RRP communities. The longer-term vision is that recruitment will lead to a reduction in locum activity due to vacancies with an associated increase in locum activity for respite/retention at a lower cost. This can only be achieved with Ministry assistance.

## Strategic Issues

The strategic issues the Agency has identified for 2014-17 are as follows:

1. Imbalance of physician distribution;
2. Shortage of specific high-need physician specialties;
3. Need to retain health professionals currently training and practising in Ontario;
4. Health-care professionals and communities having to search multiple sources for information on programs, incentives and opportunities in the province;
5. Requirement to remain aligned with the Government's current and future direction regarding health human resources.

The Logic Model on page 14 identifies the Strategic Directions the Agency will take to address these strategic issues.

## Strategy

Strategic Directions, Targets and Performance Measurements 2014-15

### Agency Strategic Directions

### Program-Specific Tactics

Focus on recruitment and retention for high-need communities and high-need physician specialties, optimizing the use of Ontario physicians, and supporting a balanced distribution of physicians in Ontario.

Further target the services and resources provided to post-graduate medical residents to connect them with jobs in the highest-need communities in Ontario, and assist with transition to practice.

Recruit practice-ready physicians into high-need communities and/or specialties in Ontario to fill vacancies that cannot be addressed through domestic supply.

Support high-need Ontario communities with posting their positions on HFOJobs to increase awareness of opportunities among residents/practising physicians.

Support the transition of communities using vacancy locum programs to be less dependent on these locum programs.

Support recruitment and retention of a broader range of needed health-care professionals in Ontario.

Further develop services to assist health professional clients on their path to practice their profession/ transition to an alternative health career to better utilize their skills in addressing Ontario's HHR needs.

Following consultation on Government-priority health professions, pursue broadening outreach/recruitment to additional, specific allied health professions to better meet Ontario's HHR needs.

Optimize the impact of Agency services for nursing and allied health professionals to better meet Ontario's HHR needs.

Serve as a source of information on programs, incentives, leading practices, new developments and opportunities available to health-care professionals, communities, stakeholders and Government.

Continue to develop and provide IEHP resident and physician clients with information specific to their path to practice or alternative careers.

Share information and develop partnerships with LHINs, communities and other organizations, and optimize synergies.

Evaluate Agency service effectiveness with a focus on continuous quality improvement.

Develop a schedule of timeframes to evaluate specific programs and implement evaluation of specific Agency programs and services.

## Strategy

Strategic Directions, Targets and Performance Measurements 2014-15

### Performance Measurements

The percentage of Ontario-based medical resident clients the Agency assists in finding jobs in high-need communities and/or who are in high-need specialties.

Satisfaction ratings from stakeholders using Recruiter U and Practice U.

The number of physicians recruited to Ontario and the % of those who practise in FM, Psychiatry, or EM and/or in high-need communities.

Satisfaction ratings of FM, Psychiatry or EM clients who have relocated to Ontario.

Satisfaction ratings from ROS clients.

The number of physician vacancies and nurse vacancies posted on HFOJobs.

The number of specialists recruited to Northern Ontario communities that access urgent vacancy locum coverage through NSLP to support a reduction in locum activity for vacancies and/or program costs.

Satisfaction ratings for RRP locum program participants.

Through EDCDP, assist in ensuring there are 0 unplanned Emergency Department closures in Ontario due to lack of physician availability.

Whether selected HPRT consultation findings are implemented.

Whether all HPRT sites include nursing and allied health participants.

Number of IEHPs who participate in pre-arrival orientation webinar.

The number of active nurses and allied health professional clients as compared to the previous year.

The number of IEHP clients who successfully become registered to practice.

The number of IEHP clients who successfully enter into an alternative health career.

Satisfaction ratings from IEHP clients who successfully become registered to practice or enter into an alternative health career.

The % of Ontario-trained PAs who are participating in the PA Program, placed in the province.

Satisfaction ratings from PAs and stakeholders participating in the PA Program.

Survey IEHPs and stakeholders on Agency success in providing comprehensive path to practice information.

Satisfaction ratings about information/service being provided by the Agency from medical resident clients and stakeholders.

Satisfaction ratings of LHINs, communities and other health-care organizations.

A schedule exists and at least one Agency program/service has been evaluated.

### Targets

More than 60% of Ontario-based medical resident clients the Agency assists in finding jobs are placed in high-need communities and/or who are in high-need specialties.

More than 75% satisfaction ratings from stakeholders using Recruiter U and Practice U.

The successful recruitment to Ontario of at least 100 physicians from outside the province, 65% or more of whom practise in FM, Psychiatry or EM and/or in high-need communities.

More than 75% of FM, Psychiatry or EM clients who relocated to Ontario rate the Agency's recruitment services as satisfactory or higher.

More than 75% of ROS clients rate the Agency's services as satisfactory or higher.

2,800 physician vacancies and 1,900 nurse vacancies posted on HFOJobs.

At least five specialists are recruited to Northern Ontario communities accessing urgent vacancy locum coverage through NSLP, which results in a corresponding reduction in locum activity for vacancies and/or program costs.

More than 75% of participating physicians/stakeholders are satisfied with the RRP locum programs.

There are 0 Emergency Department closures in Ontario due to lack of physician availability.

Selected HPRT consultation findings are implemented.

All HPRT sites include nursing and allied health participants.

Increase the number of IEHPs who participate in pre-arrival orientation webinar by 10%.

Increase the number of active nurses and allied health professional clients by 10%.

Increase in the number of IEHP clients who successfully become registered to practice by 10%.

Increase the number of IEHP clients who successfully enter into an alternative health career by 10%.

More than 75% satisfaction ratings from IEHP clients who successfully become registered to practice or enter an alternative health career.

Facilitate the placement of a minimum of 90% of Ontario-trained PAs who are participating in the PA Program in positions in the province.

More than 75% satisfaction ratings from PAs and stakeholders participating in the PA Program.

More than 75% of IEHPs and stakeholders surveyed believe the Agency is providing comprehensive path to practice information.

More than 75% of medical resident clients/stakeholders rate the information/service being provided by the Agency as satisfactory or higher.

More than 75% satisfaction ratings of LHINs, communities and other health-care organizations.

Evaluate one Agency program/service.

\* High-need communities are N3R eligible and/or EDCDP participants.

# Operating Plan

The operating plan outlines the objectives and results the Agency expects to achieve for the upcoming and two future fiscal years based on known assumptions and parameters.

## **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.

### *Plan for 2014/15 through 2016/17*

- Administer the program. Clerks will submit travel and accommodation receipts based upon program eligibility parameters and HFO MRA will issue reimbursement that is in compliance.

### *Performance Measurement*

- Whether the Clerkship Travel Program is administered as per the program parameters.

#### Emergency Department Coverage Demonstration Project

The Emergency Department Coverage Demonstration Project (EDCDP) assists hospitals to avert closure of an Emergency Department (ED) due to physician unavailability. EDCDP provides urgent locum coverage as an interim measure of last resort to designated hospitals facing significant challenges covering ED shifts. Under EDCDP, physicians from stable EDs in Ontario who are able to maintain their home hospital commitments assist EDCDP hospitals in the province with coverage of 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 ED staffing, recruitment and retention, and sharing of best practices.

#### Plan for 2014/15 through 2016/17

EDCDP will continue to provide assistance and help to support physician availability to prevent unplanned ED closures in two ways:

- For those hospitals that are relatively high need for ED physician coverage, EDCDP provides physician locums as an interim measure of last resort.
- Working with hospitals, EDCDP: assesses hospital eligibility; initiates a hospital participant agreement; provides orientation for the lead hospital contact; posts hospital shifts; and maintains ongoing communication regarding the status of EDCDP usage and other issues. Through the Locum Credentialing Application Program, EDCDP collects and distributes documents required for participating hospitals to grant privileges to the locum physicians.
- Working with the physicians providing the locum services, EDCDP: recruits locum physicians and assesses their eligibility; regularly conducts a needs assessment (balancing hospital needs with the composition of the physician pool); initiates contracts; maintains ongoing communication; maintains banking information for the communities and physicians; processes travel time claims; confirms hours of coverage; and initiates payment.
- EDCDP shares leading practices in ED physician scheduling and compensation to enhance the ED environment in hospitals across Ontario and facilitate recruitment and retention.

