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Conducting a “Refresh” of the Common Salary Structure for Primary Care Organizations in Ontario: 2017 Report

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1. Executive Summary

Where matters related to compensation administration are concerned, best practice suggests organizations should periodically review compensation arrangements to ensure:

- Ongoing consistency with the defined compensation philosophy (designed to articulate the intent of the compensation program and inform/guide ongoing compensation decision-making);
- Consistency with desired or required salary/compensation levels relative to a defined market of comparison;
- Specific compensation-related matters and potential issues are identified and addressed in a manner that allows for effective review and facilitates informed decision-making.

Korn Ferry Hay Group (KFHG, Hay Group) is pleased to provide its final report to the Association of Ontario Health Centres (AOHC); Association of Family Health Teams of Ontario (AFHTO); and the Nurse Practitioners Association of Ontario (NPAO) on a compensation review conducted in 2017. The study, conducted in partnership with these sponsoring Associations, has focused on “refreshing” the common salary structure developed for Primary Care Organizations (PCOs) consistent with market trends. The common salary structure was developed for the following interprofessional primary care models in Ontario:

- Aboriginal Health Access Centres (AHACs);
- Community Health Centres (CHCs);
- Family Health Teams (FHTs); and
- Nurse Practitioner-Led Clinics (NPLCs).

The key phases of work for this study included:

- Conducting stakeholder consultations to gather insight into current talent management-related challenges, including those related to compensation management;
- Conducting a survey of selected benchmark positions (management and non-management positions) to inform the development of an updated common primary care salary structure;
- Conducting a review of selected secondary source market data related to annual salary range adjustments/economic increases over the period 2012-2017 to inform the development of an updated common primary care salary structure;
- Developing a number of salary structure options, and a recommended model for an updated common primary care salary structure;



- Identifying potential areas for further review by the sponsoring Associations.

Relative to the development of a recommended and updated salary structure, KFHG applied an integrated approach which considered:

- Guiding principles regarding the design of salary structures, which were adopted by the sponsoring Associations in 2009 and reaffirmed in 2012 and 2017;
- A range of accepted conventions for the development of sound and defensible salary structures;
- Analysis of data from the custom survey, and an analysis of secondary source data focusing on economic adjustments implemented in the market place over the period 2012-2017;
- Stakeholder insights gathered through a stakeholder engagement process;
- A balanced approach to developing a salary structure solution – an approach that reflects a desire and need to provide competitive salaries, while recognizing the realities and challenges associated with affordability.

The recommended salary structure for 2017 provides a 5% increase to the salary range maximums developed and recommended by Hay Group in 2012. The overall salary structure design remains consistent with the overall design of 2012 structures and integrates reasonably competitive adjustments implemented in the market over the period 2012-2017. There are a small number of positions that will continue to be treated as market exceptions, consistent with the approach adopted in 2012. The subject of market exceptions is discussed further in Chapter 8 of this report.

The recommended salary structure is highlighted below (Table 1.1). The recommended structure also highlights the salary ranges associated with a small number of positions deemed to be market exceptions (discussed further in Chapter 8).



Table 1.1: 2017 Recommended Salary Structure – 5% Uniform Adjustment

Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
13	Executive Director	\$134,321	\$138,749	\$143,324	\$148,049	\$152,929	\$158,025
12	(No Positions)	\$115,757	\$119,573	\$123,515	\$127,587	\$131,793	\$136,185
11	Director	\$100,674	\$103,993	\$107,421	\$110,963	\$114,621	\$118,440
10	Manager HR Manager Finance Manager Traditional Healer	\$87,554	\$90,441	\$93,422	\$96,502	\$99,683	\$103,005
9	Supervisor Community Health Planner	\$76,130	\$78,640	\$81,233	\$83,911	\$86,677	\$89,565
8	Chiropracist Social Worker (Therapist) Data Mg't Coordinator Occupational Therapist Physiotherapist Registered Nurse Speech Pathologist Registered Dietitian Health Promoter/Educator Respiratory Therapist		\$67,384	\$70,116	\$72,958	\$75,916	\$79,275
7	IT Technician		\$60,155	\$62,593	\$65,131	\$67,771	\$70,770
6	Counsellor Community Health Worker Office Administrator Executive Assistant Volunteer Coordinator		\$54,175	\$56,371	\$58,656	\$61,034	\$63,735
5	RPN Bookkeeper Administrative Assistant		\$48,552	\$50,520	\$52,568	\$54,700	\$57,120
4	No jobs currently		\$43,554	\$45,320	\$47,157	\$49,069	\$51,240
3	Medical Secretary Clinical Assistant Secretary		\$39,270	\$40,862	\$42,519	\$44,242	\$46,200
2	Receptionist / Secretary Medical Records Clerk		\$35,343	\$36,776	\$38,267	\$39,818	\$41,580
1	Maintenance Worker		\$32,130	\$33,433	\$34,788	\$36,198	\$37,800

Market Exceptions							
Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
10	Nurse Practitioner Psychologist	\$108,488	\$115,333	\$122,178	\$129,022	\$135,867	\$142,712
9	Pharmacist	\$93,312	\$94,285	\$95,257	\$96,230	\$97,203	\$98,175

The stakeholder engagement component of this study provided a variety of important insights, a number of which informed the development of the recommended salary structure. Other insights suggested areas for future review



by the sponsoring Associations. Areas for further review are presented in greater detail in Chapter 9, and are highlighted briefly as follows:

- Exploring in greater detail market compensation/salary levels for a larger complement of management and senior-level positions (defined in the context of the common grading structure as positions classified in Bands 10 and above);
- Exploring in great detail KFHG's recommended framework for classifying executive positions. The proposed framework considers the diversity of primary care organizations, and the need to ensure that executive leadership positions are classified in a manner that promotes an understanding of this diversity, while ensuring fair and reasonable internal relativities;
- Monitoring ongoing recruitment and retention challenges to assess, among other things, the potential need for additional ad hoc compensation solutions;
- Monitoring classification and internal equity matters to ensure appropriate internal relativities, and ultimately, internal fairness of pay;
- Reviewing selected technology-related positions to ensure their appropriate placement on the common grading structure;
- Monitoring "market exceptions" for the future.

The results of this study provide for a recommended and "refreshed" salary structure for administering salary in the context of a common model for primary care organizations in Ontario. The recommended structure has been developed using an evidence-based approach, and also recognizes the need to reflect a balance in its design and recommended levels.

Similar to the study conducted in 2012, the results of this study continue to reflect a number of critical compensation-related challenges in the primary care sector in Ontario. The analysis of market data and stakeholder insights suggest that current compensation levels are creating challenges in attracting and retaining talent in this sector. With the emerging importance of the primary care sector in Ontario, adequate funding for compensation is an essential element in attracting and retaining the talent necessary for ensuring effective patient care and healthcare service delivery in this sector.



2. Background and Context

Korn Ferry Hay Group has had the pleasure of working with the AOHC since 1999. Several market studies have been conducted with the AOHC since that time:

- In 2009 Hay Group assisted the AOHC with a “refresh” of the common salary structure in the context of the new Local Health Integration Network (LHIN) environment.
- In 2012, and in partnership with AOHC, AFHTO and NPAO, the common salary structure was updated and refreshed again consistent with market trends, and based on the results of a custom compensation survey. (Of note, it was in 2012 that the AFHTO and the NPAO joined in the review and updating of the provincial salary structure).
- In 2017, KFHG was called upon to assist with updating the 2012 recommended salary structure to reflect market trends and practices over the five-year period.

By way of background, the 2012 study conducted by KFHG focused on a reasonably broad set of requirements and deliverables, including the development of salary administration principles and processes, as well as the development of a framework for assessing and addressing both classification and salary administration practices for senior administrators / executives within the primary care setting (and operating in organizations of different sizes and complexity). At that time, a pay equity analysis was also undertaken, and recommendations tabled to address related matters. The 2017 study by comparison, has focused on the gathering and analysis of relevant market data for the more specific purpose of bringing the 2012 provincial salary structure into closer alignment with current market practices.

It is noted that Community Health Centres (CHCs) and Aboriginal Health Access Centres (AHACs), Family Health Teams (FHTs) and Nurse Practitioner-Led Clinics (NPLCs) had not been able to move in substantive ways to the 2012 recommended salary structure values due to lack of funding. However, in 2016 the Ministry of Health and Long-Term Care (MOHLTC) announced retention and recruitment investments in the primary care sector, directing additional resources (identified in 2017) over four years to close identified gaps. The 2012 recommended salary structure for many organizations represents the structure against which primary care organizations were benchmarking to monitor compensation practice.

In addition to analysing market trends and salary data, the 2017 effort involved the conduct of stakeholder engagement interviews, where a range of compensation and talent management concerns and considerations were identified (Chapter 9). A number of concerns and considerations raised through this process informed the development of a recommended salary structure for 2017. Other insights gathered represent areas for future review by the three



sponsoring Associations. KFHG's role in the stakeholder engagement process has been limited to assisting with the identification of areas for further study.

