

# Planning Document for 2018-21 Recruitment and Retention Initiative

Ministry of Health and Long-Term Care

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## Context

The Ontario Budget 2016 committed to providing a strategic investment of \$85 million over three years to improve recruitment and retention in interprofessional primary care teams. The 2017 Ontario Budget allocated an additional \$146.3 million over three years toward this initiative. On October 16, 2017 the Minister announced an additional investment of \$97.3 million to the Ontario Budget 2017 extending the funding to a fourth year.

These strategic investments support on-going efforts in Ontario's health care system to strengthen primary health care to ensure Ontarians receive the right care, at the right time and in the right place.

In an effort to ensure transparency and predictability, the ministry is providing multi-year funding for 2018-21. This planning document will provide recipient organizations with the information necessary to undertake multi-year compensation planning.

In allocating the recruitment and retention funding for 2018-21 the ministry continues to build on the approach adopted in close collaboration with sector associations. The ministry is, once again, looking to provide employers with the flexibility to approve a compensation plan that best addresses the need of the recipient to deliver on its mandate and address recruitment and retention.

Funding specific to recruitment and retention is being included as part of the Human Resources budget for the following recipients:

- Family Health Teams;
- Nurse Practitioner-Led Clinics;
- Aboriginal Health Access Centres;
- Community Health Centres;
- Interprofessional Health Providers funded through the 2012 Physician Services Agreement;
- Indigenous Interprofessional Primary Care Teams;
- Indigenous Diabetes Education Programs;
- Nursing Stations; and,
- Nurses funded in primary care settings.

This document provides information on the principles and approach applied to arrive at your organization's budgetary increase to improve recruitment and retention. As a funding recipient, you are encouraged to consider this methodology when approving a revised compensation plan for your organization in addition to other factors that may be impacting the ability of your organization to recruit and retain skilled health care and administrative professionals. Organizations will be required to report on how the increase is allocated within the organization.

# Principles

The methodology to formulate the budgetary increase for each recipient was developed in close partnership with sector associations and was guided by the following principles:

**a. Removal of Barriers**

- Support for benefits (including pensions) in order to attract skilled professionals from acute care and other settings that offer benefit and pension packages above those provided in interprofessional primary health care settings.

**b. Enhanced Equity in Compensation:**

- Incremental steps to bridge differences in compensation between interprofessional primary health care and other health care settings; and
- Incremental steps to address compensation for certain positions to address internal equity.

**c. Broad Application**

- Efforts to ensure all staff are able to receive some level of incremental compensation increase.

**d. Accountability and Transparency**

- Recipients must implement a revised compensation plan that addresses the principles outlined above; and
- Recipients must report back in Q3 of each year on how recruitment and retention funding has been implemented in the organization starting in 2018; and
- If a recipient's revised compensation plan does not address the priorities outlined above, including adjustments to Nurse Practitioners (and Psychologists in CHCs and AHACs), they must provide compelling rationale as part of their report back in Q3 of each year.

# Methodology

To determine recruitment and retention funding allocations, the ministry calculated increases for currently approved human resources based on:

- Adjustments to Nurse Practitioners (and Psychologists in CHCs and AHACs) to address particular recruitment challenges identified by sector associations.

- Adjustments which allow compensation increases for all other positions, including Diabetes Education Program (DEP) staff, where applicable.
- Funding has increased from current levels as follows:
  - 2016/17 - \$22.2M
  - 2017/18 - \$34.1M
  - 2018/19 - \$24.1M
  - 2019/20 - \$24.3M
  - 2020/21 - \$24.3M

The recruitment and retention funding increase is retroactive to April 1 of each funding year starting in 2018.

## Terms and Conditions

The following terms and conditions apply to the recruitment and retention funding:

- The amount showing represents an increase to the base Budget which may only be applied by the Recipient for the sole purpose of compensation (salaries, benefits, holiday pay, leave, etc.) increases for existing ministry/LHIN-funded positions with the goal of addressing challenges associated with or otherwise improving recruitment and retention.
- The Recipient must make best efforts to prioritize salary increases for ministry/LHIN-funded Nurse Practitioners (and Psychologists in CHCs and AHACs). If these positions are not prioritized, the Recipient must report back to the Ministry the rationale for why they were not prioritized.
- The Recipient must ensure that the level of benefits (including pensions) provided to existing ministry/LHIN-funded positions supports improved recruitment and retention and addresses barriers that limit the ability of providers to move from other settings into primary care.
- The Recipient must be transparent in defining its method of allocating funding and must avoid any conflicts of interest (actual, potential or perceived) in arriving at decisions.
- The Recipient must make best efforts to ensure all staff are able to receive some level of compensation increase.
- For Executive management positions, defined as management positions that report directly to the governing body, the Recipient must:
  - Undertake a factor-based analysis to arrive at specific compensation level(s);
  - Not exceed the following rates of salary increases: 2018/19: 4.3%; 2019/20: 4.3% and 2020/21: 3.9%, irrespective of the results of the factor-based analysis;
  - Not provide an increase if current salary level(s) exceed ministry funding level(s).
- The Recipient must submit a report to the ministry/LHIN by end of Quarter 3 of 2018-19, 2019-20 and 2020-21 identifying how funds were used for each funded position, as directed by the ministry.

