



10 YEARS

of Success in an Evolving
Health-Care Environment

HealthForceOntario Marketing
and Recruitment Agency

Letter from the Chair and Executive Director

September 2017

It's hard to believe that HealthForceOntario Marketing and Recruitment Agency (HFO MRA) is celebrating its 10th Anniversary already. Time flies when you are passionate, engaged, and committed to the work you do.

To mark the occasion, we have created this 10th Anniversary Report to record our journey: where we've come from and what we are doing currently.

If there is one defining characteristic of HFO MRA, it has to be agility in the evolving health-care environment. As a small, nimble organization, HFO MRA has consistently responded quickly to changing health system needs and government priorities.

The report highlights five areas that demonstrate our successes: physician recruitment, locum programs, supporting a range of health professionals, assisting internationally educated health professionals, and performance measurement.

Our programs and services work together to provide comprehensive solutions for clients and communities.

Underpinning HFO MRA's work is the solid infrastructure we've built that supports the effective operation of our programs and services.

We want to thank our partners with whom we collaborate to put patients first. Also, we want to acknowledge the contributions of our staff, our board members and the Ministry of Health and Long-Term Care.

Thank you for making the past 10 years memorable.



Peter Wells, MD, CCFP, FCFP, FRRMS
Chair



Roz Smith, MHSc, CAE
Executive Director

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

 HFO Mission

1

Recruiting Physicians to Increase Access to Care

“We are looking at several physician retirements, which means there will be an increased load, but we will still have difficulty recruiting to our rural and isolated community.”

 Rural Community, 2017



EARLY DAYS

System Need: Increase Physician Supply

The MOHLTC and the Ministry of Training, Colleges and Universities (MTCU) jointly developed the HFO Strategy in 2005-06 to address concerns over physician and nurse shortages in Ontario and long wait times. An early priority of the agency was to increase the supply of physicians in the province.

HFO contribution:

- The Marketing & Recruitment department focused on repatriating qualified physicians from the U.S. border states to Ontario.
- The Physician Recruitment Assistance (PRA) program provided immigration and licensing advice to practice-ready physicians interested in relocating to Ontario.
- The Community Partnership Program focused on retaining Ontario's post-graduate medical residents by showcasing practice opportunities in Ontario communities and providing transition into practice advice via Practice Ontario (PO).
- The Access Centre provided licensing support to internationally educated medical graduates (IMGs).



CURRENT STATE

System Need: Physician Distribution

By 2012, physician supply was stabilizing and physician distribution became the focus. In 2015, the ministry launched *Patients First: Action Plan for Health Care* to transform Ontario's health-care system and increase equitable access to care. The Local Health Integration Networks (LHINs) began to take on an expanded system role.

HFO contribution:

- Regional Advisors connect communities in need with post-graduate medical residents via PO and HFOJobs, the agency's free job portal.
- Priority populations such as Indigenous and Franco-Ontarians are a recruitment priority.
- The agency analyzes HFOJobs data to identify chronic high-need communities and provide targeted resources and supports.
- The agency supports LHIN health workforce planning initiatives, especially in the area of primary care.

2

Maintaining Clinical Care through Locum Programs

“My Rural Family Medicine Locum Program locum days are the most valuable thing that allows me to maintain my comprehensive rural practice. Thank you!”

 RFMLP-supported physician in Northern Ontario, 2017



EARLY DAYS

System Need: Maintain Clinical Care

In the mid-2000s, emergency departments were being forced to reduce access or close entirely due to lack of physician availability. Additionally, physician shortages resulted in reduced access to primary care and specialists. Locum programs were needed to provide vacancy and respite coverage to maintain clinical care.

HFO contribution:

- Ontario Physician Locum Programs (OPLP) provided ED, specialist, and family medicine coverage to eligible communities in Ontario.
- Emergency Department Locum Program, Northern Specialist Locum Programs, Rural Family Medicine Locum Program, General Practitioner Vacancy Locum Coverage Arrangements.

The communities' focus shifted to keeping EDs open and to continuity of primary and specialist care.



CURRENT STATE

System Need: Self-Sufficient Physician Staffing

Although many communities will always need to access locums for respite coverage, there is growing emphasis on assisting communities in need to become “recruitment-and-retention ready,” develop recruitment plans, and create innovative local health workforce solutions to reduce urgent locum dependence.

HFO contribution:

- All locum hospitals are provided with advice and support on how to achieve self-sufficient physician staffing.
- The locum programs work with specific communities in need to assist in the development of local and sustainable physician staffing solutions.
- The locum programs work with local leadership and system partners to identify challenges underlying chronic physician shortages and develop innovative health workforce solutions.
- OPLP continue to enable communities to maintain clinical care.

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Addressing the Need for a Range of Health Professionals

“In a rural area, the skills available to service the community are increasingly more challenging to recruit. As a hospital that specializes in mental health, all nursing and allied care professionals are being sought after.”

 Rural Hospital, 2017



EARLY DAYS

System Priority: Collaborative Care

In 2007, *Interprofessional Care: A Blueprint for Action in Ontario* identified collaborative practice as the best way to improve patient outcomes. Collaborative care became a trending idea. HFO supported government initiatives for interprofessional care and physician assistants, who are included in collaborative health teams.