This final report describes and provides:

- Context and background for the 2017 study;
- An overview of the project methodology;
- A summary of insights from the stakeholder consultation process to provide context to compensation and talent management concerns that are “top of mind” in this community;
- A summary of the custom salary survey results and related analysis
- A summary of secondary source data findings;
- An overview of the options considered in the development and design of a 2017 updated salary structure option;
- A recommended 2017 salary structure that integrates current market data, and as such, reflects a more up to date structure against which primary care organizations may benchmark compensation practice;
- Comparisons to the MOHLTC 2017/2018 funded rates as additional context and comparison;
- A summary of areas for future review by the sponsoring Associations; and
- Conclusions.



3. Overview of Project Approach

The approach adopted by KFHG for this study can be considered in three distinct phases, which involved conducting:

- Formal stakeholder consultations with representatives of selected professional associations, as well as insights gathered from members of the Primary Care Compensation Working Group (PCCWG)¹ on a variety of talent management issues. Much of the insight focused on how compensation levels appear to be impeding the ability to attract and retain talent in the primary care environment, and informed a number of design elements for a “refreshed” common salary structure.
- A custom market survey to gather insights into current salary levels for eighteen (18) benchmark positions. The benchmark positions used in this survey are the same as those used in the 2012 study. The analysis focused on assessing the relative competitiveness of the 2012 provincial salary structure, and informed the development of a “refreshed” 2017 common salary structure. As indicated earlier, the 2017 effort was relatively narrow compared to the 2012 study, and had the more specific mandate of developing recommendations to better align the 2012 common salary structure with current market practice. Unlike earlier studies, the 2017 study did not include a full analysis of benefits. However, the custom survey did include a small number of questions related to employment practices and payroll costs associated with sponsoring benefits provisions.
- Research from a variety of secondary data sources to track economic adjustments in salary levels over the period 2012 – 2017. This analysis was conducted to identify how different groups within the broader health care sector, and the public sector more generally, have implemented wage and/or salary structure adjustments over this five-year period. This work also informed the development of a “refreshed” 2017 common salary structure.

The following chapter provides an overview of key themes from our stakeholder engagement process, as a means of setting the back drop for the 2017 market study.

¹ The Primary Care Compensation Working Group (PCCWG) was a project-related working group consisting of senior executive representation from FHTs, CHCs, NPLCs, AHACs, as well as representation from the three sponsoring Associations (AFHTO, AOHC and NPAO). The PCCWG was tasked with providing procedural guidance for the 2017 salary review and “refresh” project.



4. Insights from Stakeholder Consultations

As part of the project process, KFHG worked with the PCCWG to identify several representatives in selected professional Associations to participate in stakeholder consultations. Consultations were also conducted with selected members of the PCCWG. Included in this process were representatives from the following professions: Chiropractors, Registered Dietitians, Nurse Practitioners, Pharmacists, Psychologists, Registered Nurses, Registered Respiratory Therapists, and Social Workers. Invitations to participate in stakeholder engagement process were also issued to Physician Assistants and Family Practice Nurses; however, KFHG was unable to include their input in this report.

The focus of the stakeholder consultation process was to gather insight and perspectives related to:

- Understanding current compensation practices within the primary care environment that might have potential implications for the development of a “refreshed” salary structure;
- Understanding how compensation practices and levels in the primary care setting might be impacting on talent management considerations, more broadly speaking – and more specifically, on the ability of Primary Care Organizations (PCOs) to attract and retain talent;
- Understanding a range of general issues and concerns, as well as opportunities to help identify areas of interest for future review by the sponsoring Associations.

Stakeholder insights having particular relevance for informing the development of a “refreshed” common salary structure have been highlighted in this chapter. A number of additional themes from the stakeholder consultation process are provided in Chapter 9 of this report and focus more specifically on areas for future review.

Stakeholder insights are summarized as follows:

- There are growing concerns regarding perceived discrepancies in compensation levels within the primary care setting. A considerable number of stakeholders commented that the common salary structure is not applied evenly across the primary care setting. The end result is that there are considerable variations in salary levels for similar positions in different primary care organizations. Variations in salary levels within the primary care sector can be considerable, and are challenging the ability of PCOs to retain professionals, which ultimately impacts patient care. Stakeholders indicated there is a need for greater consistency in compensation practices across the primary care setting.
- There is a persistent weariness that comes from consistently being “behind market” where compensation is concerned – this concern was voiced at all



levels. Some gains have been made through ad hoc salary adjustments (i.e.: ad hoc adjustments targeted at certain levels to create better alignment with the 2012 Hay Group recommended structure), however, the structure itself is now five years out of date. For many primary care organizations, the 2012 recommended salary structure continues to be largely aspirational, suggesting that actual salary administration practices are less competitive than 2012 recommended levels.

- While ad hoc salary adjustments have been welcomed in general terms, stakeholders commented that compensation “gains” have been uneven. Some levels/professionals (whose salaries are administered relative to the common salary structure) have benefitted more than others, creating concern to maintaining internal fairness of pay.
- Some concern exists regarding the perceived level of flexibility granted by MOHLTC to individual organizations regarding the allocation of compensation increases/adjustments. There are perceptions that MOHLTC guidelines for increases/adjustments (as communicated by MOHLTC) could not always materialize in practice at the individual organization level. This has left some feeling that their compensation concerns are not being taken seriously. It is also contributing to a sense of “being left behind” where compensation practices are concerned.
- Overall, there is a sense that compensation matters are becoming increasingly urgent in the primary care setting. Lack of competitive pay is contributing to high turnover rates in some professions. There is a persistent push to look for more competitive pay. Increasingly, professionals need to seek contract employment in multiple settings to provide a measure of financial security. As a result, many see the primary care setting as a “stepping stone”, rather than a destination.

These insights, in KFHG’s view, are significant in that they were reported consistently across multiple professions, multiple levels (as represented by the provincial structure) and in the context of different settings within the primary care environment. These views have helped to shape the development of the recommended approach and design for a “refreshed” 2017 common salary structure.

Additional insights from stakeholder consultations are shared in Chapter 9 of this report and reflect areas for future review and consideration. The following chapter turns its attention to the results of the custom salary survey.



5. Custom Salary Survey Results

A key element of the 2017 project plan was the conduct of a custom salary survey to assess how salary levels have changed in the health care sector since 2012, the last year in which the relative competitiveness of the common salary structure was tested.

Reaffirming a Compensation Philosophy

In general terms, the use of a compensation philosophy serves as an essential reference against which market data are reviewed, analyzed and recommendations for change developed. Typically, compensation philosophies articulate the desire to compensate employees fairly, taking into consideration external comparability, internal relativity, performance and affordability. The results of any compensation study will help to identify where an organization's compensation levels and practices sit relative to market. However, it is the compensation philosophy that will define the intent of a compensation program and will place market comparisons into a more meaningful context.

A compensation philosophy, then, defines an organization's framework for aligning compensation with organizational strategy. The strategy helps ensure the organization can attract and retain the skills required to achieve its vision, mission and strategic priorities, and typically includes references to such things as:

- Defining the “market of comparison”: In this case, defining the types of organizations that PCOs tend to compete with for talent; or identifying organizations that employ similar skills.
- Defining the “pay positioning”: Identifying where pay should be positioned relative to the market of comparison (e.g., 50th percentile, 75th percentile). An organization might select the 50th percentile (P50) if it wishes to be an average payer; or where compensation is not intended to serve as a distinguishing element of the employee value proposition. Alternatively, an organization that chooses to be a leader in the marketplace for talent acquisition might choose the 75th (P75) or even the 90th (P90) percentile.

The guiding principles adopted in 2009 and 2012 for “refreshing” the common salary structure at each of those timelines were reaffirmed for the 2017 exercise. The guiding principles include the following elements:

- The “market of comparison” continue to include a combined or blended market of organizations in the broader health care sector. Ontario hospitals are represented in the market of comparison, given that PCOs tend to compete with certain hospitals for talent. For benchmarking purposes, hospitals with operating budgets equal to or less than \$10 million continue to be included (as this budget size is representative of many PCOs).



- Front-line positions continue to be compared to province-wide data, as the rates for these jobs tend to be reasonably comparable across the province. Province-wide data also tends to reflect the geographic distribution of PCOs throughout Ontario.
- The pay position relative KFHG has referenced for the purpose of analyzing the market data is the 50th percentile, or market median. This position is consistent with the market position used in the 2012 study, and is a common point of reference for many organizations operating in the public sector environment.

Reaffirming the compensation philosophy assists with providing important context for reviewing and analyzing market data, and provides a critical backdrop against which to consider options and recommendations.

Survey Methodology - Overview

The custom survey was conducted in a manner similar to the 2009 and 2012 studies. Over 100 organizations within the defined market of comparison were contacted to request their participation in the custom survey.

Survey participants were provided with a survey response kit identifying a series of benchmark positions, relevant position summaries, and data reporting spreadsheets. Each participant was asked to review the position summaries, and determine the degree of job match between a benchmark position and the comparable position within the participant organization. More specifically, each participant was asked to rate the degree of “match” (High, Solid, Low) between the benchmark description and their internal position.

For each position, we asked participants to provide compensation design information, which typically is understood as the full salary opportunity – the salary at which a fully trained and performing incumbent could expect to achieve over time. Data submission forms received from participants were reviewed and as warranted, participants contacted to validate the salary data provided. Data were then analyzed in the context of the reaffirmed compensation philosophy – which is relative to the market median.