## Further Information

If you require further details regarding the allocation of recruitment and retention funding and the development of a revised compensation plan, please contact your designated ministry contact or e-mail: [PCOInquiries@ontario.ca](mailto:PCOInquiries@ontario.ca).

## Appendix A: Rates Used to Calculate Funding Allocation

Position	2017/18 Funded Rate	2018/19 Funded Rate	2019/20 Funded Rate	2020/21 Funded Rate
<b>INTERDISCIPLINARY PROVIDERS</b>				
Case Worker/Manager	\$ 61,944	\$ 64,075	\$ 73,323	\$ 74,148
Chiropodist	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Chiropractor	\$ 78,777	\$ 81,990	\$ 82,810	\$ 83,742
Clinical Assistant	\$ 38,217	\$ 39,532	\$ 40,827	\$ 42,519
Community Health Planner	\$ 68,181	\$ 70,526	\$ 72,836	\$ 81,233
Community Health Worker	\$ 55,857	\$ 57,778	\$ 58,949	\$ 59,612
Counsellor/outreach worker	\$ 55,857	\$ 57,778	\$ 58,949	\$ 59,612
Early Childhood Development Worker	\$ 55,857	\$ 57,778	\$ 58,949	\$ 59,612
Health Promoter / Educator	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Kinesiologist	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Nurse Practitioner	\$ 103,822	\$ 108,494	\$ 115,329	\$ 122,178
Occupational Therapist	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Pharmacist	\$ 92,260	\$ 95,257	\$ 96,210	\$ 97,292
Physician Assistant	\$ 77,721	\$ 78,498	\$ 79,283	\$ 80,175
Physiotherapist	\$ 77,721	\$ 78,498	\$ 79,283	\$ 80,175
Psychologist	\$ 140,809	\$ 142,217	\$ 143,639	\$ 145,075
Psychologist (CHC/AHAC)	\$ 103,822	\$ 108,494	\$ 115,329	\$ 122,178
Registered Dietitian	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Registered Nurse	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Respiratory Therapist	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
RPN	\$ 49,115	\$ 50,805	\$ 52,469	\$ 53,159
Social Worker	\$ 71,756	\$ 72,462	\$ 73,323	\$ 74,148
Speech Pathologist	\$ 69,335	\$ 71,720	\$ 73,323	\$ 74,148
Supervisor / Lead	\$ 68,181	\$ 70,526	\$ 72,836	\$ 81,233
Traditional Healer	\$ 68,712	\$ 71,076	\$ 73,404	\$ 82,000
<b>MANAGEMENT AND ADMIN</b>				
Admin/Support for Blended Salary Model Physician	\$ 38,217	\$ 39,532	\$ 40,827	\$ 42,519
Administrative Assistant	\$ 45,926	\$ 47,506	\$ 49,062	\$ 52,568
Administrative Lead	\$ 83,035	\$ 86,606	\$ 90,330	\$ 93,853

Bookkeeper	\$ 46,244	\$ 47,835	\$ 49,402	\$ 52,568
Data Management Coordinator	\$ 67,775	\$ 70,689	\$ 72,958	\$ 74,148
Director	\$ 81,814	\$ 85,332	\$ 89,001	\$ 92,472
Executive Assistant	\$ 52,426	\$ 54,229	\$ 56,005	\$ 58,656
Executive Director – level 1	\$ 83,035	\$ 86,606	\$ 90,330	\$ 93,853
Executive Director – level 2	\$ 94,536	\$ 98,601	\$ 102,841	\$ 106,852
Executive Director – level 3	\$ 110,218	\$ 114,957	\$ 119,900	\$ 124,576
Finance Manager	\$ 70,613	\$ 74,042	\$ 77,226	\$ 80,238
HR Manager	\$ 70,989	\$ 74,042	\$ 77,226	\$ 80,238
IT specialist	\$ 60,960	\$ 63,057	\$ 65,448	\$ 66,184
Maintenance Worker	\$ 35,804	\$ 36,162	\$ 36,524	\$ 36,889
Manager	\$ 70,989	\$ 74,042	\$ 77,226	\$ 80,238
Medical Record Clerk	\$ 38,035	\$ 39,343	\$ 40,631	\$ 42,519
Medical Secretary	\$ 38,217	\$ 39,532	\$ 40,827	\$ 42,519
Office Administrator	\$ 52,426	\$ 54,229	\$ 56,005	\$ 58,656
Program Coordinator	\$ 70,989	\$ 72,557	\$ 73,323	\$ 74,148
Quality Improvement Decision Support Specialist	\$ 77,721	\$ 78,498	\$ 79,283	\$ 80,076
Receptionist	\$ 38,035	\$ 39,343	\$ 40,631	\$ 42,519
Regional Decision Support	\$ 67,775	\$ 70,689	\$ 72,958	\$ 74,148
Secretary	\$ 38,217	\$ 39,532	\$ 40,827	\$ 42,519
Volunteer Coordinator	\$ 52,426	\$ 54,229	\$ 56,005	\$ 58,656