#### Performance Measurements

- Through EDCDP, assist in ensuring there are 0 unplanned Emergency Department closures in Ontario due to lack of physician availability.
- Participating physicians/stakeholders satisfaction ratings with EDCDP.

#### General Practitioner Vacancy Locum Coverage Arrangements

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

##### Plan for 2014/15 through 2016/17

- The GPVLCAs team will implement any approved modifications to the program; orient communities to the Agency process; approve locum applications; obtain, and maintain current banking information for the communities and physicians; and process payments (including expense claims). Similar to other RRP programs, HFO MRA reviews and approves the physician expense claims and the payments are made by the Ministry to the locum physicians.

##### Performance Measurement

- Participating physicians/stakeholders satisfaction ratings with GPVLCAs.

### Health Professionals Recruitment Tour

In 2012/13, HFO MRA assumed responsibility for the Health Professionals Recruitment Tour (HPRT), a regional job fair at which Ontario communities with vacancies meet with medical residents, medical students, and other health professionals who are beginning their careers. The primary objective of the tour is to connect learners and recent graduates with employment opportunities in Ontario's high-need communities. In 2012, HFO MRA conducted a comprehensive consultation with Ontario's health-care recruitment community to develop consensus on improving the value of the tour in the context of other recruitment initiatives offered by HFO MRA. A report on the consultation and HFO MRA's response is posted on [HealthForceOntario.ca](http://HealthForceOntario.ca).

#### Plan for 2014/15

- Based on the recommendations of the consultation and evaluation of the effectiveness of the 2013 tour, HFO MRA will continue to connect learners with high-need communities and provide opportunities for recruiters to network and share best practices.

#### Plan for 2015/16 and 2016/17

- Continue to implement the consultation report findings and other opportunities as they arise.

#### Performance Measurements

- Whether all HPRT sites include nursing and allied health participants.
- 75% satisfaction rating by HPRT participants for initiatives implemented based on consultation findings.

#### HealthForce Integration Research and Education for Internationally Educated Health Professionals (HIRE IEHP)

The Ministry of Health and Long-Term Care has partnered with the University of Toronto (U of T) and HFO MRA to deliver HIRE IEHP. This project looks at ways in which practice site interventions (e.g. online preparatory programs, alternative health career counselling) can be applied to support the integration of IEHPs into the workforce in Ontario.

This project has two phases:

- Phase 1: Design and Development - Includes a comprehensive needs assessment of potential interventions and looks at repurposing existing or previously used interventions.
- Phase 2: Implementation of practice site interventions and analysis, evaluation and dissemination.

Phase 1 was funded by Health Canada and is now complete. A proposal for Phase 2 work has been submitted to Health Canada and is now under review.

#### Plan for 2014/15 through 2016/17

- Develop, test and launch a pilot Alternative Careers Program for IEHPs.
- Based on the pilot, develop a community agency Alternative Careers training program and online training program that could be used by educators, regulators and community service providers to develop similar programs in any Ontario jurisdiction.
- Develop a further online self-assessment tool that would allow IEHPs an opportunity to self-identify visible employment options in a private self-directed manner.
- Work with the U of T to disseminate the Alternative Careers supports (as listed above), an online practice-ready eLearning Program for IEHPs, and an online workforce integration program with valuable research to employers to support them in integrating IEHPs into clinical sites.

#### Performance Measurements

- Number of IEHPs who were counselled through the pilot and who obtained employment in an alternative health career.
- Number of employers contacted about the employment supports developed.
- Number of employment agencies contacted about alternative health career counselling supports.

#### HFOJobs

HFOJobs is a comprehensive web-based portal that connects health-care organizations, communities and employers who have opportunities for physicians, nurses and nursing graduates, to candidates seeking employment. HFOJobs staff work with employer and community recruiters from across the province to help them create and manage job postings, as well as to maintain organization and community profiles on the site.

#### Plan for 2014/15 through 2016/17

- Maintain service by providing support for: physicians and nurses seeking employment opportunities on HFOJobs; health-care employers and new nursing graduates using HealthForceOntario Nurses' Career Start Gateway, the new online tool to administer the Nursing Graduate Guarantee Initiative; employers and community recruiters with job postings as well as organization/community profiles.

#### Performance Measurement

- The number of physician vacancies and nurse vacancies posted on HFOJobs.

#### Internationally Educated Health Professionals Client Service

The Agency provides advisory services to all of Ontario's regulated health professions. Staff work with clients 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.

##### Plan for 2014/15 through 2016/17

The volume of counselling and support for examination preparation provided to clients will be maintained in accordance with the number of clients from 2014/15 to 2016/17. IEHPs who register as clients are offered an extensive complement of services, including:

- Individual counselling by trained international Advisors leading to the creation of a professional action plan (a plan that charts out in detail the necessary steps leading to professional practice in Ontario); support for the examination process that includes support for the national and provincial certifying examinations and an introduction to and advice on Objective Structured Clinical Examinations; advice on acquiring exposure to clinical care experiences and environments in Ontario; CV and interview skills development (individual CV development coaching and review, a general interview skills workshop offered in group format, and practice interviews with Agency staff that allow for feedback on the process and advice for improvement).

##### Performance Measurements

- The number of IEHPs who participate in pre-arrival orientation webinar.
- The number of IEHP clients who successfully become registered to practice or enter into an alternative health career.
- Satisfaction ratings from IEHP clients who successfully become registered to practice or enter into an alternative health career.

#### 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 vacant specialist physician positions access the Urgent Locum Tenens Program to provide temporary specialist locum coverage while they look to recruit a permanent physician. For those Northern Ontario communities that have a full complement of specialist physicians, the Respite Locum Tenens Program provides temporary specialist locum coverage while local physicians are on vacation, continuing medical education or leave. A key goal is helping communities transition from vacancy-based locum activity to respite-based support. The program introduced new recruitment-focused eligibility criteria in 2013/14 to support this transition, and implementation will occur in 2014/15. As well, NSLP works closely with the RAs for Northern Ontario in advising communities how to become more recruitment ready for the needed specialists.

#### Plan for 2014/15 through 2016/17

- To support hospitals, NSLP: assesses hospital eligibility and determines the locum coverage entitlement; provides an orientation for hospital contacts; initiates approval of locum assignments; maintains ongoing communication regarding changes in physician complement.
- To support the locum physicians, NSLP: processes locum physician applications; obtains and maintains current banking information for the communities and physicians; processes locum physician payments (including review of expense claims).

#### Performance Measurements

- The number of specialists recruited to Northern Ontario communities that access urgent vacancy locum coverage through NSLP to support a reduction in locum activity for vacancies and/or program costs.
- Participating physicians/stakeholders satisfaction ratings for NSLP.

#### Physician Assistant Program

The Physician Assistant (PA) Program administers the PA Career Start program for graduates of Ontario's two PA education programs, and as of April 1, 2013, administers the PA demonstration project employment supports. It facilitates the employment of graduates in priority clinical and geographic areas through publicly funded employment supports.

##### Plan for 2014/15

- Administer Agency contractual requirements with organizations receiving funding to hire Ontario PA education program graduates. Includes processing monthly payments and monitoring organization reporting requirements. Additionally, act as program liaison with the Ministry, PAs, employers and stakeholders.
- Coordinate applications and matching process for planned annual PA Career Start program.
- Monitor the development of the PA role in Ontario's health system; support organizations looking to hire PAs with recruitment advice; and support the Ministry in program and policy development.

##### Plan for 2015/16 through 2016/17

The Physician Assistant Program is contingent on Ministry funding decisions. As currently envisioned, the program will continue to administer the 2014/15 plan as noted above through 2016/17.

##### Performance Measurements

- The percentage of Ontario-trained PAs who are participating in the PA Program placed in the province.
- Satisfaction ratings from PAs who are participating in the PA Program.

#### 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. Physician Recruitment Advisors provide registration, certification and immigration advice; coordination with key stakeholders (e.g. College of Physicians and Surgeons of Ontario, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Physician Credentials Registry of Canada); and information on a broad range of practice topics. Physician Recruitment Advisors also work with Canadians who are transitioning between medical school and post-graduate residency in the U.S., many of whom return to Ontario to practise medicine after residency.

##### Plan for 2014/15 through 2016/17

- When unable to recruit from within Ontario, conduct outreach targeted to Canadian physicians practising in the U.S. in a high-need specialty through a variety of online approaches, e.g. search-engine marketing, webinars, e-blasts, social media and a limited amount of paid media in select markets that showcase community-specific employment opportunities.
- Provide individual advice to physician clients on registration, immigration and relocation opportunities (especially in underserved areas) that leads to the creation of a professional action plan for clients.