This chapter provides a summary of the aggregate survey results. A more detailed breakdown of the survey findings is provided in Appendix A of this report. The following sections provide additional details on the survey benchmark positions and the survey participants.

Survey Benchmark Positions

The following 18 benchmark positions were used in the survey process – these benchmarks are consistent with the positions used in the 2012 survey.

1. Executive Director
2. Clinical Director



3. Program Director
4. Psychologist (Clinical)
5. Finance Manager
6. Program Manager
7. Nurse Practitioner
8. Social Worker (Therapist)
9. Registered Nurse
10. Registered Dietitian
11. Health Educator / Promoter
12. IT Coordinator
13. Counsellor / Outreach Worker
14. Executive Assistant
15. Registered Practical Nurse
16. Administrative Assistant
17. Secretary
18. Receptionist / Secretary

Survey Participants

The following fifteen organizations accepted KFHG's invitation to respond to the custom survey. These organizations reflect a cross-section of organizations in the broader healthcare sector, and includes community agencies as well as a small number of hospitals:

1. Central East Local Health Integration Network
2. CMHA - Cochrane Timiskaming Branch
3. CMHA - Muskoka / Parry Sound Branch
4. CMHA - Ottawa Branch
5. CMHA - Toronto Branch
6. Englehart and District Hospital
7. Erie St. Clair Local Health Integration Network
8. Hastings Prince Edward Public Health
9. Huron Perth Healthcare Alliance
10. Kirkland and District Hospital
11. North Bay Parry Sound District Health Unit
12. Public Health Ontario
13. The Children's Aid Society of Ottawa
14. VHA Home Healthcare
15. Wellington-Dufferin-Guelph Health Unit



As indicated above, over 100 targeted organizations were identified and contacted to request their participation in this study. In any custom survey undertaking, there is an interest in attracting as many survey participants as possible to ensure sufficient data upon which to base observations, conclusions and recommendations. KFHG maintains strict protocols for the treatment of market data, and its confidentiality. The firm's policy is to provide clients with the most useful information possible, without compromising confidentiality or data validity. As a result, data are suppressed unless a number of conditions are met. Our target number of organizations for data validity purposes is twelve, which meets pre-defined standards for data validity, and confidentiality.

The number of survey participants in this study is fifteen, and as such, represents a valid sample size upon which to make relevant observations and recommendations, particularly given that the comparisons to market are being anchored relative to the market median, where a smaller sample size can be accommodated for validity purposes.

It is noted additionally, that in developing observations, options and salary structure recommendations KFHG has relied not only on the custom survey results. The firm analyzed a range of secondary source data which has assisted in validating the custom survey results, and in informing approaches for the development of options and recommendations. An overview of the secondary source data is provided in Chapter 6.

Salary Survey Results – Two Methods of Comparison

Data from the custom survey were analyzed and are presented here using two approaches:

- **Job Match Comparison:** The process of job matching relies on the survey participant comparing the characteristics and responsibilities of the benchmark position, as they have been described, to identify and determine the degree of “match” that may exist between their position and the benchmark role. Typically, this process relies on the survey analysts to review and validate the incoming data to ensure its overall integrity and use for further analysis.

Market data have been summarized and presented on the basis of job match by job match, and can be found in Appendix A to this report.

- **Pay Line or Trend Line Comparison:** Relies on the conduct of a regression analysis to produce a representative illustration of a pay practice, and usually with the intention of comparing pay practices within an organization to a market of comparison. The illustrative pay lines provide a high-level view as to how overall pay practices in different setting compare to one another, and in effect, provides a macro-view of the data under analysis.



A trend line analysis looks at the relationship between the internal “value” of a job (as determined through job evaluation) and the salary paid to each job. The salary rates for the jobs are plotted against their respective value levels and a salary line representing a “best fit” is drawn approximately through the middle of the plot points. This determines the “average” relationship of job value to the rates paid to each job.

This trend line, which represents a straight salary line, is determined mathematically using linear regression. The equation derived from building this trend line is then applied to the value of the jobs to determine the market pay rates.

Two pay lines were constructed – one representing the internal (i.e., PCOs) pay line, and the other, the market pay line. The predicted values produced by the formulas of each trend line were then compared to determine the competitiveness of the internal line versus the market.

The following sections highlight the analysis of the survey data according to both the job match comparison method and by comparative pay line illustrations.

Survey Analysis – Job Matches

The table below (Table 5.1) provides a comparison between Hay Group’s 2012 recommended maximum salary rates and the salary rate maximums derived from the custom survey analysis. The data are presented at the 50th percentile (P50), consistent with the reaffirmed compensation philosophy as developed and adopted by the sponsoring Associations in 2012.

The information in Table 5.1 is presented as follows:

- Band/Level: Represents the pay grade level to which the designated Benchmark position is currently assigned in the common grading structure.
- Survey Benchmark Position: Represents a reference position for the purpose of gathering market data. Benchmark positions are typically selected on the basis of their stability and prevalence within the organization or system, and together, represent a cross section of elves and job families within the organization or system. These are the positions which survey participants were asked to “match” within their respective organizations and for which market data were requested.
- Hay Group 2012 Recommended Maximum Salary Rate: Represents the recommended maximum annual salary rate as developed in the context of the salary structure refresh study conducted in 2012. These values represent the maximum of the recommended salary rates/ranges for each position in a designated pay grade or band in the common grade / salary structure.
- 2017 Analysis: Market Salary Range Maximum (P50): Represents the median (P50) salary range maximum as reported by organizations participating in the 2017 custom salary survey.



- **Variance:** Compares the 2012 recommended maximum salary rate (at P50) relative to the 2017 market salary range maximum.

Table 5.1: Comparison of the 2012 Hay Group Recommended Maximum to the 2017 Market Salary Range Maximum (at P50)

Band/ Level	Survey Benchmark Position	Hay Group 2012 Recommended Maximum Salary Rate	2017 Analysis: Market Salary Range Maximum (Median / P50)	Variance
13	Executive Director	\$150,500	\$158,085	-5%
11	Clinical Director	\$112,800	\$131,956	-17%
11	Program Director	\$112,800	\$125,380	-11%
10	Finance Manager	\$98,100	\$100,300	-2%
10	Program Manager	\$98,100	\$102,289	-4%
10	Psychologist (Clinical)	\$135,916*	N/A	N/A
10	Nurse Practitioner	\$135,916*	\$100,347	35%
8	Social Worker (Therapist)	\$75,500	\$80,561	-7%
8	Registered Nurse	\$75,500	\$77,925	-3%
8	Registered Dietitian	\$75,500	\$81,136	-7%
8	Health Educator / Promoter	\$75,500	\$81,625	-8%
7	IT Coordinator	\$67,400	\$67,282	0%
6	Counsellor / Outreach Worker	\$60,700	\$69,853	-15%
6	Executive Assistant	\$60,700	\$65,000	-7%
5	Registered Practical Nurse	\$54,400	\$57,973	-7%
5	Administrative Assistant	\$54,400	\$50,551	8%
3	Secretary	\$44,000	\$48,448	-10%
2	Receptionist / Secretary	\$39,600	\$44,878	-13%

***Note:** Recommended maximum salary rate (2012) for Psychologist (Clinical) and Nurse Practitioner benchmark positions reflects values arrived at through a separate study, which recommended the salary values for these two positions be treated as market exceptions. Please see Chapter 8 for additional information on market exceptions.

The analysis presented in Table 5.1 provides an indication as to the competitiveness of the 2012 recommended maximum salary rates relative to the current market trend. The current market trend in this case is a reflection of current base salary opportunity as represented in the survey's market of comparison. Base salary opportunity should be understood as representing the maximum annual salary available to fully trained and fully performing incumbents serving in the benchmark positions.



The survey findings (and in particular the calculated variances) suggest that for a very small number of benchmark positions, the 2012 recommended maximum salary level continues to remain relatively competitive when compared to the current 2017 market trend:

- Finance Manager
- IT Coordinator
- Nurse Practitioner (treated currently as a market exception – see Chapter 8)
- Program Manager
- Registered Nurse

However, for the majority of the benchmark positions the variance calculation highlights a number of more material “gaps” relative to the market trend (considered here as being greater than 10%). The following positions exhibit more material gaps relative to the base salary opportunity as reported in the survey analysis:

- Clinical Director (-15%)
- Program Director (-11%)
- Counsellor/Outreach Worker (-15%)
- Secretary (-10%)
- Receptionist/Secretary (-13%)

There are also a number of patterns that have been noted when results from the 2012 study are reviewed and compared to selected survey outcomes in 2017. For the Clinical Director benchmark position a gap of similar magnitude was also reported in the 2012 market survey analysis. This suggests there may be a more persistent issue requiring additional analysis and ongoing monitoring.

When additional comparisons to the 2012 survey results are made, there are a number of positions that appear to exhibit increasing gaps relative to the market trend (2012 vs. 2017):

- Program Director (-3% vs -11%)
- Counsellor/Outreach Worker (-1% vs -15%)
- Secretary (-7% vs -10%)
- Receptionist/Secretary (-3% vs -13%)

It is noted that a portion of the gap identified in this comparison of 2012 relative to 2017 can likely be attributed to differences in the survey sample 2012 vs 2017. Some portion of the gap relative to market may reflect trends in compensation that have impacted specific positions in this sector over the five-year period (2012 to 2017). Where other positions are concerned (e.g.: administrative support roles) gaps relative to market may reflect particular collective bargaining



outcomes. Or, they may reflect specific contexts where higher than average annual increases have been delivered in select settings over the past five years.