HFO contribution:

- HFO managed three funding projects; the Interprofessional Care Strategic Implementation Committee produced a report on implementing interprofessional care in Ontario.
- The agency assisted with the recruitment of physician assistants (PAs) into demonstration projects.
- HFO assumed corporate responsibility for the Transitional Councils of five new regulatory colleges.



CURRENT STATE

System Priority: Collaborative Care Recruitment

Communities in need are better able to provide collaborative and comprehensive care with the recruitment of a range of health professionals. Meanwhile, new graduates in a range of health professions benefit from programs that help them secure employment.

HFO contribution:

- PA Career Start program supports the employment of PA graduates in priority clinical and geographic areas.
- Service support for nurse graduates and prospective employers through the Nursing Graduate Guarantee (NGG) program, which connects new graduate nurses in Ontario with employers.
- HFOJobs enables communities to post opportunities for six allied health professions.

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Assisting IEHPs Pursue a Health-Care Career in Ontario

“We have been very grateful for the services available to our applicants through the Access Centre. We are confident in the support provided.”

🕒 Educational Institution, 2017



EARLY DAYS

System Need: Licensing

Internationally educated health professionals (IEHPs) in Ontario were experiencing significant challenges becoming licensed in their professions. Ministry-led consultations with regulatory colleges and immigrant-serving agencies concluded a centralized point of access for IEHPs was needed. With Health Canada and Ontario government funding, the Access Centre was established in December 2006 to help IEHPs in Ontario navigate the licensing process.

HFO contribution:

- The Access Centre provided information and advice to IEHPs on their path to practice. Advisors took a case management approach, providing individual assistance, workshops, and conducting mock interviews.
- Approximately 75% of clients were international medical graduates (IMGs), arising from the complex nature of the physician licensing process and lack of other services.



CURRENT STATE

System Need: Licensing and Alternative Careers

With a limited number of training positions available for IMGs, the need for alternative career programming became apparent early on. In addition to providing assistance navigating the licensing process, the Access Centre started delivering alternative career programs in 2009 and received funding from Health Canada to conduct the HIRE IEHPs (Health Integration, Research and Education for Internationally Educated Health Professionals) project from 2012 to 2017.

HFO contribution:

- The Access Centre programming becomes diversified; an increase in internationally educated nurses (IENs) and other clients who now comprise 40% of clients.
- HIRE IEHPs: HFO partnered with the University of Toronto to develop programs and self-directed learning resources (<https://hireiehps.com>) to help IEHPs overcome barriers to workplace integration.
- The Access Centre is working with post-secondary institutions and other partners to develop accelerated bridging programs. As well, the Access Centre is working with employers and other organizations to better understand labour market needs and alternative career opportunities for IEHPs.

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Measuring and Evaluating Agency Progress

“Keep up the good work; we need you in our communities, especially in Northern rural communities, for all the programs you offer.”

 Northern Community, 2017



EARLY DAYS

System Need: Performance Measurement

Individual programs tracked and measured success, primarily using client and stakeholder satisfaction as an indicator. Over time, HFO MRA developed program and agency wide performance measures that focused on outcomes as well as satisfaction. Each year, the agency refined its performance measures to reflect evolving government priorities and community needs.

HFO reporting:

- Performance Measurement Metrics
- Program-Specific Evaluations
- Business Plans
- Annual Reports
- Logic Models
- Transfer Payment Agreement (TPA) Reports



CURRENT STATE

System Need: Strategic Plan and Enhanced Reporting

In 2014, the agency developed its first Strategic Plan to establish strategic directions and determine a clear path forward for the following three to five years. Additionally, HFO considers how its programs work together to support increased access to care. To meet enhanced reporting requirements, the agency now produces a range of reporting documents.

HFO planning and reporting:

- Strategic Plan
- Business Plans
- Annual Reports
- Logic Models
- Transfer Payment Agreement (TPA) Reports
- Scorecards
- Reporting Infographics
- Program-Specific Evaluations
- Risk Assessment
- Certification of Attestation

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Agency Accomplishments

“Bringing Health Human Resources to Life.”

 HFO Vision



FROM PROGRAM INCEPTION TO 2016

- **184,507** hours of urgent ED locum coverage.
- **0** unplanned emergency department closures due to physician unavailability.
- **1,251** emergency department closures averted.
- **60,462** locum days provided in 21 Northern Ontario hospitals.
- **41,917** days of family medicine clinic coverage provided in 122 rural and Northern Ontario communities.
- Assisted with filling **3,730** physician job opportunities; 74% in high-need specialties.
- **694** Return of Service physicians placed in a full-time position in an eligible community.
- **190** Physician Assistant graduates assisted in securing employment within three months of graduation.
- More than **4,500** IEHP clients supported in achieving their career goals (e.g. medical resident, licensed in their profession, or meaningful employment in their field).
- **35,000** IEHPs received information and advice from the Access Centre.
- More than **1,600** medical students funded to pursue clinical rotations across the province.
- Developed a premier health-care job portal; more than **6,000** positions posted annually.
- **5** Transitional Councils supported to proclamation as regulatory colleges.



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