##### Performance Measurements

- The number of physicians recruited to Ontario and the percentage of those who practise in Family Medicine (FM), Psychiatry or Emergency Medicine (EM) and/or in high-need communities.
- Satisfaction ratings of FM, Psychiatry or EM clients who have relocated to Ontario.
- The number of expressions of interest (EOIs) generated from outreach efforts.

#### Practice Ontario

Practice Ontario is a service that helps Ontario post-graduate medical residents with their transition to practice across the province. Through Regional Advisors (RAs) and in conjunction with all six medical schools, Ontario post-graduate medical residents receive career counselling individually and in groups; assistance in identifying practice opportunities across the province; and information regarding resources, supports and incentives. Practice Ontario aligns with the broader goal of keeping in the province the residents who attend medical school in Ontario and promoting communities and regions with significant physician need.

##### Plan for 2014/15 through 2016/17

- Increase Practice Ontario participation and total retention successes by engaging post-graduate medical residents through presentations and events, focusing on high-need specialties and making residents aware of job opportunities in high-need communities throughout the province.
- Conduct Practice Ontario sessions for high-need specialties at all Ontario medical schools and continue to strengthen the effectiveness of Practice Ontario by further developing the partnerships with Ontario's six medical schools and other organizations that provide transition to practice information (e.g., Canadian Medical Association, Ontario Medical Association).

##### Performance Measurements

- The percentage of medical resident clients the Agency assists in finding jobs in high-need communities and/or who are in high-need specialties.
- Satisfaction ratings from Agency medical resident clients and stakeholders.

#### Practice U: A Practice Primer for Ontario Physicians

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

##### Plan for 2014/15 through 2016/17

- Review Practice U periodically to keep the content current based on leading practices and user feedback.

##### Performance Measurement

- Satisfaction ratings from practising physicians and medical residents using Practice U.

#### Recruitment and Retention Programs: Regional Advisors

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

- To assist hospitals, employers and stakeholders with their community-based recruitment and retention 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 health human resources planning.
- To support residents, physicians, and their spouses/partners to find suitable practice opportunities in Ontario through Practice Ontario, HFOJobs, and other means.

#### Plan for 2014/15 through 2016/17

- With regard to hospitals, employers and stakeholders, the RAs will: assist recruiters, recruitment committees, and other stakeholders with community-based recruitment and retention; develop recruitment and retention best practices, policies, guidelines and materials that can be used across the province; assist with health human resources planning within each LHIN area and integrate the province's health human resources strategy with local needs; support HFO MRA physician recruitment efforts and improve coordination of recruitment and relocation province-wide; educate communities on HFO MRA and Ministry programs and services; and connect communities with partners (e.g. Ontario Medical Association, Health Care Connect, Canadian Medical Association).
- Concerning medical residents and practising physicians, the RAs will: work closely with residents, practising physicians and their spouses/partners to find suitable practice opportunities in Ontario; improve integration and retention of physicians within their new communities.
- The RAs will also serve as a resource to and liaison with LHINs, health-care organizations, medical schools and the Ministry related to best practices, physician need (permanent and locum), and environmental scans.

#### Performance Measurement

- Satisfaction ratings of LHINs, communities and other health-care organizations.

#### Recruiter U

Recruiter U is an online toolkit that explores health-care recruitment topics and includes tools and tips, developed by recruiters for recruiters. Topics on this virtual campus include: Customer Relationship Management; Marketing; Social Media; Working with the Media; Physician Recruitment and Retention; Locum Guidelines; Frequently Asked Questions for Recruiters; and Licensing and Supervision.

##### Plan for 2014/15 through 2016/17

- It is expected the toolkit will be expanded as there is opportunity. In addition, each module will be regularly reviewed to keep the content current.

##### Performance Measurement

- Satisfaction ratings from stakeholders using Recruiter U.

#### Return of Service

Through the HealthForceOntario Postgraduate Return of Service Program, the Ministry funds post-graduate training and assessment opportunities for IMGs in exchange for a commitment to provide five years of full-time service in an eligible community in Ontario. All communities are eligible except for the City of Ottawa and Toronto Area (defined as the City of Toronto and neighbouring municipalities of Mississauga, Brampton, Vaughan, Markham and Pickering). The Agency supports medical residents who have a Return of Service contract with finding a high-need practice location that meets their obligations.

##### Plan for 2014/15 through 2016/17

- Conduct outreach targeted to medical residents with a Return of Service contract that showcase community-specific employment opportunities through a variety of online approaches e.g. search-engine marketing, webinars, e-blasts, social media.
- Provide post-graduate medical residents who have a Return of Service (ROS) contract with individual advice about the ROS process, creating a professional profile and action plan, and exploring job opportunities in ROS-designated communities.
- Provide ongoing advice to the Ministry about the practice opportunities in the province and the Agency's assistance to residents with ROS obligations.

##### Performance Measurements

- The number of ROS clients as compared to the previous year.
- Satisfaction ratings from ROS clients.

### Rural Family Medicine Locum Program

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

#### Plan for 2014/15 through 2016/17

- To support the communities and rural physicians, RFMLP: assesses community and physician eligibility; carries out application and contract administration for the participating rural physicians; provides orientation to the program; maintains ongoing communication with the communities regarding changes to physician complement and overall eligibility.
- To support the locum physicians, RFMLP: administers the contract; obtains and maintains current banking information for the communities and physicians; processes physician payments (including review of expense claims).

#### Performance Measurement

- Participating physicians/stakeholders satisfaction ratings for RFMLP.

## Initiatives with Partners

HFO MRA recognizes the importance of collaborating with third-party stakeholders in developing and delivering its programs and services. Strengthened partnerships with key stakeholders across the health sector benefit both the health professionals with whom HFO MRA works and stakeholders.

**OPOP** NOSM **COFM**  
**SPCU** CARE for IENs  
Health Canada **N3R**  
**HHRSD** PARO  
**PSA** HOCC **OTN** RNPGA  
CPSO **ED** **LHIN Leads**  
**Queen's University** OHIP Policy  
*University of Ottawa* **ROS** Settlement Agencies **Primary Care Branch**  
**RNI** **Western**  
**OMA** **University**  
**EDAFA** **LHINS** University of  
McMaster **University of Toronto**  
**University** **CEHPEA** CaRMS **OHA** **HSPs**

### **Canadian Resident Matching Service (CaRMS)**

- CaRMS is the electronic application service and computer match for international medical graduates (IMGs) applying and competing for post-graduate Year 1 residency positions. Regular contact is required on behalf of clients with respect to the online application, documents to be submitted and eligibility.

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

- CEHPEA administers the National Assessment Collaboration Objective Structured Clinical Exam and the Internationally Educated Nurse Objective Structured Clinical Exam for the province of Ontario. CEHPEA provides the Agency with regular updates and new information as it pertains to the assessment of IMGs.

### **Clinical Sites in High-Need Communities across Ontario/Canadian Association of Physician Assistants/Association of Ontario Health Centres/Aboriginal Health Access Centres**

- These associations, health access centres and sites support further integration of Physician Assistants (PAs) into the Ontario health-care system.

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

- The Physician Recruitment Advisory (PRA) team works with the CFPC to maintain up-to-date knowledge of CFPC policies.

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

- Advisors collaborate closely with the CPSO for the efficient processing of client registration applications. Additionally, the Physician Recruitment Advisory program maintains close relations with the CPSO to stay apprised of new developments in registration rules that affect clients. Additionally, the CPSO refers many physicians to the PRA program for advice about the broad registration process.

### **Community-Based Organizations**

- Community-based organizations are generally the first point of contact for internationally educated health professionals (IEHPs). Stakeholder outreach is important to establish awareness of Agency IEHP services.

### **Council of Ontario Universities (COU)**

- COU informs the Agency of eligibility of the clinical clerks and disseminates information about the program to medical students performing clinical rotations.

### Emergency Department (ED) LHIN Leads

- The Agency's Emergency Department Coverage Demonstration Project (EDCDP) team members work with physician LHIN leads on ED coverage physician staffing. ED LHIN leads disseminate urgent shift information to their local network of physicians. EDCDP also works with LHIN leads to explore underlying issues contributing to ED coverage shortages and possible solutions.