However, these gaps are worth noting as they are in the order of magnitude of 10% or greater, which often signals a need to conduct additional analysis to assess root causes.

Market data aside, an additional matter that is important to consider is the relative ease or degree of difficulty an organization experiences in attracting and retaining talent. Generally speaking, where organizations are not experiencing challenges with staffing and recruiting outcomes, this suggests the organization's compensation offering may not be particularly problematic regardless of what the data suggest. Market data *and* an organization's ability to attract and retain talent often need to be looked at hand in hand.

The following table (Table 5.2) provides an additional comparison – one that highlights the MOHLTC 2017/2018 Funded Rate to the Hay Group 2012 Recommended Maximum Rate (or base salary opportunity). It also presents comparisons relative to the salary range control points that are observed in administering the structure (the “true” administered maximum of the salary range). This comparison provides a slightly different narrative as to where potential issues lie.

Table 5.2 suggests there continues to be considerable and material gaps at many of the bands in the common grading structure when the comparison is made between the MOHLTC's 2017/2018 funded rates and Hay Group's 2012 recommended maximum rates. This is notably the case at Bands 10 and above, where we tend to see senior professional roles, management positions and senior leadership roles. There are similar patterns that surface when comparisons are made between the MOHLTC 2017/2018 funded rates and the administered control points from Hay Group's 2012 recommended salary structure.

Regarding this latter comparison, it should be noted the variance is calculated on the basis making the comparison to the “step” immediately preceding the recommended maximum rate in the salary structure – which maps to either Step 5 or Step 4, dependent on the pay grade or band level. Depending on the pay grade level, the calculated “gap” at this point of reference is approximately 3.0% - 5.0% closer to the Ministry's approved rates for 2017/2018. In many cases, however, there are still material gaps that have been identified relative to the recommended levels for 2012. It is important to keep in mind that the gaps that have been calculated in Table 5.2 are relative to Hay Group's 2012 recommended levels. As this salary structure is adjusted for 2017, these gaps will increase further to reflect changes in the market that have occurred between 2012 and 2017.

To the extent these gaps persist, organizations in the primary care sector may find it increasingly challenging to attract and retain senior level talent in the near and longer term. Coupled with current demographics (including an increasing number of potential retirements typically seen at more senior levels in many



organizations today), the issues identified may prove particularly worrisome from a talent management perspective.

Table 5.3, which follows, highlights this same comparative analysis in the form of illustrative pay lines – the issues and implications, of course, are the same as those identified in Table 5.2.

Table 5.2: Comparing the 2017/2018 MOHLTC Funded Rate to the Hay Group 2012 Recommended Maximum Rate

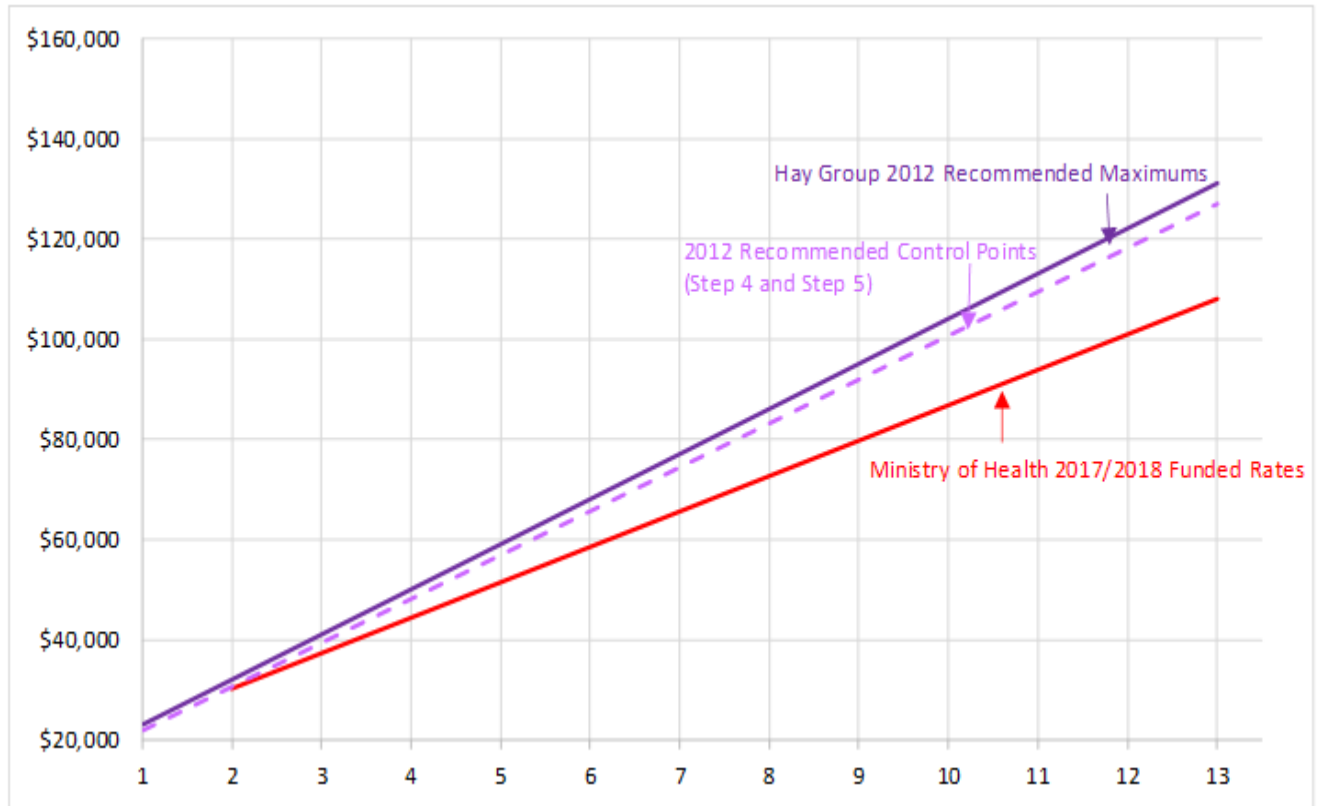
Band	Survey Position	MOHLTC 2017/2018 Funded Rate	Hay Group 2012 Recommended Maximum Rate	Variance from MOHLTC 2017/2018 Funded Rate	2012 Administered Salary Range Control Point ⁽⁶⁾	Variance from MOHLTC 2017/2018 Funded Rate
13	Executive Director	\$110,218	\$150,500	37%	\$145,985	32%
11	Clinical Director ⁽¹⁾	\$81,814	\$112,800	38%	\$109,416	34%
11	Program Director ⁽¹⁾	\$81,814	\$112,800	38%	\$109,416	34%
10	Finance Manager	\$70,613	\$98,100	39%	\$95,157	35%
10	Program Manager ⁽²⁾	\$70,989	\$98,100	38%	\$95,157	34%
10	Psychologist (Clinical)	\$140,809	\$135,916	3%	\$129,397	-8%
10	Nurse Practitioner	\$103,822	\$135,916	31%	\$129,397	25%
8	Social Worker (Therapist) ⁽³⁾	\$71,756	\$75,500	5%	\$72,669	1%
8	Registered Nurse	\$69,335	\$75,500	9%	\$72,669	5%
8	Registered Dietitian ⁽⁴⁾	\$69,335	\$75,500	9%	\$72,669	5%
8	Health Educator / Promoter	\$69,335	\$75,500	9%	\$72,669	5%
7	IT Coordinator	\$60,960	\$67,400	11%	\$64,873	6%
6	Counsellor / Outreach Worker ⁽⁵⁾	\$55,857	\$60,700	9%	\$58,424	5%
6	Executive Assistant	\$52,426	\$60,700	16%	\$58,424	11%
5	Registered Practical Nurse	\$49,115	\$54,400	11%	\$52,360	7%
5	Administrative Assistant	\$45,926	\$54,400	18%	\$52,360	14%
3	Secretary	\$38,217	\$44,000	15%	\$42,350	11%
2	Receptionist / Secretary	\$38,035	\$39,600	4%	\$38,115	0%

Notes:

- (1) Compared to the Director position in the Ministry of Health published 2017/2018 rate.
- (2) Compared to the Manager position in the Ministry of Health published 2017/2018 rate.
- (3) Compared to the Social Worker - Masters level in the Ministry of Health published 2017/2018 rate.
- (4) Compared to the Registered Dietitian in the Ministry of Health published 2017/2018 rate.
- (5) Compared to Counsellor in the Ministry of Health published 2017/2018 rate.
- (6) Control Point refers to an administered maximum that is integrated into the salary administration process. Typically, the administered control point for Bands 9-13 use Step 5 in the salary range. Bands 1-8 have as the administered control point Step 4 in the salary range.



Table 5.3: Comparing the Ministry of Health 2017/2018 Funded Rate to the Hay Group 2012 Recommended Salary Rate Maximum



KFHG’s approach to analyzing compensation trends has considered data from a number of different sources. The custom survey data provides essential insights into understanding how base salary opportunities in the broader health care sector (the defined market of comparison) have evolved from 2012 to 2017 in the context of a defined market of comparison.

