

**2014-17
HealthForceOntario
Marketing and Recruitment Agency**

Supplement to the Business Plan

July 18, 2014

Bringing health human resources to life.



Ontario

HealthForceOntario Marketing
and Recruitment Agency

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Introduction

2013-14 has been an especially active year for HealthForceOntario Marketing and Recruitment Agency (HFO MRA). The agency undertook a number of important activities since it submitted its 2014-17 Business Plan in October 2013, and in addition made adjustments to accommodate changes in the environment. This supplemental document highlights these activities and adjustments, as well as the agency's plans for the next three years.



Vision and Mission

Vision

Bringing health human resources to life.

Mission

We inspire, develop and drive health human resources solutions.

To support the strategic planning process, the agency conducted an environmental scan in the winter of 2014 to better understand the internal and external factors affecting its mission and to inform the selection of strategic directions.

Strengths

- The agency is delivering on its mandate. It delivers high-impact programs/services that facilitates a balanced distribution of physicians in Ontario, helps retain domestically trained health-care professionals, recruits practice-ready physicians in high-need specialities, and assists internationally educated health professionals (IEHPs) on their path to practice.
- The agency works collaboratively with a variety of stakeholders in health care and education to develop solutions to health human resources challenges in the province.
- Agency staff are committed to the organization's mission and have strong subject matter expertise.
- Agency staff have a strong "on-the-ground" presence and are client-focused.
- HFO MRA has an experienced and engaged board providing strategic oversight.
- The agency has established credibility with stakeholders.
- The agency uses its information and influence to support the government's health human resources strategy and overall health-care direction.

Weaknesses

- Processes have not yet been examined from a "process improvement" lens.
- There are silos between and even within some teams and departments.
- The agency does not yet have a robust decision support and evidence-based approach to resolving issues and making recommendations to the government.
- The agency does not have some corporate resources (performance, strategy, evaluation, risk management) required of an organization with 100 staff and financial responsibility for \$40 million.

Opportunities

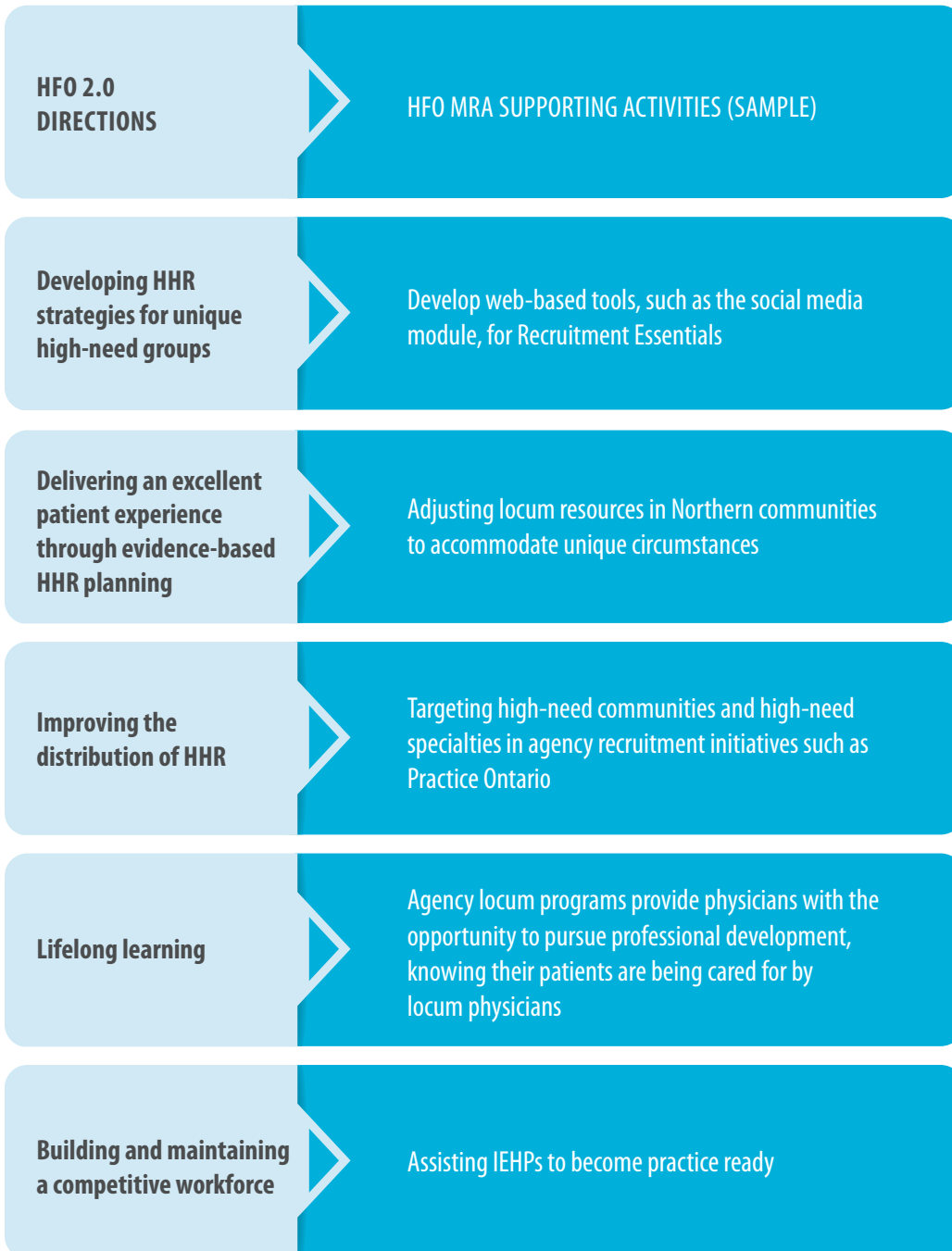
- Implement the agency's new strategic plan, ensuring flexibility to accommodate changes in the environment.
- Provide advice to organizations in developing health human resources (HHR) solutions within existing resources.
- Increase agency "high impact" focus on high-need communities, high-need physician specialties, and high-need health professionals.
- In partnership with the MOHLTC, pursue additional initiatives that support the distribution of physicians and other health professionals.
- Continue to develop strategies for advancing possibilities for IEHPs.
- Become a knowledge broker, strengthening organization-wide knowledge and facilitating increased collaboration among stakeholders.
- Maximize use of technology in delivering programs and services.
- Listen, learn, and grow through staff and stakeholder engagement.
- Engage organizations and develop strategic partnerships that support the agency's mission.