### Health Canada

- The PRA team works closely with Health Canada and Canadians entering residency training in the U.S. to ensure they are undertaking training that will make them eligible for registration in Ontario when they return.

### Health-Service Providers across Ontario *(such as hospitals, long-term care facilities, specialty and Family Medicine clinics)*

- Regional Advisors (RAs) assist recruiters and stakeholders with community-based recruitment and retention, and develop and share recruitment and retention best practices, policies, guidelines and materials that can be used across the province.
- The Northern Specialist Locum Programs (NSLP) work closely with hospitals and other health-service providers in Northern Ontario to provide specialist physician clinical services to eligible communities due to specialist vacancies.
- During the Health Professionals Recruitment Tour (HPRT), the Agency works closely with a range of organizations that fund local physician recruiters and with the Human Resource Directors of provider organizations that hire nurses and allied health professionals.

### Health Regulatory Colleges

- The Agency has strong working relations with the various health regulatory colleges to get accurate and up-to-date information for all IEHP clients.

### Hospital and Physician Leaders across Ontario

- EDCDP provides advice and support regarding urgent and longer-term planning for ED coverage.

### Immigrant Settlement Agencies

- Immigrant settlement agencies are generally the first point of contact for IEHPs. Stakeholder outreach is important to establish awareness of Agency IEHP services.

### Local Health Integration Networks (LHINs):

- RAs work closely with LHIN staff and many are located at LHIN offices. They participate on relevant committees and working groups (e.g. Primary Care Working Group, Health Professionals Advisory Committee), providing insight on current and upcoming physician vacancies, health human resources trends, and sharing of best practices where appropriate. They also act as a conduit for information to LHIN staff with respect to health human resources, recruitment and retention.
- EDCDP works with LHINs to explore underlying issues contributing to ED coverage shortages and possible solutions. Additionally, the North East and North West LHINs are increasing their role with NSLP to help better determine community locum needs.

### McMaster University PA Program

- HFO MRA works in partnership with the McMaster University PA Program to support the employment of their PA graduates across Ontario. HFO MRA communicates with the Department Chair on the status of graduates for their program records.

### Medical Council of Canada (MCC)

- Partnership with the MCC enables the Agency to deliver specific information pertaining to MCC exams and preparation. Advisors liaise frequently to maintain updated knowledge of their requirements and processes.

### Medical Schools

- RAs are actively engaged with the six medical schools across the province. With their support and assistance, RAs offer a unique career-planning service for residents through transition to practice information sessions, individual counselling support, and individualized employment assistance.
- Medical schools inform the Agency of eligibility of the clinical clerks and disseminate information about the program to medical students performing clinical rotations.

### Ministry of Citizenship and Immigration (MCI)

- The Agency and MCI are strengthening their working relationship to maximize value for IEHPs regarding MCI-funded projects, e.g. Ontario Bridge Training projects targeting health-care professions.

### 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.

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

- The OHA distributes PA communication information/grant applications to all relevant members in Ontario. OHA members often participate in the third-party review committee responsible for ranking and scoring incoming PA Career Start applications.

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

- The OMA distributes PA communication information/grant applications to all relevant members in Ontario. OMA members also participate in the third-party review committee responsible for ranking and scoring incoming applications.
- The OMA's student group, the Ontario Medical Students' Association, informs the Agency of eligibility of the clinical clerks and disseminates information about the program to medical students performing clinical rotations.
- RAs work with regional representatives of the OMA on initiatives of mutual interest.

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

- The NSLP Manager and RA lead for psychiatry participate in OPOP's Access to Clinical Services Committee. This committee meets three to five times annually to coordinate and advise on OPOP's outreach services in underserved areas and populations across Ontario.
- NSLP also approves and reimburses travel for psychiatric residents to accompany OPOP psychiatrists providing NSLP locum coverage.

### **Ontario Telemedicine Network**

- RAs work with regional representatives on initiatives of mutual interest.

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

- External clients must register with the PCRC and/or take Medical Council of Canada exams. Advisors liaise frequently to maintain updated knowledge of their requirements and processes.

### **Primary-Care Organizations**

- Rural Family Medicine Locum Program (RMLP) works closely with most rural, remote and/or Northern primary-care organizations to maintain ongoing provision of primary-care services to those communities when Family Medicine physicians are away for reasons including: vacation, educational sessions, or maternity leaves.

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

- PARO, an organization which represents Ontario residents, makes a significant number of referrals to Practice Ontario. In addition, the Agency communicates regularly with the organization regarding residents' ongoing needs and feedback.
- The Agency assumed administrative responsibility for the HPRT from PARO in 2011. HFO MRA will continue to benefit significantly from the information and expertise provided by PARO as it plans and delivers the 2014 tour.
- The organization informs the Agency of eligibility of the clinical clerks and disseminates information about the program to medical students performing clinical rotations.
- PARO disseminates urgent ED shift information to residents. EDCDP also works with the organization on finding residents for summer ED locums.

### Royal College of Physicians and Surgeons of Canada

- Remaining current on the Royal College exam eligibility and training requirements is important. This is particularly relevant for Advisors working with clients who are transitioning to post-graduate residency from the U.S. (many of whom return to Ontario post-residency) and with overseas specialist clients.

### Rural Ontario Medical Program (ROMP)

- EDCDP assists ROMP in finding new community preceptors. When Family Medicine residents work with preceptors in a high-need community, exposure to that community increases the possibility of recruitment.

### University of Toronto (U of T)

- The Agency is partnering with U of T to conduct a multi-year research project to examine how practice site interventions can support fuller workforce integration of IEHPs. The partnership aims to combine the research expertise of U of T and the Agency's client service strengths to promote better outcomes for IEHPs.
- Consortium PA Program: HFO MRA works in partnership with U of T to support the employment of their PA graduates across Ontario. HFO MRA communicates with Department Chairs on the status of their graduates for their program records.
- Rural Northern Initiative (RNI): EDCDP assists RNI to recruit more U of T faculty or appointed preceptors. When preceptors take Family Medicine residents to a high-need community, exposure to the community increases the possibility of recruitment.

## Implementation Plan for New Programs and Services

The Agency and the Ministry have engaged in a process to identify specific programs and services for migration from the Ministry of Health and Long-Term Care to the Agency. This approach, summarized below, outlines how the Agency intends to implement any new initiatives:

- The Ministry and the Agency collaborate to determine criteria to support the identification of programs that may be suitable for transfer;
- Once agreement has been reached on which specific programs/functions will be transferred, identify a list of prerequisites to successfully execute the transfer;
- Develop a transfer plan that will include resource requirements, roles, accountabilities, timeframes, etc.

## 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 2013/14 budget of the TPA between HFO MRA and the Ministry. For the 2103/14 year, this travel includes:

- Attend Fédération des médecines 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.

# Communications Plan

The objective of the HFO MRA communications plan is to raise awareness and increase understanding among clients, prospective clients and stakeholders of the Agency’s various programs and services. All communications adhere to the Communications Directives for the Ontario Government’s Operational Services Agencies.

## **Clerkship Travel Program**

**Objective:**

- To encourage clinical clerks who are accepted for a clinical rotation more than 100 kilometres from the clerk’s home school to apply for the Clerkship Travel Program.

**Strategy:**

- To use a variety of tactics to increase awareness of the Clerkship Travel Program among clinical clerks in Ontario.

**Tactics:**

- Include the Clerkship Travel Program in HFO MRA outreach activities to promote the program, including the Health Professionals Recruitment Tour (HPRT), Practice Ontario presentations at medical schools and the Practice Ontario newsletter.

### External Outreach

**Objective:**

- Present Ontario as the “employer of choice” to qualified physicians external to the province who can fill vacancies that cannot be filled effectively via domestic supply.

**Strategy:**

- Highlight the available physician opportunities in high-need communities through a variety of targeted channels.

**Tactics:**

- Create online Community Showcases for recruitment-ready high-need communities to advertise their physician specialist employment opportunities, incentives, and local lifestyle.
- Host webinars that explain the registration process and promote practice opportunities.
- Implement content marketing strategy to disseminate information about practice opportunities, testimonials, transition to practice information and other resources.

### Health Professionals Recruitment Tour (HPRT)

**Objective:**

- Connect communities seeking health-care professionals with available qualified candidates.

**Strategies:**

- Showcase specific opportunities in underserved communities for HPRT attendees and organize regional job fairs in seven venues across the province: Thunder Bay; Ottawa; Kingston; Hamilton; London; Toronto; Sudbury.