In the following chapter, we highlight a variety of salary structure adjustments (drawn from secondary source data) implemented in various health care and public sector settings between 2012 and 2017. These salary structure adjustments, often referred to as economic adjustments, shed additional light on how salary levels have evolved over this five-year period.



6. Review of Secondary Source Data

KFHG conducted a supplemental analysis to track salary structure adjustments in a variety of settings and in different collective agreements. Typically, salary values change over time in two contexts. Incumbents experience salary adjustments (typically increases) as they progress through their designated salary range/pay grade. Progression through a range is typically based on performance, experience and length of service; and the rate of salary range progression is largely incumbent-based, guided by an organization's compensation policy and practice. Salary structures also experience adjustments over time in order to stay current with economic and cost of living factors. Such adjustments are often referred to as economic adjustments, and it is the magnitude of these adjustments movement that are of particular interest for the purpose of assessing and recommending changes to the 2012 common salary structure.

In this chapter, salary structure adjustments and trends have been highlighted over the period of 2012 – 2017 from the following secondary sources:

- OPSEU Central Collective Agreement;
- ONA Central Collective Agreement;
- KFHG Compensation Database – Summary of Economic Adjustments from the Canadian Public Sector;
- KFHG Compensation Database – Summary of Economic Adjustments from the Ontario Broader Public Sector;

Table 6.1, below highlights salary structure/wage rate adjustments for the OPSEU Central Agreement from 2012-2017. Table 6.2, following, provides a similar focus from the ONA Central Agreement.

**Table 6.1: OPSEU – Central Agreement
Summary of Economic Adjustments 2012-2017**

Year	Magnitude of Economic Adjustments (Based on Year Over Year Comparisons of Maximum Wage Rate)
2012	0%
2013	2.8%
2014	-
2015	2.8% (over 2 years)
2016	1.4%
2017	1.4%



**Table 6.2: ONA - Central Agreement
Summary of Economic Adjustments 2012-2017**

Year	Average Market Movement
2011 – 2013	1.4% (average annualized value)
2013 – 2016	1.4% (average annualized value)
2016 - 2017	1.5% (average annualized value)

Isolating the magnitude of economic adjustments in the context of these two reference collective agreements provides insight into how salary structures and maximum wage rates have been adjusted on an annual basis over the period 2012-2017. The above-noted data suggest that on average, wage rates have been adjusted at a rate of close to 1.4% year over year for the five-year period under review. This suggests an aggregate value of approximately 7%.

The following two tables are drawn from KFHG’s extensive compensation database resources. Table 6.3 highlights economic adjustments by employee level or category in the context of the national pure public sector setting, and includes reference to the three levels of government: municipal, provincial and federal, including Treasury Board Secretariats at the federal and provincial levels. It also includes organizations that provide a public service, but rely almost entirely on government appropriations as sources of funding for service and program delivery. This table indicates average realized or implemented salary structure changes over the period 2012 -2017 in the pure public sector across Canada. On aggregate, the data suggest that salary range structures have increased over this period by approximately 8%. The data include those organizations that (over this period of time) elected to implement 0% increases to their respective salary structures.

Table 6.3: KFHG Compensation Database – Summary of Economic Adjustments from the Canadian Public Sector

Average Realized Policy Structure Change (%) By Employee Category/ Level Pure Public Sector					
Year	Clerical / Operations (Union)	Clerical / Operations (Non-union)	Supervisory / Junior Professional	Middle Management / Seasoned Professional	Senior Management / Executives
2012	1.3%	1.5%	1.5%	1.5%	1.9%
2013	2.5%	2.2%	2.2%	2.3%	1.7%
2014	0.7%	1.3%	1.4%	1.4%	1.5%
2015	0.9%	1.1%	1.1%	1.2%	1.0%
2016	0.8%	1.0%	1.2%	1.2%	1.0%
2017	0.8%	0.9%	1.0%	1.1%	1.0%



Table 6.4, below, provides similar information. In this case, however, data have been drawn from KFHG’s compensation database that includes a wider representation of organizations that are categorized within the public sector in Ontario. This database, known as the Broader Public Sector (BPS) database, includes representation from the three levels of government, federal and provincial Crowns and agencies (i.e.: separate employers); hospitals, and utilities, as well as universities and colleges. These organizations, for the most part, tend to operate somewhat more independently than the core public administration insofar as compensation planning and decision-making are concerned. On aggregate, salary structure adjustments over the period 2012-2017 in the BPS have tended to average close to 8.5%. This table also includes organizations that elected to implement 0% adjustments to salary scales and wage rate maximums over this period.

Table 6.4: KFHG Compensation Database – Summary of Economic Adjustments from the Ontario Broader Public Sector

Ontario BPS – Average Realized Policy Structure Change (%) By Employee Category/Level Broad Public Sector					
Year	Clerical / Operations (Union)	Clerical / Operations (Non-union)	Supervisory / Junior Professional	Middle Management / Seasoned Professional	Senior Management / Executives
2012	1.6%	1.5%	1.4%	1.6%	1.4%
2013	1.8%	1.6%	1.7%	1.7%	1.3%
2014	0.9%	1.2%	1.1%	1.2%	1.3%
2015	0.9%	1.1%	1.1%	1.1%	1.0%
2016	1.0%	1.2%	1.2%	1.3%	1.2%
2017	1.1%	1.2%	1.3%	1.3%	1.2%

KFHG’s review of salary structure adjustments (i.e.: economic adjustments) over the last five years indicates that adjustments on a year over year basis have been relatively modest and stable across many sectors. The data suggest annualized adjustments over this period were in the range of 1.3% - 1.7%. A review of multiple sources of data suggests that, on aggregate, salary structure increases over this period can be reasonably quantified in the range of 6.5-8.5%.

Referring back to Table 5.1, where gaps relative to market have been tabulated in the context of the custom survey data, it is useful to consider that “gaps” in the order of this magnitude are seen for many of the benchmark positions. In such cases, it is reasonable to assume these gaps can be explained by average economic adjustments over this five-year period. Gaps of this magnitude may not suggest the presence of more unique or even systemic issues. Rather, where there are gaps relative to market of a magnitude in the range of 6.5%-



8.5%, it is believed they can be explained in large part by economic adjustments that have been implemented in the marketplace over this five-year period.

Participating organizations from KFHG's compensation databases (as per Tables 6.3 and 6.4) can be found in Appendix B.

The following chapter highlights the process and outcome associated with the development of a recommended 2017 "refreshed" common salary structure.



7. Developing a 2017 Refreshed Common Salary Structure

This chapter provides an overview of the process and outcomes related to a recommended common salary structure for 2017 for the primary care setting (in the context of those organizations and professionals as set out at the beginning of this report). The development of salary structure options and recommendations builds on the following elements:

- An understanding of the current, established common grade structure (highlighted below in Table 7.1); and
- An understanding of the commonly held principles that guide the development of salary structures (described on the following page).

Confirmation of Established Grading Structure/Levels

The common grade structure was developed in collaboration with the AOHC for the primary care setting a considerable number of years ago. Over time, new benchmark positions have been added to the structure. In more recent years, and primarily because of expansions in scope of practice, some professional roles have been reviewed to ensure their appropriate placement on the grading structure. The 2017 structure continues to observe the 13-level structure, and it is in this context that KFHG has been asked to recommend an updated and “refreshed” salary structure.



Table 7.1: Current Common Grading Structure – 13 Level Model

Band	Position Title
13	Executive Director
12	(No Positions)
11	Director
10	Manager HR Manager Finance Manager Traditional Healer
9	Supervisor/Lead Community Health Planner
8	Chiropracist Social Worker (Therapist) Data Management Coordinator Occupational Therapist Physiotherapist Registered Nurse Speech Pathologist Respiratory Therapist Registered Dietitian Health Promoter/Educator Physician Assistant
7	IT Technician

Band	Position Title
6	Counsellor Community Health Worker Office Administrator Executive Assistant Volunteer Coordinator
5	RPN Early Childhood Educator Bookkeeper Administrative Assistant
4	No jobs currently
3	Medical Secretary Clinical Assistant Secretary
2	Receptionist/Secretary Medical Records Clerk
1	Maintenance Worker



Designing and Working with Salary Structures

Typically, the number of bands created through the job evaluation process represents the number of bands or pay grade levels in the overall salary structure. The common grading structure consists of thirteen levels, accommodating positions that have been evaluated and which are administered in reference to this model.

A compensation structure is typically developed by applying commonly held compensation principles and conventions, several which are referenced below:

- Each salary range has a minimum point and a maximum point. The maximum salary value in a given pay grade is often referred to as the job rate, which serves as the control point for salary administration purposes. In some settings, a salary range value (or salary step) that is less than the range maximum may be used as an administered control point. Typically, movement beyond the control point is reserved for special circumstances. The “job rate” (whether the salary range maximum or the administered control point) represents the base salary or earnings opportunity associated with a particular position. It represents the base salary value that a fully competent, fully trained and performing incumbent may expect to earn over time.
- The salary range maximum that is ultimately developed typically is set in a manner that aligns with the desired or target job rate data from the market of comparison so that compensation is competitive with the defined market. For the purpose of this study, KFHG developed a number of salary structure options relying on the data gathered through the custom salary survey.
- For design purposes, the salary range minimum is typically set between 80% and 85% of the maximum, which generally represents the entry level rate for a new hire.
- There are often 5 to 6 steps in each salary range to allow for progression through the pay range based on a combination of performance and tenure.
- As indicated earlier, an administered salary range maximum may also be integrated into the salary administration process, which is the case in the context of the common salary structure. Typically, the administered control point for Bands 9-13 use Step 5 in the salary range. Bands 1-8 have as the administered control point Step 4 in the salary range.