Threats/Challenges

- As it becomes larger, the agency may become "bureaucratic" and move to a cumbersome organizational structure, which inhibits progress and innovation, and reduces the ability to keep pace with a fast-changing environment.
- Reductions to the agency budget may compromise the ability to meet priorities.
- Many Ontario communities face chronic physician shortages. Primary care physicians and Generalist specialists are not always available in small, rural, or remote communities.
- Many recruitment/retention challenges need to be addressed through means beyond the agency's sphere i.e. primary-care rostering.
- Changes in government policies and incentives could affect the extent to which health professionals access agency programs. For example, physician payment and entitlements for the locum programs.
- Ontario attracts more IEHPs than other jurisdictions. The growing number of international medical graduates (IMGs) will result in more competition for a limited number of residency positions. Additionally, several US training institutions are considering restricting access to post-graduate training positions to US citizens and domestic graduates, which presents a potential challenge for J1 visa applicants.

HFO 2.0 – The Government’s Health Human Resources (HHR) Strategic Direction

The government has refreshed its health human resources strategic direction, which guides the work of the agency. Over the next three years, the agency will be engaging in activities that are aligned with this new strategic direction in a number of ways:



2013 Annual Report – Health Human Resources

The Office of the Auditor General of Ontario (OAGO) initiated a value-for-money audit of health human resources in Ontario in November 2013. In its annual report, the OAGO made a number of recommendations pertaining to meeting the health-care needs of Ontario:

- Compare the existing mix and distribution of physicians across the province to patient needs and consider what measures it can take to reduce any service gaps
- Assess how various factors, including hospital funding and capacity and health-delivery models, affect patients' access to needed services and physician employment, and develop cost-effective solutions where concerns are identified
- Continue to work with medical schools and associations to encourage more medical students to select fields of study and geographic areas in which to practise that are in demand; and
- Assess the effectiveness of its various physician initiatives in meeting the health-care needs of underserved areas.

HFO MRA will focus on converting the valuable amount of “on-the-ground” data it gathers from clients and partners into information – including information about service gaps in specific communities and the effectiveness of specific programs in meeting the needs of underserved areas.

The agency partners with communities and Local Health Integration Networks (LHINs) in looking at the underlying issues that affect HHR in the community, and works with these partners to develop cost-effective solutions. The Emergency Department Demonstration Project (EDCDP) in particular has taken on a significant advisory role with hospitals in helping them to develop a recruitment-ready emergency department, through individual consultation and the development of an ED Toolkit.

HFO MRA will continue to work with medical schools and the ministry to communicate practice and geographic areas that are in high demand. Together the agency, ministry and medical schools will examine existing patterns of practice and location selections and develop a strategy to encourage students to pursue high-demand specialties and practise in high-need areas.