**Tactics:**

- Promote the HPRT and HFOJobs via HealthForceOntario.ca web site, e-blasts and other communications products.
- Promote the HPRT and HFOJobs to community representatives by attending numerous health-care events in Ontario.

### HFOJobs

#### Objective:

- Connect health-care organizations, communities and employers that have physician and nurse opportunities with candidates seeking employment.

#### Strategies:

- Promote HFOJobs to health-care organizations, communities and employers as a free, effective tool to advertise available physician and nurse positions and reach potential qualified candidates.
- Promote HFOJobs to physicians and nurse job seekers as a specialized portal to find positions across the province.

#### Tactics:

- HFOJobs operations coordinators to contact health-care organizations, employers and communities with “unpublished” postings on the site to inquire if they would like to re-post.
- RAs to remind communities during in-person visits about HFOJobs and highlight it is free to post.
- RAs to highlight HFOJobs during Practice Ontario sessions with post-graduate residents.
- Promote HFOJobs through Practice Ontario newsletter, HPRT, and send an e-blast during the time residents graduate.
- Operations coordinators on the locum programs to remind communities of the requirement to post their vacancies on HFOJobs; monitor the job board periodically to determine if the heavy locum usage communities with vacancies are posting on HFOJobs.

### Internationally Educated Health Professionals (IEHPs)

#### Objective:

- Encourage internationally educated health professionals (IEHPs) to connect with the Agency pre-arrival or as soon as they arrive in Ontario.

#### Strategy:

- Develop high-quality services and reach out to IEHPs pre-arrival and early upon their arrival.

#### Tactics:

- Maintain a strong relationship with immigrant serving agencies.
- Maintain up-to-date information about IEHP services on HealthForceOntario.ca.
- In-person presentations at community-based organizations inside and outside the GTA.

### Physician Assistant Program

**Objective:**

- Encourage Physician Assistant (PA) graduates from Ontario schools and Ontario health-care sites in high-priority clinical and geographic areas to participate in the PA Career Start program.

**Strategy:**

- Provide information about the program to PA graduates from Ontario schools and to Ontario sites in high-priority clinical and geographic areas.

**Tactics:**

- E-mail and phone communication with Ontario-based PA graduates to inform them about the PA Career Start program, and with Ontario sites in high-priority clinical and geographic areas about how to apply for program funding.
- Use HealthForceOntario.ca to communicate 2014 program announcements, employment opportunities and status updates.
- Communicate 2014 program announcements, employment opportunities and status updates through the Ontario Medical Association, Ontario Hospital Association and Association of Ontario Health Centres.

### Practice Ontario

**Objective:**

- Encourage post-graduate residents to register and participate in the Agency's Practice Ontario initiative to assist them in finding suitable employment and help retain Ontario-trained physicians.

**Strategy:**

- Target post-graduate residents using a variety of resources.

**Tactics:**

- Arrange and schedule Practice Ontario presentations for residents in high-need specialties at Ontario medical schools.
  - Messaging: Opportunity to register with the Agency for one-to-one counselling.
- Promote Practice Ontario and the Recruitment and Retention Programs through HealthForceOntario.ca web site and social media (Twitter/Facebook).

### Recruitment and Retention Programs – Locum Programs

**Objective:**

- Support access to clinical services for eligible communities, primary-care organizations, hospitals and other health-care providers.

**Strategy:**

- Ongoing direct communication with communities and health-care organizations and physicians regarding eligibility requirements, parameters and operational needs.

**Tactics:**

- Scheduled teleconferences with communities.
- Distribution of new and revised program documents via e-mail.
- Updates to HealthForceOntario.ca web site.
- Updates and distribution of program flyers.
- Attendance at health-care conferences and events.

### Recruitment and Retention Programs – Regional Advisors

**Objective:**

- Encourage communities to work in partnership with the RAs on recruitment to fill physician vacancies. (See also Practice Ontario.)

**Strategy:**

- Inform Ontario communities with physician vacancies about the recruitment services that RAs can provide to support their search for health-care professionals.

**Tactics:**

- Regularly contact and meet with recruiters/health-care organizations and physician leaders in communities with physician vacancies.
- Attend conferences and health-care events in Ontario to connect directly with community representatives.
- Communicate and collaborate with Local Health Integration Network staff regarding participating on health human resources initiatives and planning committees.

### Return of Service (ROS)

**Objective:**

- Support post-graduate residents with ROS obligations in their transition to practice and assist the Ministry's ROS program delivery.

**Strategy:**

- Reach out to ROS residents to promote client-centred case management services and Practice Ontario.

**Tactics:**

- E-mail and social media communications to ROS residents to inform them about Agency services and ROS program information.
- Presentation to ROS residents at CEHPEA pre-residency orientation programs.
- Promote ROS and Practice Ontario services at HPRT events.

## 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; assessment of the need for additional Board committees; appointment of a Vice-Chair; 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 policy directions issued by the Minister. The Board is accountable to the Minister for the Agency's use of public funds and results in terms of goals, objectives, performance, and strategic direction for the Agency.

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 2012/13 year, the HFO MRA Board comprised five members with a wealth of experience and expertise related to governance, financial management, academics, clinical practice, and other areas.

Recruitment of additional Board members is underway and will broaden the perspectives offered at Board meetings relative to decisions or discussion of issues, and provide an opportunity to add committees and/or rotate membership.

**Structure**

The Board meets monthly from September through June 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 Agency has 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 about the Agency's various programs and services.

*See next page for Board Member Biographies.*

## Board Member Biographies



### Dr. Peter Wells, Chair

**Initial Tenure:** June 2007 to June 2012

**Reappointed:** July 2012

**Current Term of Appointment Expires:** July 2015

Dr. Wells, appointed as Chair in July 2012, is the Founder and Executive Director of the Rural Ontario Medical Program, as well as a Family Medicine physician with a busy practice in Collingwood. He is a part-time Assistant Clinical Professor with McMaster University and Assistant Professor with the University of Toronto. In 2012, the College of Family Physicians of Canada named Dr. Wells Ontario's Family Physician of the Year.



### Ms. Carolyn Acker

**Initial Tenure:** October 2008 to October 2011

**Reappointed:** November 2011

**Current Term of Appointment Expires:** November 2014

Ms. Acker began her career as a Registered Nurse at Saint Michael's Hospital and then with Saint Elizabeth Health Care. She served as Executive Director of the Regent Park Community Health Centre and is Founder of Pathways to Education Canada. In 2012, she became a member of the Order of Canada for her contributions to increasing access to education for thousands of disadvantaged students across the country.



### Dr. Robert Howard

**Initial Tenure:** October 2008 to October 2011

**Reappointed:** November 2011

**Current Term of Appointment Expires:** November 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. He is an Associate Professor in the Faculty of Medicine at the University of Toronto and has an undergraduate degree in Industrial Engineering and an Executive MBA.

## Resources

### Board Member Biographies



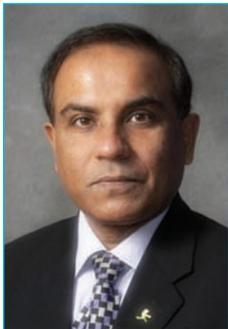
#### **Dr. John G. Kelton**

**Initial Tenure:** October 2008 to October 2011

**Reappointed:** November 2011

**Current Term of Appointment Expires:** November 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 into platelet and bleeding disorders with a particular focus on bleeding disorders of pregnant women and heparin-induced thrombocytopenia. In 2013, Michael G. DeGroot, Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and McMaster University announced an award in tribute to his research excellence: The Dr. John G. Kelton Academic Award.



#### **Mr. Arun K. Mathur**

**Appointed:** May 2011

**Current Term of Appointment Expires:** May 2014

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.

## Resource Requirements

As an operational services 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 three 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.

### **Staff Compensation**

In 2012, the Government passed the Public Sector Compensation Restraint to Protect Public Services Act that froze compensation plans for all non-bargaining employees in the broader public sector, including the Ontario Public Service. Following the expiry of the restraint measures in sections 7 to 10 of that Act, the Agency continues to comply with salary restraint measures as required by its Transfer Payment Agreements with the Ministry.

### **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. With the expansion of programs, an evaluation of IT infrastructure may be necessary and funding may be needed to build additional applications. Program-specific software will continually be evaluated and updated/revised as required.