Working Towards a 2017 Recommended Salary Structure

The development of salary structure options for the 2017 context relied on an integrated approach and involved analyzing market data, working with salary structure design principles and conventions, and for this study, reflecting on the



insights gathered through the stakeholder engagement process. In summary, the design of the salary structure options were informed through:

- The application of a number of accepted principles and conventions for the development of sound and defensible structures;
- The analysis of data gathered through the custom survey effort;
- The analysis of economic adjustments implemented in the marketplace over the period of 2012-2017;
- Stakeholder insights gathered through the stakeholder engagement process; and
- A desire to retain certain characteristics associated with the established structure (e.g.: a 13-level pay band structure).

This chapter focuses more exclusively on the design and development of the recommended 2017 common salary structure. However, the development of optional approaches helped to refine the recommended solution, and as such, some discussion of the more relevant options is warranted. The following considerations shaped KFHG's approach to the development of salary structure options, as well as the recommended salary structure option, and is intended to serve as background:

- The analysis of the secondary source data helped to confirm the magnitude of salary structure or economic adjustments in comparable markets of comparison over the period 2012-2017. The analysis has suggested that it would be reasonable to consider the design and development of salary structure options that integrate increases of comparable magnitudes – 6.5%-8.5% as a starting point.

The secondary source data from relevant collective agreements over the five-year period suggest that a reasonable starting point for developing an updated common salary structure would be an overall adjustment in the range of 7% (on the notion that the average actual economic adjustment across a number of sub-sectors/collective agreements was 1.4% per year since 2012).

- Feedback from stakeholder consultations suggested an interest in seeing a consistent and uniform approach to salary structure adjustments for 2017. It was felt this approach would address a concern heard quite consistently – that in more recent years there has been an unevenness to ad hoc adjustments delivered across the Interprofessional Primary Care (IPC) teams. This concern has suggested that while some levels and professions have benefitted from adjustments, other have not – the notion that there appears to be, relatively speaking, “haves” and “have nots” where salary administration matters are concerned.



- KFHG’s experience in this domain suggests that compensation adjustments that are introduced on a level by level basis can be harder to communicate within the system in general terms. Given the perceived unevenness in ad hoc adjustments that have been made over time, it was felt that a more uniform approach to adjusting the common structure would facilitate communications with stakeholders. To the extent that any follow-on reviews suggest the need for making additional, ad hoc or special adjustments, they may be considered and implemented as a separate exercise.
- The focus for this study has been to develop a recommend salary structure that reflects a reasonable and more consistent alignment with current market trends. The 2012 common salary structure is five years old at this stage, and there is a need to ensure the structure remains relevant and current for ongoing salary administration purposes. At the same time, there is an appreciation that some levels within the common structure may require additional review. This understanding also validated the notion that the salary structure “refresh” work should focus on options that would deliver a reasonable and consistent increase to all bands/levels. This approach would not preclude the examination of other compensation matters or concerns, or the need to consider ad hoc or special adjustments in the future.
- KFHG elected to consider the development of options and a recommended solution that would achieve an appropriate balance. This suggested the need to not only consider the above elements, but also potential solutions informed by an analysis of market data and related evidence, and options that could be considered economically and politically acceptable.

Option 1: 7% Adjustment to the 2012 Common Salary Structure

Maximums:

As indicated in Chapter 6, KFHG’s review of secondary source market data suggests that average annual adjustments or economic increases on an annual basis (2012 through to 2017) was in the range of 1.4%. On an aggregate basis, this gives rise to an overall adjustment of 7% that could be applied to the 2012 recommended salary structure maximums.

This first option was tested as a possible solution – and was developed in the context of a uniform adjustment applied to all pay grade levels in the common structure. This option was reviewed and further analyzed using a series of regression lines or pay line illustrations. The analysis indicated that this option and suggested this option delivered a solution that was approximately 3%-4% above the market pay line at certain levels (using the data from the custom survey analysis), suggesting that there might be an opportunity to consider a more conservative approach to developing a uniform adjustment to the common salary structure. There was also a sense that a more conservative approach might be more consistent with practices seen in other sectors within the health care domain, and as such, perceived to be more politically acceptable. Further, a more conservative approach might also be viewed as a more prudent approach



that could support the need for any future special or ad hoc adjustments warranted through further research and review.

In summary, KFHG's review of this option suggested an opportunity to test for a potential solution that would deliver a 5% uniform increase to the 2012 recommended salary structure maximum rates. This solution, albeit more conservative, could still be viewed as a defensible and evidence-based approach to align the common salary structure with market trends seen over the last five-year period (particularly when 0% increases are considered and integrated into the trends over this same five-year period). As indicated above, this options also considered that if and as any further ad hoc adjustments were deemed necessary, a more conservative approach might provide the means to leverage future ad hoc adjustments from the perspective of affordability.

Option 2: 5% Adjustment to the 2012 Common Salary Structure Maximums:

The testing of a second option was carried out. Option 2 was also developed on the basis of integrating the above-mentioned concepts and principles and delivers a 5% uniform and consistent increase to the 2012 recommended salary structure maximums. This structure is presented as the recommended option and is shown in level terms on the following page (Table 7.2).

Before moving on to a discussion of this particular option, it should be noted that a number of other options were developed and tested internal to KFHG (including an option that delivered more tailored adjustments on a level by level basis). The options were reviewed internally, and one additional option shared with the PCCWG. These options were not as successful at integrating the core principles described at the outset of this chapter that KFHG felt were key design criteria, and as such, were not considered as viable recommended solutions.

Option 2, as presented in Table 7.2 highlights thirteen pay bands, consistent with the 2012 common salary structure. This recommended salary structure elevates the 2012 recommended maximum rates at each of the pay bands by 5%, achieving a uniform and consistent adjustment to the overall structure. Consistent with the design of the 2012 recommended structure, the recommended 2017 salary ranges minimums have been calculated on the basis of 85% of the recommended maximum.

The 2012 common salary structure also integrates discrete salary steps between the minimum and maximum of a pay band, and this feature has also been retained in the recommended option. The salary administration convention that has been adopted in practice for the common salary structure is to use an administered salary control point that is less than recommended salary range maximum/. The administered control point for Bands 9-13 is Step 5 of the range; while the administered control point for Bands 1-8 is Step 4 of the range.



Table 7.2 also references a number of positions that have, in the past, been treated as market exceptions. We address the subject of market exceptions in Chapter 8, following.

Table 7.3 provides a more detailed view of the recommended 2017 salary structure, and highlights all positions by Pay Band that are either typically administered according to the common salary structure, or compensated using the common salary structure as a point of reference.

Table 7.4 presented next, highlights the variances between the MOHLTC 2017/2018 funded rates relative to KFHG's 2017 recommended salary structure. Consistent with the trends highlighted in Table 5.2, we see that variances continue to be of the largest magnitudes at the more senior levels – Bands 10-13. As suggested earlier, this points to more systemic issues with respect to compensation, and will require further monitoring and review.

Table 7.2: 2017 Recommended Salary Structure Reflecting a 5% Uniform Adjustment

Pay Band	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
13	\$134,321	\$138,749	\$143,324	\$148,049	\$152,929	\$158,025
12	\$115,757	\$119,573	\$123,515	\$127,587	\$131,793	\$136,185
11	\$100,674	\$103,993	\$107,421	\$110,963	\$114,621	\$118,440
10	\$87,554	\$90,441	\$93,422	\$96,502	\$99,683	\$103,005
9	\$76,130	\$78,640	\$81,233	\$83,911	\$86,677	\$89,565
8	\$67,384	\$70,116	\$72,958	\$75,916		\$79,275
7	\$60,155	\$62,593	\$65,131	\$67,771		\$70,770
6	\$54,175	\$56,371	\$58,656	\$61,034		\$63,735
5	\$48,552	\$50,520	\$52,568	\$54,700		\$57,120
4	\$43,554	\$45,320	\$47,157	\$49,069		\$51,240
3	\$39,270	\$40,862	\$42,519	\$44,242		\$46,200
2	\$35,343	\$36,776	\$38,267	\$39,818		\$41,580
1	\$32,130	\$33,433	\$34,788	\$36,198		\$37,800

Band	Market Exceptions						
	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
10	Nurse Practitioner Psychologist	\$108,488	\$115,333	\$122,178	\$129,022	\$135,867	\$142,712
9	Pharmacist	\$93,312	\$94,285	\$95,257	\$96,230	\$97,203	\$98,175