The OAGO had two recommendations related to the Nursing Graduate Guarantee Initiative:

- Monitor nursing employment trends and assess the outcome of its nursing initiatives in transitioning graduating nurses to permanent full-time employment
- Assess the reasons for declining participation rates of nurse graduates in its Nursing Graduate Guarantee Program and take steps to improve program effectiveness, including encouraging participation in the program across sectors

The ministry will address these recommendations and establish new processes and communications. If the agency assumes responsibility for the program, it will monitor nursing trends and assess the outcome of the NGG in transitioning new nurses to permanent full-time employment. The agency will also engage with program participants via an annual survey to determine their satisfaction with the program and areas for improvement.

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

1. Delivering strategic health human resources solutions

- **Defining statement:**

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

- **Objectives:**

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

2. Building strategic partnerships

- **Defining statement:**

- Stronger together through purposeful and outcome-based partnerships

- **Objectives:**

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

3. Embracing ongoing process improvement

- **Defining statement:**

- Doing what we do better, together

- **Objectives:**

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

The foundation for successful implementation of the new strategy includes:

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

The agency has identified performance targets that are directly related to the new strategic directions.

Strategic Direction	2014-15 Targets
<p>Delivering Strategic HHR Solutions</p>	<p>Deliver Practice Ontario sessions to residents in all high need specialties in all six Ontario medical schools</p> <hr/> <p>Contingent on the transfer of five Return of Service programs from the ministry in 2014-15, develop performance indicators for 2015-16.</p> <hr/> <p>Zero unplanned closures of an emergency department due to physician unavailability</p> <hr/> <p>100 physicians recruited to Ontario</p> <hr/> <p>At least 75% of newly recruited physicians are practising in a high-need specialty: Family Medicine, Psychiatry or Emergency Medicine</p> <hr/> <p>Evaluate one program/service</p> <hr/> <p>10% increase in the number of active allied health professional clients over 2013-14</p>
<p>Building Strategic Partnerships</p>	<p>Greater than 75% overall community satisfaction with Recruitment and Retention Programs (RRP) locum programs</p> <hr/> <p>Greater than 75% satisfaction rating from clients who are pursuing registration or an alternative career</p> <hr/> <p>Greater than 75% satisfaction rating from IEHP clients who successfully enter residency, become registered to practice or enter into an alternative career</p> <hr/> <p>At least 75% of partners rated their partnership with the agency as satisfactory or higher</p>
<p>Embracing Process Improvements</p>	<p>Complete locum physician expense claims are sent to the MOHLTC within 25 business days</p> <hr/> <p>80% of program service standards are met:</p> <ul style="list-style-type: none"> • IEHP and locum inquiries receive a response within 48 hours

Program Migration

During 2013-14, the agency and the ministry engaged in a process to identify specific programs and services for migration, and are planning to transfer approximately 25 programs, starting with the Nursing Graduate Guarantee and the Return of Service programs in 2014-15.

	Return of Service Programs (5)	Nursing Graduate Guarantee	Community Assessment Visit Programs (2)	Northern Ontario Health Professional Development	RNPGA Vacancy Locum Program
Request to the board from the ADM	September 2013	December 2013	January 2014	January 2014	January 2014
Preliminary agency review of program	Fall 2013	December 2013 - January 2014	Winter 2014	Winter 2014	Winter 2014
Board acceptance of program	December 2013	January 2014	May 2014	May 2014	September 2014
Knowledge transfer, consensus on resource requirements	Winter 2014	Winter 2014	Winter-Spring 2014	Winter-Spring 2014	Winter-Spring 2014
Joint development of supporting documentation, transfer of files, etc.	Summer-Fall 2014	Summer-Fall 2014	Fall-Winter 2014-15	Fall-Winter 2014 -15	Fall-Winter 2014-15

Note: The dates for the final two steps of migration, execution of transfer payment agreement (TPA) and transfer of program, have not yet been confirmed.

To support its growth, HFO MRA recruited two additional board members in 2013-14. A larger board will enhance the expertise upon which the agency can draw and make it possible to add new board committees, as required. The two new board members are:

Ms. Linda Nagel

Appointed: January 29, 2014

Term Expires: January 28, 2017

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

Mr. Arthur J.M. Lamarche

Appointed: January 29, 2014

Term Expires: January 28, 2017

Mr. Lamarche is a professional accountant and a fellow of the Institute of Canadian Bankers. Currently retired, he has held executive positions in the Office of the Privacy Commissioner of Canada, the House of Commons, and the Veterans Review and Appeal Board of Canada.

In addition, a board evaluation process was introduced in 2014-15 using leading governance practices. All board members have completed the inaugural annual survey and will develop a plan to respond to the findings, monitoring progress on the plan.