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

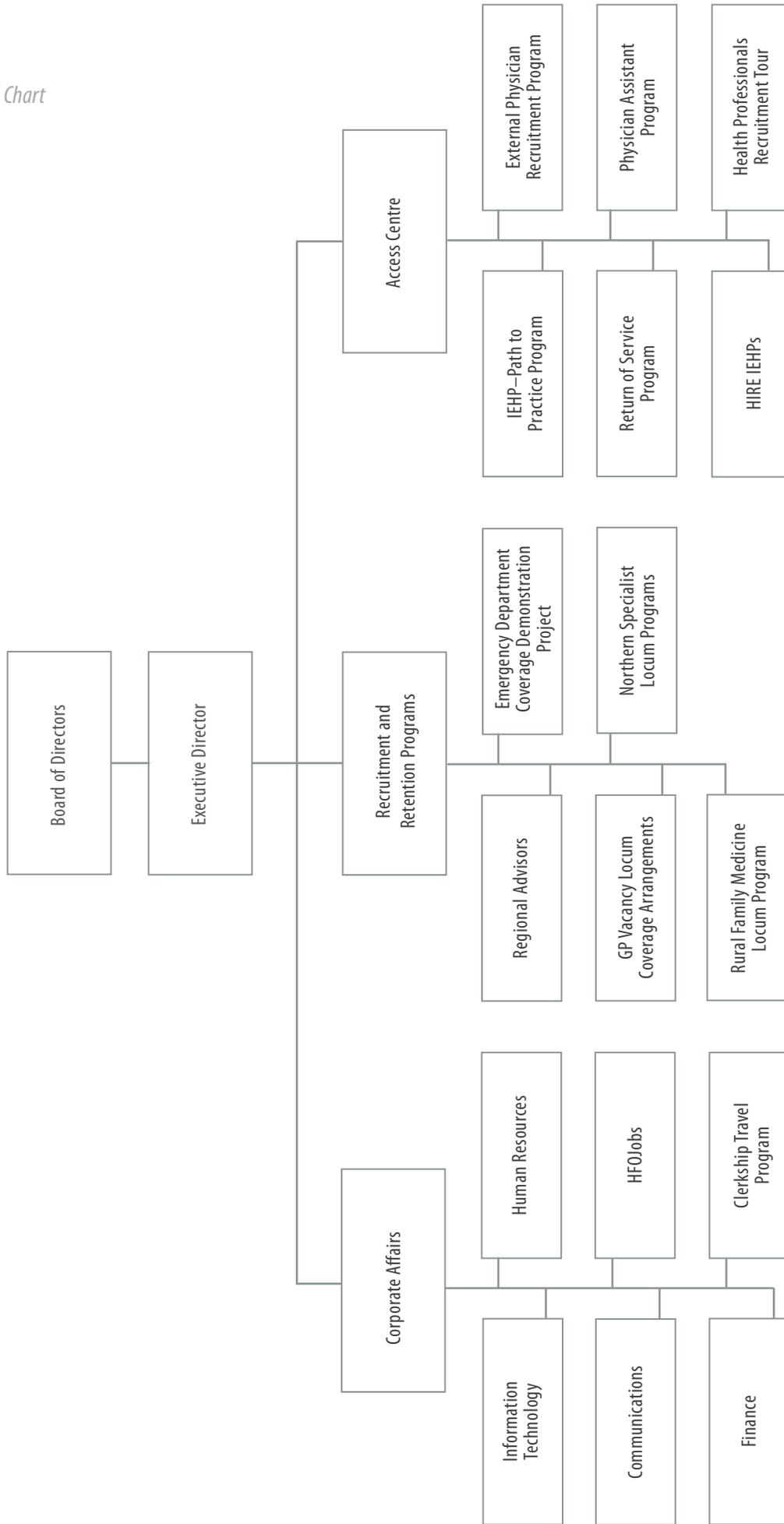
All network services are provided by in-house server infrastructure.

## Resources

### Resource Requirements

	Non-Management Staff (FTEs)	Management Staff (FTEs)
Access Centre - General	5.0	2.0
IEHP Program	10.6	1.0
Physician Recruitment & Return of Service	6.8	0.4
Physician Assistant Program	3.0	0.3
HIRE IEHP Initiative	3.0	0.3
Health Professionals Recruitment Tour	0.6	0.0
<b>Access Centre Subtotal</b>	<b>29.0</b>	<b>4.0</b>
Recruitment and Retention Programs - General	2.0	3.0
Emergency Department Coverage Demonstration Project	5.0	1.0
Northern Specialist Locum Programs	4.0	1.0
Rural Family Medicine Locum Program	3.0	0.6
General Practitioner Vacancy Locum Coverage Arrangements	1.0	0.4
Regional Advisors	13.0	1.0
<b>Recruitment and Retention Programs Subtotal</b>	<b>28.0</b>	<b>7.0</b>
Corporate Affairs - General	1.0	3.0
Finance and Procurement	8.0	2.0
Human Resources	1.0	1.0
IT	3.0	1.0
Communications	3.0	0.3
HFOJobs	3.0	0.3
Transfer Payment Programs	4.0	0.4
<b>Corporate Affairs Subtotal</b>	<b>23.0</b>	<b>8.0</b>
<b>AGENCY TOTAL</b>	<b>80.0</b>	<b>19.0</b>

ORGANIZATIONAL CHART  
Revised: August 2013



## Proposed Capital Plans

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 (individually less than \$100,000 in cost) capital expenses to reconfigure space, leasehold improvements, acquire furniture and secure adequate Information Technology support. The Agency will seek Ministry approval for any significant capital expenditures.

#### Financial Schedule for the Business Plan 2014/15 to 2016/17

#### Projected Revenues

	2014/15 <sup>1</sup>	2015/16 <sup>1</sup>	2016/17 <sup>1</sup>
<b>Base Funds</b>	12,577,800	12,577,800	12,577,800
Less 2.5% from base funds	(255,700)	(255,700)	(255,700)
<b>Subtotal Base Funds</b>	12,322,100	12,322,100	12,322,100
<b>One-Time Funding</b>			
Nursing Graduate Guarantee	280,000	280,000	280,000
HPRT	235,000	235,000	235,000
Special Projects as directed by the Province	500,000	500,000	500,000
PA Grant Program	2,025,075	0 <sup>2</sup>	0 <sup>2</sup>
HIRE IEHP's Project	0	0	0
<b>Subtotal One-Time Funding</b>	3,040,075	1,015,000	1,015,000
<b>Total Revenue</b>	<b>15,362,175</b>	<b>13,337,100</b>	<b>13,337,100</b>

### Projected Estimated Expenditures

<b>Base Funds</b>	<b>2014/15<sup>1</sup></b>	<b>2015/16<sup>1</sup></b>	<b>2016/17<sup>1</sup></b>
Access Centre	2,177,889	2,177,889	2,177,889
Web Site & HFOJobs	159,444	159,444	159,444
Outreach	248,255	248,255	248,255
Regional Advisors	1,473,453	1,473,453	1,473,453
Board of Directors	94,036	94,036	94,036
Corporate Affairs	4,103,450	4,103,450	4,103,450
OPLP	1,691,273	1,691,273	1,691,273
Clerkship Travel Program	2,630,000	2,630,000	2,630,000
Less 2.5% of administrative efficiencies from base funds	(255,700)	(255,700)	(255,700)
<b>Total Base Funds</b>	<b>12,322,100</b>	<b>12,322,100</b>	<b>12,322,100</b>
<b>One-Time Funding</b>			
Nursing Graduate Guarantee	280,000	280,000	280,000
HPRT	235,000	235,000	235,000
Special Projects	500,000	500,000	500,000
PA Grant Program	2,025,075	0	0
HIRE IEHP's Project**	0	0	0
<b>Total One-Time Funding</b>	<b>3,040,075</b>	<b>1,015,000</b>	<b>1,015,000</b>
<b>Total Projected Expenditure</b>	<b>15,362,175</b>	<b>13,337,100</b>	<b>13,337,100</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.

<sup>2</sup> Funding beyond 2014/15 is not confirmed.

\*\* Health Canada funding to the Ministry for Phase II of the HIRE IEHP project has not yet been confirmed.