Table 7.3: Detailed 2017 Recommended Salary Structure – 5% Uniform Adjustment

Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
13	Executive Director	\$134,321	\$138,749	\$143,324	\$148,049	\$152,929	\$158,025
12	(No Positions)	\$115,757	\$119,573	\$123,515	\$127,587	\$131,793	\$136,185
11	Director	\$100,674	\$103,993	\$107,421	\$110,963	\$114,621	\$118,440
10	Manager HR Manager Finance Manager Traditional Healer	\$87,554	\$90,441	\$93,422	\$96,502	\$99,683	\$103,005
9	Supervisor Community Health Planner	\$76,130	\$78,640	\$81,233	\$83,911	\$86,677	\$89,565
8	Chiropracist Social Worker (Therapist) Data Mg't Coordinator Occupational Therapist Physiotherapist Registered Nurse Speech Pathologist Registered Dietitian Health Promoter/Educator Respiratory Therapist		\$67,384	\$70,116	\$72,958	\$75,916	\$79,275
7	IT Technician		\$60,155	\$62,593	\$65,131	\$67,771	\$70,770
6	Counsellor Community Health Worker Office Administrator Executive Assistant Volunteer Coordinator		\$54,175	\$56,371	\$58,656	\$61,034	\$63,735
5	RPN Bookkeeper Administrative Assistant		\$48,552	\$50,520	\$52,568	\$54,700	\$57,120
4	No jobs currently		\$43,554	\$45,320	\$47,157	\$49,069	\$51,240
3	Medical Secretary Clinical Assistant Secretary		\$39,270	\$40,862	\$42,519	\$44,242	\$46,200
2	Receptionist / Secretary Medical Records Clerk		\$35,343	\$36,776	\$38,267	\$39,818	\$41,580
1	Maintenance Worker		\$32,130	\$33,433	\$34,788	\$36,198	\$37,800

Market Exceptions							
Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
10	Nurse Practitioner Psychologist	\$108,488	\$115,333	\$122,178	\$129,022	\$135,867	\$142,712
9	Pharmacist	\$93,312	\$94,285	\$95,257	\$96,230	\$97,203	\$98,175



Table 7.4: A Comparison of MOHLTC 2017/2018 Funded Rates with 2017 Market Trend and KFHG's 2017 Recommended Salary Structure Option (5% Adjustment)

Band	Survey Position	MOHLTC 2017/18 Funded Rate	Custom Survey Salary Range Maximum Median (P50)	Variance from MOHLTC (2017/18 Funded Rate)	KFHG 2017 Recommended Salary Range Maximum	Variance from Ministry of Health (2017/18 Funded Rate)	Administered Control Point ⁽⁶⁾	Variance from MOHLTC (2017/18 Funded Rate)
13	Executive Director	\$110,218	\$158,085	43%	\$158,025	43%	\$152,929	39%
11	Clinical Director ⁽¹⁾	\$81,814	\$131,956	61%	\$118,440	45%	\$114,621	40%
11	Program Director ⁽¹⁾	\$81,814	\$125,380	53%	\$118,440	45%	\$114,621	40%
10	Finance Manager	\$70,613	\$100,300	42%	\$103,005	46%	\$99,683	41%
10	Program Manager ⁽²⁾	\$70,989	\$102,289	44%	\$103,005	45%	\$99,683	40%
10	Psychologist (Clinical)	\$140,809			\$142,712	1.4%	\$135,867	-3.6%
10	Nurse Practitioner	\$103,822	\$100,347	-3%	\$142,712	37%	\$135,867	31%
8	Social Worker (Therapist) ⁽³⁾	\$71,756	\$80,561	12%	\$79,275	10%	\$75,916	6%
8	Registered Nurse	\$69,335	\$77,925	12%	\$79,275	14%	\$75,916	9%
8	Registered Dietitian ⁽⁴⁾	\$69,335	\$81,136	17%	\$79,275	14%	\$75,916	9%
8	Health Educator / Promoter	\$69,335	\$81,625	18%	\$79,275	14%	\$75,916	9%
7	IT Coordinator	\$60,960	\$67,282	10%	\$70,770	16%	\$67,771	11%
6	Counsellor / Outreach Worker ⁽⁵⁾	\$55,857	\$69,853	25%	\$63,735	14%	\$61,034	9%
6	Executive Assistant	\$52,426	\$65,000	24%	\$63,735	22%	\$61,034	16%
5	Registered Practical Nurse	\$49,115	\$57,973	18%	\$57,120	16%	\$54,700	11%
5	Administrative Assistant	\$45,926	\$50,551	10%	\$57,120	24%	\$54,700	19%
3	Secretary	\$38,217	\$48,448	27%	\$46,200	21%	\$44,242	16%
2	Receptionist / Secretary	\$38,035	\$44,878	18%	\$41,580	9%	\$39,818	5%

(1) Compared to the Director position in the Ministry of Health published funded rate for 2017

(2) Compared to the Manager position in the Ministry of Health published funded rates for 2017

(3) Compared to the Social Worker - Masters level in the Ministry of Health published funded rates for 2017.

(4) Compared to the Registered Dietitian in the Ministry of Health published funded rates for 2017.

(5) Compared to Counsellor in the Ministry of Health published funded rates for 2017

(6) Control Point refers to the Step 4 for Grades 1 to 8 and Step 5 for Grades 9 to 13.



8. Market Exceptions

History of Market Exceptions

There are several positions that have been administered in reference to the common salary structure that have, for the past several years, been considered as market exceptions. A market exception occurs when the value placed on these positions by the market is not directly related to their internal value, as determined through the application of the job evaluation process. To attract and retain talent in these roles, salary ranges for these positions typically need to be established based on market value considerations, and not on the basis of their internal value. In such cases, the value placed on these positions by the market bears no relationship to the internal value as determined through the job evaluation process.

By way of history and context, in 2011 NPAO conducted a review of the Nurse Practitioner role (study and report developed in collaboration with the Hay Group for the NPAO; report dated January 2011). From a job evaluation perspective, the Nurse Practitioner (NP) was deemed to be comparable to the Psychologist role. In other words, the value of the Nurse Practitioner role was seen as being comparable to that of the Psychologist (and continues to be seen as such), based on the application of the job evaluation methodology. It is in this context that the salary opportunities for these two positions are linked. For the purpose of this study, the two positions continue to be treated as market exceptions.

The Pharmacist salary range was established in 2012 based on available market data. Based on the available market data, the role was deemed to be a market exception at that time and is continued to be treated as such for this study.

Salary Administration Practice for Market Exceptions

Generally speaking, there tend to be few positions designated as “market exceptions” in a typical organization setting. Best practice suggests the value and importance of ensuring there are policies in place, as well as clarity regarding their ongoing treatment. It is important to monitor the need to administer salaries for market exceptions carefully over time.

The policy to manage the salaries for market exceptions was developed during earlier compensation reviews for the sponsoring Associations. A summary of the policy is provided here as reference:

- The salaries for market exceptions are considered “anomalies” and will be administered outside of the relevant salary range as predicted by the internal value (i.e.: as determined through the job evaluation process).



- When the overall salary range structure is adjusted to reflect the market and/or cost-of-living increases, the incumbent in a market exception position will receive the same recommended increase.
- Market exception positions should be monitored and reviewed periodically to determine whether they should continue to be treated as exceptions, or whether market conditions are such that any position identified as a market exception should be compensated within the PCO structure.

KFHG recommends that AFHTO, AOHC and NPAO consider reviewing the three positions deemed as market exceptions on a more formal basis in the near future to ensure there is current market data available to inform ongoing compensation decision-making for these particular roles beyond 2017-2018. The focus of this particular study did not include reference to these positions. KFHHG notes that the Psychologist was listed as survey benchmark position; however, there was insufficient data from the market on which to report and therefore draw defensible conclusions.

Table 8.1: Comparing the 2017/2018 MOHLTC Funded Rate to the Hay Group 2012 Recommended Salary Rate Maximum – Positions Identified as Market Exceptions

Band	Survey Position	2017/2018 Funded Rate	Hay Group 2012 Maximum Rate	Variance from Ministry of Health	2012 Control Point ⁽⁶⁾	Variance from Ministry of Health
10	Psychologist (Clinical)	\$140,809	\$135,916	-3.6%	\$129,397	-8.8%
10	Nurse Practitioner	\$103,822	\$135,916	30.9%	\$129,397	24.6%
9	Pharmacist	\$92,260	\$93,500	1.3%	\$92,574	0.34%



9. Recommendations - Areas for Future Review

As indicated in Chapter 4, stakeholder consultations provided insights into a range of compensation talent management considerations. Many of the views and perceptions had particular relevance for “refreshing” the 2012 common salary structure, and were integrated into the design of a recommended 2017 salary structure. Other perceptions and insights have particular relevance for future review by the AOHC, AFHTO and NPAO. These areas for future review are highlighted in this chapter.

Management and Senior-level Positions

A comparison of market data relative to the 2012 recommended salary range maximums suggests there may be a need to review in greater detail senior-level positions within the common grading structure. The analysis highlighted in Table 5.1, which provides an overview of the custom survey market data, suggests that more material gaps relative to the defined market of comparison are occurring at Band 11 where we tend to see senior professional roles, and management positions (including the role of the Clinical Director).

The gaps identified at Band 11 in Table 5.1 suggest a more material lag behind market that cannot be closed by the magnitude of the economic adjustments that have been implemented in the marketplace over the last five-year period. Rather, they point more to potential systemic issues that may require further examination.