Organizational Redesign

Over the past eight years, the agency has grown considerably – whether through starting new projects such as HIRE IEHP (HealthForce Integration, Research and Education for Internationally Educated Health Professionals), or through assuming responsibility for existing programs such as the Health Professionals Recruitment Tour (HPRT) and the Rural Family Medicine Locum Program (RFMLP). The agency has also experienced other changes, eliminating some functions (such as marketing events in the US), reducing the number of departments, and reassigning some units.

Guiding the work of the agency is the government's refreshed health human resources strategic direction. Further, government expectations of agencies continue to increase, particularly related to measuring performance. There is a need to confirm the agency is achieving its outcomes and managing risks across the organization. These factors provided an impetus to examine the agency's current organizational structure to be certain it would:

- Support implementation of the agency's new strategy
- Create a focus on performance, evaluation, and risk management
- Align functions that are similar to each other
- Support timely access to information and leading practices
- Be flexible to allow the agency to adapt to changes in the health human resources environment
- Preserve the organization's strengths
- Accommodate the ministry's expectations of the agency, including the transfer of programs.

The new structure also assigns to the senior leadership team the corporate responsibilities of:

- Knowledge management
- Process improvement
- Program migration
- Strategic partnerships
- Program and service excellence
- Compliance: legislation, contracts, directives
- Risk management.

The new structure was introduced in May 2014 and progress towards full implementation is underway.

Future Direction Summary

The HFO MRA 2015-18 Business Plan will describe detailed initiatives to be undertaken in the three-year period. In the interim, following is an overview of these plans, based on the organizational strategy and focusing on 2014-15.

Delivering Strategic Health Human Resources Solutions

Knowledge Management	Establish an agency repository of information
	Establish and implement a knowledge management plan
Policy Development	Provide advice to the MOHLTC regarding revision to agency regulation
	Update the Memorandum of Understanding
	Refine agency funding agreements
Program and Service Excellence	Evaluate at least one program
	Develop an evaluation plan – methodology and priorities for 2014-15 to 2015-16
	Implement an agency-wide performance assessment

Building Strategic Partnerships

Engage Partners to Support the Agency's Mission	Develop an inventory of existing and proposed partners
	Develop criteria to rank/evaluate partnerships
	Develop a partnership plan
Regularly Communicate with Partners	Identify an agency champion as the key liaison for select partners
	Issue PULSE at least twice annually

Embracing Ongoing Process Improvement

Integrate Leading Practice Tools into the Agency's Work	Establish and implement a process improvement action plan for 2014-15 and 2015-16
Maximize Opportunities for Efficiencies	Separate administrative and programmatic responsibilities: develop an initial list of programs for consideration and potential timeframes (dependant on status of program migration)

Other Priorities

Physician Distribution	Submit for approval a post-HPRT proposal
Program Migration	Develop a program migration framework – criteria/dependencies (e.g. bundling) and timeframes for 2014-15 and 2015-16
	Pursue migration of Return of Service Programs, Nursing Graduate Guarantee and Underserviced Area programs
Board Development	Recruit additional board members
	Introduce formal board evaluation
Risk Management	Initiate development of a risk management framework

Budget Reduction

At the request of the ministry, the agency has demonstrated fiscal restraint by successfully reducing its 2014-15 administrative budget by 2.5%. The financial schedule details the specifics:

Projected Revenues			
Base Funds	2014/15	2015/16¹	2016/17¹
Program Support Component	9,947,800	9,947,800	9,947,800
Less 2.5% annualized administrative efficiency	(255,700)	(255,700)	(255,700)
Subtotal	9,692,100	9,692,100	9,692,100
CTP Reallocation – for NGG	280,000	280,000	280,000
Total Program Support	9,972,100	9,972,100	9,972,100
Clerkship Travel Program	2,350,000	2,350,000	2,350,000
PA Grant Program	3,732,000	3,732,000	3,732,000
Subtotal Base Funding	16,054,100	16,054,100	16,054,100
One-Time Funding			
PA Grant Program	3,676,700	448,400	0 ²
Subtotal One-Time Funding	3,676,700	448,400	0
Total Revenue	19,730,800	16,502,500	16,054,100

Projected Estimated Expenditures			
Base Funds	2014/15	2015/16¹	2016/17¹
Program Support Component	9,972,100	9,972,100	9,972,100
Clerkship Travel Program	2,350,000	2,350,000	2,350,000
PA Grant Program	3,732,000	3,732,000	3,732,000
Total Base Funds	16,054,100	16,054,100	16,054,100
One-Time Funding			
PA Grant Program	3,676,700	448,400	0
Total One-Time Funding	3,676,700	448,400	0
Total Projected Expenditures	19,730,800	16,502,500	16,054,100

Note:

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

² Funding beyond 2015-16 is not confirmed.

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