*See Auditor's Report.*

Financial Statements of

**HEALTHFORCEONTARIO  
MARKETING AND  
RECRUITMENT AGENCY**

Years ended March 31, 2013 and 2012



**KPMG LLP**  
**Chartered Accountants**  
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 4100 Yonge Street Suite 200  
 Toronto ON M2P 2H3  
 Canada

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 Internet www.kpmg.ca

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors and HealthForceOntario Marketing and Recruitment Agency

We have audited the accompanying financial statements of HealthForceOntario Marketing and Recruitment Agency, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011, the statements of operations, changes in net assets and cash flows for the years ended March 31, 2013 and March 31, 2012, 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 audits. We conducted our audits 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 in our audits 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, 2013, March 31, 2012 and April 1, 2011, and its results of operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian public sector accounting standards.

The financial statements of HealthForceOntario Marketing and Recruitment Agency as at and for the year ended March 31, 2012 were audited by another auditor who expressed an unmodified opinion on those financial statements on July 12, 2012.

Chartered Accountants, Licensed Public Accountants

June 26, 2013  
 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

### Statements of Financial Position

March 31, 2013, March 31, 2012 and April 1, 2011

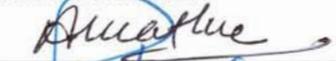
	March 31, 2013	March 31, 2012	April 1, 2011
<b>Assets</b>			
Current assets:			
Cash	\$ 2,522,898	\$ 2,445,699	\$ 1,343,508
Prepays	217,747	177,149	185,196
	<u>2,740,645</u>	<u>2,622,848</u>	<u>1,528,704</u>
Capital assets (note 2)	138,516	127,411	174,845
Capital assets - transitional councils	—	—	16,670
	<u>\$ 2,879,161</u>	<u>\$ 2,750,259</u>	<u>\$ 1,720,219</u>

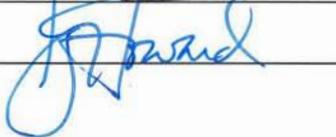
### Liabilities and Net Assets

Current liabilities:			
Accounts payable and accrued liabilities	\$ 1,099,675	\$ 2,604,871	\$ 1,885,623
Deferred contribution	—	221,672	—
	<u>1,099,675</u>	<u>2,826,543</u>	<u>1,885,623</u>
Net assets:			
Unrestricted (deficiency)	1,640,970	(203,695)	(356,919)
Invested in capital assets	138,516	127,411	191,515
	<u>1,779,486</u>	<u>(76,284)</u>	<u>(165,404)</u>
Commitments and contingencies (note 8)			
Economic dependence (note 9)			
	<u>\$ 2,879,161</u>	<u>\$ 2,750,259</u>	<u>\$ 1,720,219</u>

See accompanying notes to financial statements.

On behalf of the Board:

  
 \_\_\_\_\_ Director

  
 \_\_\_\_\_ Director

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

### Statements of Operations

Years ended March 31, 2013 and 2012

	2013	2012
<b>Revenue:</b>		
Ministry of Health and Long-Term Care - Component	\$ 10,962,800	\$ 12,256,000
Ministry of Health and Long-Term care		
Physician Assistant Grant Program (note 5)	4,321,672	914,403
Health Integration Resources and Education ("HIRE")	215,826	-
	<u>15,500,298</u>	<u>13,170,403</u>
<b>Expenses:</b>		
Salaries and benefits	7,478,737	6,832,032
Base:		
Corporate affairs	1,415,578	1,403,425
Clerkship Travel Program	185,388	-
Amortization	180,689	131,467
Access centre	167,536	112,934
Community partnership	138,480	113,851
Ontario Physician Locum Programs ("OPLP") (note 3)	44,550	36,361
Recruitment and retention outreach	29,127	96,828
Website	26,675	36,997
HFOJobs	7,073	18,320
Board of Directors	5,295	8,745
One-time:		
Physician Assistant ("PA") Grant Program (note 5)	3,643,791	867,957
Health Professionals Recruitment Tour	130,119	-
Other	110,972	-
Nursing graduate guarantee	80,435	79,000
HIRE	83	-
Inter-professional care ("IPC") initiatives group (note 4)	-	7,722
Total expenses before undernoted	13,644,528	9,745,639
Management fee allocation to Transitional Councils (note 6)	-	(732,751)
Total expenses before Transitional Councils	13,644,528	9,012,888
Transitional Councils (note 6)	-	4,068,395
Total expenses	<u>13,644,528</u>	<u>13,081,283</u>
Excess of revenue over expenses	<u>\$ 1,855,770</u>	<u>\$ 89,120</u>

See accompanying notes to financial statements.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

### Statements of Changes in Net Assets

Years ended March 31, 2013 and 2012

March 31, 2013	Invested in capital assets	Unrestricted	Total
Balance, beginning of year	\$ 127,411	\$ (203,695)	\$ (76,284)
Excess of revenue over expenses	(180,689)	2,036,459	1,855,770
Net change in investment in capital assets	191,794	(191,794)	–
<b>Balance, end of year</b>	<b>\$ 138,516</b>	<b>\$ 1,640,970</b>	<b>\$ 1,779,486</b>

March 31, 2012	Invested in capital assets	Unrestricted	Total
Balance, beginning of year	\$ 191,515	\$ (356,919)	\$ (165,404)
Excess of revenue over expenses	(131,467)	220,587	89,120
Net change in investment in capital assets	67,363	(67,363)	–
<b>Balance, end of year</b>	<b>\$ 127,411</b>	<b>\$ (203,695)</b>	<b>\$ (76,284)</b>

See accompanying notes to financial statements.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

### Statements of Cash Flows

Years ended March 31, 2013 and 2012

	2013	2012
Cash provided by (used in):		
Operating activities:		
Excess of revenue over expenses	\$ 1,855,770	\$ 89,120
Amortization of capital assets which does not involve cash	180,689	131,467
Change in non-cash operating working capital:		
Prepays	(40,598)	8,047
Accounts payable and accrued liabilities	(1,505,196)	719,248
Deferred contribution	(221,672)	221,672
	268,993	1,169,554
Investing activities:		
Net purchase of capital assets	(191,794)	(67,363)
Net increase in cash	77,199	1,102,191
Cash, beginning of year	2,445,699	1,343,508
Cash, end of year	\$ 2,522,898	\$ 2,445,699

See accompanying notes to financial statements.

## **HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY**

Notes to Financial Statements

Years ended March 31, 2013 and 2012

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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 2011/2012 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 integration - 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)

Years ended March 31, 2013 and 2012

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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 the five Transitional Councils for regulatory health professional colleges; and
- Client support for the Nursing Graduate Guarantee initiative.

On April 1, 2012, the Agency adopted Canadian public sector accounting standards. The Agency has also elected to apply the 4200 standards for government not-for-profit organizations. These are the first financial statements prepared in accordance with these public sector accounting standards.

In accordance with the transitional provisions in public sector accounting standards, the Agency has adopted the changes retrospectively, subject to certain exemptions allowed under these standards. The transition date is April 1, 2011 and all comparative information provided has been presented by applying public sector accounting standards.

There were no transitional adjustments to net assets as at April 1, 2011 or excess of revenue over expenses for the year ended March 31, 2012 as a result of the transition to the public sector accounting standards.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

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### 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 5) which the Agency administers on behalf of the Ministry.

Health Canada and Ontario have entered into an agreement for funding to conduct a multi-year project to examine how practice site interventions can support fuller integration of internationally educated health professionals into the workforce. The Ministry has partnered with HFO MRA and the University of Toronto to implement this project.

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 on-going 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)

Years ended March 31, 2013 and 2012

**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, premise 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 life 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)

Years ended March 31, 2013 and 2012

**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:**

March 31, 2013	Cost	Accumulated amortization	Net book value
Furniture and fixtures	\$ 178,410	\$ 145,396	\$ 33,014
Computer hardware	291,585	238,849	52,736
Computer software	222,226	214,097	8,129
Leasehold improvements	261,675	217,038	44,637
	<b>\$ 953,896</b>	<b>\$ 815,380</b>	<b>\$ 138,516</b>

March 31, 2012	Cost	Accumulated amortization	Net book value
Furniture and fixtures	\$ 140,095	\$ 129,006	\$ 11,089
Computer hardware	227,215	190,961	36,254
Computer software	186,681	170,424	16,257
Leasehold improvements	208,111	144,300	63,811
	<b>\$ 762,102</b>	<b>\$ 634,691</b>	<b>\$ 127,411</b>

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

### 2. Capital assets (continued):

April 1, 2011	Cost	Accumulated amortization	Net book value
Furniture and fixtures	\$ 140,094	\$ 100,987	\$ 39,107
Computer hardware	197,745	163,483	34,262
Computer software	185,745	161,359	24,386
Leasehold improvements	157,579	80,489	77,090
	<u>\$ 681,163</u>	<u>\$ 506,318</u>	<u>\$ 174,845</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.

### 3. Ontario Physician Locum Programs:

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, \$44,550 (2012 - \$36,361) was expensed by the Agency for general operating costs relating to the administration of the program.

During the year, OPLP physician payments made by the Ministry were \$23,450,759 (2012 - \$21,859,557). The OPLP physician payments issued by the Ministry directly to physicians are not presented on the statement of operations for the year ended March 31, 2013 due to changes in the Ministry's direction on physician payment processes in fiscal 2012 and onwards. For fiscal 2012 and beyond, the Ministry has decided it will issue physician payments directly. The Ministry's prior intention was for the Agency to issue physician payments directly. Under this new direction, funds flowing through the Agency are for the purpose of OPLP administration only. No funds will flow to the Agency for physician payments.

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

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#### 4. Inter-professional Care Initiatives Group:

IPC is the provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting. The Agency administered IPC grant disbursements and recorded in the Agency's statement of revenue and expenses the general operating costs, which are comprised primarily of salaries and benefits, which are included in the salaries and benefits financial statement line item. The amount reflected in one time IPC initiatives group of nil (2012 - \$7,722) represented general operating costs.

On July 1, 2011, the Ministry assumed full responsibility for the administration of the IPC grant disbursements. In fiscal 2013, the Agency administered nil (2012 - \$92,091) of IPC grant disbursements.

#### 5. Physician Assistant Grant Program:

PAs are health care practitioners who have been certified or are eligible to be certified by the Canadian Association of Physician Assistants as PA's in Canada. Two educational programs exist in Ontario: McMaster University and the Consortium of PA Education, which comprises of the University of Toronto, the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences. During the current fiscal year, the Ministry provided funding to the Agency to administer the PA graduate employment support initiative for the 2010, 2011 and 2012 graduates of the two Ontario PA education programs. The objectives of the PA graduate employment support initiative are to encourage the hiring of PA graduates in a relatively new and developing profession; and facilitate the employment of PA graduates in priority clinical and geographic areas.

During the year, total funding received from the Ministry was \$4,100,000 (2012 - \$1,136,075). \$4,321,672 (2012 - \$914,403) has been recognized as revenue. The Agency incurred expenses of \$3,752,120 (2012 - \$ 920,973) which comprised salaries and benefits of \$108,329 (2012 - \$53,016) and \$3,643,791 in program expenses (2012 - \$867,957) and has deferred nil (2012 - \$221,672).

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

### 6. Transitional Councils ("TC"):

Prior to fiscal 2013, to reflect an estimated cost of the free services provided to the TCs, a notional management fee was charged to each TC. The fee was charged at a rate of 15% of TC expenses. The management fee was eliminated on the combined Agency statement of revenue and expenses. The TCs did not remit payment and the Agency did not receive funds from the TCs as the Agency cannot receive money or assets from any person or entity other than the Crown in right of Ontario per regulation.

The amounts expended during the year related to the TCs (including the allocated management fee) were as follows:

	2013	2012
Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	\$ -	\$ 746,799
Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario	-	764,713
Transitional Council of the College of Kinesiologists of Ontario	-	893,295
Transitional Council of the College of Homeopaths of Ontario	-	869,643
Transitional Council of the College of Naturopaths of Ontario	-	793,945
	<b>\$ -</b>	<b>\$ 4,068,395</b>

### 7. Employee future benefits:

The Agency makes contributions to the PSPP, which is a multi-employer plan, on behalf of 90 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.

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 \$51,000 and at a rate of 9.5% for earnings greater than the yearly maximum pensionable earnings. The amount contributed to PSPP for 2013 was \$453,299 (2012 - \$374,445) for current service and is included as an expense on the consolidated statement of operations. Employees' contribution to PSPP in 2013 was \$457,435 (2012 - \$403,464).

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

**8. Commitments and contingencies:**

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

2014	\$ 473,800
2015	483,800
2016	483,800
2017	483,800
2018	161,300
	\$ 2,086,500

- (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 this 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.

**9. Economic dependence:**

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

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

### 10. HealthForceOntario Marketing and Recruitment Agency:

	Salaries and benefits	General operations	Actual	Budget
<b>Revenues:</b>				
Component			\$ 10,962,800	\$ 13,592,800
PA Funding			4,321,672	6,768,525
HIRE Funding			215,826	324,600
<b>Total</b>			<b>\$ 15,500,298</b>	<b>\$ 20,685,925</b>
<b>Expenses:</b>				
<b>Base components:</b>				
<b>Board of Directors:</b>				
Salaries and benefits	16,538		\$ 16,538	\$ 26,580
General operating		5,295	5,295	10,420
<b>Total</b>			<b>21,833</b>	<b>37,000</b>
<b>Corporate Affairs:</b>				
Salaries and benefits	2,068,302		2,068,302	2,072,029
General operating		1,596,266	1,596,266	1,941,707
<b>Total</b>			<b>3,664,568</b>	<b>4,013,736</b>
<b>Clerkship Travel Program:</b>				
General operating		185,388	185,388	2,630,000
<b>Total</b>			<b>185,388</b>	<b>2,630,000</b>
<b>Access Centre:</b>				
Salaries and benefits	1,990,877		1,990,877	1,995,076
General operating		167,536	167,536	235,300
<b>Total</b>			<b>2,158,413</b>	<b>2,230,376</b>
<b>Website:</b>				
General operating		26,625	26,625	58,000
<b>Total</b>			<b>26,625</b>	<b>58,000</b>
<b>HFOJobs:</b>				
Salaries and benefits	106,094		106,094	105,953
General and operating		7,073	7,073	11,320
<b>Total</b>			<b>113,167</b>	<b>117,273</b>
<b>Outreach:</b>				
Salaries and benefits	93,572		93,572	288,232
General operating		29,127	29,127	197,800
<b>Total</b>			<b>122,699</b>	<b>486,032</b>
<b>Community Partnership:</b>				
Salaries and benefits	1,118,695		1,118,695	1,190,545
General operating		138,480	138,480	199,790
<b>Total</b>			<b>1,257,175</b>	<b>1,390,335</b>
<b>OPLP:</b>				
Salaries and benefits	1,448,592		1,448,592	1,544,649
General operating		44,550	44,550	70,400
<b>Total</b>			<b>1,493,142</b>	<b>1,615,049</b>
<b>Base component total</b>			<b>\$ 9,043,010</b>	<b>\$ 12,577,801</b>

## HEALTHFORCEONTARIO MARKETING AND RECRUITMENT AGENCY

Notes to Financial Statements (continued)

Years ended March 31, 2013 and 2012

### 10 HealthForceOntario Marketing and Recruitment Agency (continued):

	Salaries and benefits	General operations	Actual	Budget
One-time components:				
NGG:				
Salaries and Benefits	199,817		\$ 199,817	\$ 199,906
General operating		80,485	80,485	80,094
<b>Total</b>			<b>280,302</b>	<b>280,000</b>
HPRT:				
Salaries and Benefits	57,697		57,697	80,405
General operating		130,119	130,119	154,595
<b>Total</b>			<b>187,816</b>	<b>235,000</b>
Other:				
Salaries and Benefits	192,247		192,247	150,954
General operating		110,972	110,972	349,046
<b>Total</b>			<b>303,219</b>	<b>500,000</b>
Physician Assistant:				
Salaries and Benefits	108,329		108,329	110,094
General operating		3,643,791	3,643,791	6,658,430
<b>Total</b>			<b>3,752,120</b>	<b>6,768,524</b>
HIRE:				
Salaries and Benefits	77,978		77,978	282,815
General Operating		83	83	41,785
<b>Total</b>			<b>78,061</b>	<b>324,600</b>
<b>One-time component total</b>			<b>\$ 4,601,518</b>	<b>\$ 8,108,124</b>
<b>Total expenses</b>			<b>\$ 13,644,528</b>	<b>\$ 20,685,925</b>
<b>Surplus/(shortage)</b>			<b>\$ 1,855,770</b>	

Health**Force**Ontario

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