Table 5.2 also suggests material gaps exist at more senior levels when the MOHLTC funded rates are compared to the market data. This table suggests that there are considerable gaps at Bands 10 and above. To the extent these gaps are allowed to persist, organizations in the primary care sector may find it increasingly challenging to attract and retain senior-level talent. Coupled with current demographics (including an increasing number of potential retirements typically seen at more senior levels in many organizations today), the issues identified may prove particularly worrisome from a talent management perspective.

KFHG recommends that a separate review of senior level positions be undertaken to validate compensation practices and trends that are targeted more specifically to the levels identified here.

Classification of Executive Positions

Stakeholders indicated there is an increasing need to apply a practice that better differentiates how executive positions are classified, and in turn, compensated. Given the diversity of size of PCOs, there is an interest in adopting a practice that adequately recognizes that some executive leadership positions lead larger and



considerably complex organizations, and accordingly, have more robust reporting structures. Other executive leadership positions are responsible for leading smaller organizations that require incumbents to “wear many kinds of hats” and may not have either the breadth or depth of reporting structures.

It has been further noted that the role of the Administrative Lead has not been formally evaluated and classified on the common grading structure. It will be important to consider this role in the context of senior level/executive positions and to determine its appropriate placement in the structure.

KFHG recommends that the sponsoring Associations return to the framework that was developed by Hay Group as part of the 2012 study to determine its viability for addressing this matter. The framework proposed at that time considers that executive leaders operate in a diversity of settings, which can be challenging for classification and compensation administration. The framework provides a number of sub-factors that can be considered for classifying these positions in different contexts, and it should be reviewed and further explored for its application.

It is also recommended that the role of Administrative Lead be reviewed, evaluated and formally classified on the common grading structure.

Monitoring Recruitment and Retention Challenges

The recommended 2017 salary structure provides for a uniform adjustment across all Bands, and elevates the 2012 recommended maximums by 5%. The sponsoring Associations should continue to monitor issues where attraction and retention appear to be particularly challenging or problematic. In some cases, this may continue to point to compensation-related issues (i.e.: the competitiveness of cash compensation arrangements). In other cases, such challenges may be explained by other factors, such as access to professional development opportunities, or other elements that make up the employee value proposition. There may be a need to monitor compensation and related market trends on a more regular basis where such issues appear to be more persistent.

Stakeholders perceive increasing divergence in compensation practices within the primary care sector, which has the capacity to undermine recruiting and retention stability in the sector. There may be a need to monitor just how divergent the range of compensation practice is within the sector, and to collect more detailed information on where recruiting and retention challenges appear to be most acute.

Monitoring Classification and Internal Equity

Stakeholders indicated there is a need to monitor internal equity from a classification perspective, and that there is a need to ensure that positions are appropriately placed on the grading structure.



Best practice suggests that as positions evolve, there is often a need to validate classification levels and the placement of positions on a grading structure. KFHG's experience in this domain suggests that maintaining appropriate internal relativities (which is times to internal fairness of pay) is perceived to be as or more important than matters related to external fairness of pay.

KFHG recommends that as the scope of practice continues to evolve in some professions, changes should be reviewed and validated for their materiality. This will help to ensure the appropriate placement of roles on the common grading structure.

Monitoring Technology Positions (IT/IM)

Stakeholders have indicated there is a need to review technology-related positions maintained on the common grading structure. There are considerable changes that have occurred in this domain in the last several years. KFHG is aware that technology applications and requirements related to information management continue to evolve. Jobs in this domain continue to be redesigned to meet the changing needs of organizations. There are also an increasing number of jobs being introduced into organizations to enable and manage technology related needs.

KFHG recommends that the sponsoring Associations review the full complement of technology-related roles to ensure appropriate representation of such positions on the common grading structure. Stakeholders commented on the need to review the:

- Data Management Coordinator (DMC);
- Quality Improvement Decision Specialist (QIDS)
- Regional Decision Support Specialist (RDSS);
- Quality Decision Support Specialist (QDSS); and
- IT Analyst.

Monitoring “Market Exceptions”

KFHG has referenced “market exceptions” in Chapter 8 of this report. As indicated, there tend to be few positions designated as “market exceptions” in a typical organization setting. Best practice suggests the importance of ensuring adequate policies in place, as well as clarity regarding their ongoing treatment – which we believe are in place.

In order to ensure the appropriate level of ongoing monitoring and due diligence relative to market exceptions, the sponsoring Associations should consider reviewing the three market exception roles on a more formal basis in the mid-term to ensure there are appropriate data available to inform ongoing compensation decision-making beyond 2018-2019.



10. Conclusions

Where matters related to compensation administration are concerned, best practice suggests the importance and value of periodically reviewing compensation arrangements relative to markets of comparison. Such reviews help to ensure:

- Ongoing consistency with the defined compensation philosophy (designed to articulate the intent of the compensation program and inform/guide ongoing compensation decision-making);
- Consistency with desired or required salary/compensation levels relative to a defined market of comparison;

Periodic reviews of compensation practices also ensure a more complete understanding of relevant market trends (on more general or specific patterns and compensation elements), and can assist with identifying potential issues for further review and attention. Taken together, such reviews facilitate informed and evidence-based decision-making. The sponsoring Associations continue to engage in periodic reviews, consistent with best practice. In addition, changes underway in the primary care sector suggest this practice has become increasingly important to help inform ongoing decision-making for both compensation and talent management considerations.

In overall terms, the results of this study provide for a recommended and “refreshed” salary structure for administering salary in the context of a common model for primary care organizations in Ontario. The recommended structure has been developed using an evidence-based approach, and recognizes the need to reflect a balance in its design and recommended levels. The recommended structure is intended to help guide compensation decision-making within Ontario’s PCOs. To the degree the recommended levels can be either approached or adopted, it is understood that these levels will assist with addressing both compensation and talent management matters discussed in this report.

Similar to the study conducted in 2012, the results of this study continue to reflect a number of critical compensation-related challenges in the primary care sector in Ontario. The analysis of market data and stakeholder insights suggest that current compensation levels are creating challenges in attracting and retaining talent in this sector. With the emerging importance of the primary care sector in Ontario, adequate funding for compensation is an essential element in attracting and retaining the talent necessary for ensuring effective patient care and healthcare service delivery in this sector.



Appendix A

Appendix A provides the detailed results of the salary survey analysis on a benchmark by benchmark basis. The information is arranged in the following manner:

- **Summary benchmark job description:** This is the job description developed and agreed by the sponsoring Associations, and was included in the survey/data submission package provided to each confirmed survey participant for job matching purposes.
- **Survey data table:** Each benchmark job description is accompanied by a table summarizing the market data collected, “cleaned” and analyzed from the custom market survey. Each table is organized in similar fashion, reporting the participating organizations’ data in aggregate form; and comparing current market levels to the KFHG 2012 recommended salary range maximum.

We provide an explanation of the table and the metrics reported – please refer to “Notes”:

Administrative Assistant ¹	Range Minimum ²	Range Maximum ³	Actual Base Salary ⁴
Korn Ferry Hay Group 2012 Recommended Rate	\$46,240	\$54,400	\$54,400
vs. Market: (P75) ⁵	-0.66%	-0.66%	-0.28%
vs. Market: Median (P50) ⁶	4.25%	8.49%	10.91%
Market: All Organizations			
P75	\$46,547	\$54,762	\$54,554
Average ⁷	\$44,632	\$52,137	\$51,023
Median	\$44,353	\$50,141	\$49,049
P25 ⁸	\$41,205	\$48,448	\$47,202
Number of Respondents	9	9	7
Number of Matches	9		

¹ Benchmark position title.

² Range Minimum: Refers to the minimum annual value of the range.

³ Range Maximum: Refers to the maximum salary range annual value.

⁴ Actual Base Salary: Refers to the average actual annual base salary for incumbents occupying the benchmark position.

⁵ P75: Synonymous with the 75th percentile; and refers to the value at which 75% of employers in the sample pay below; and 25% pay at or above.

⁶ Median or P50: Synonymous with the 50th percentile; and refers to the value at which 50% of employers in the sample pay below; and 50% pay at or above.

⁷ Average: Represents the arithmetic mean value.

⁸ P25: Synonymous with 25th percentile; and refers to the value at which 75% of employers in the sample pay above; and 25% pay at or below.



Administrative Assistant

Provides administrative support functions and maintains various office systems.

Representative Activities:

- Perform administrative, corporate and computer support functions as directed.
- Maintains financial and human resources administration systems.
- Maintains resources, equipment and supplies management systems.
- Co-ordinates facility management, reception and secretarial support.

Typical Qualifications:

- Secondary school diploma; post-secondary school diploma or degree in office or business administration, an asset.
- Additional training in computer software applications and relevant administrative skills.
- Three to five years' administrative experience with progressive responsibility; preferably in a health setting.
- Proficiency in the use of computers and various software applications.

Administrative Assistant	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$46,240	\$54,400	\$54,400
vs. Market: (P75)	0.45%	-5.90%	-1.71%
vs. Market: Median (P50)	5.49%	7.62%	5.23%
Market: All Organizations			
P75	\$46,032	\$57,812	\$55,349
Average	\$44,329	\$53,142	\$51,784
Median	\$43,835	\$50,551	\$51,697
P25	\$41,304	\$48,669	\$47,825
Number of Respondents	10	10	8
Number of Matches	10		



Clinical Director

Under the direction of the Executive Director, is responsible for all clinical program planning, delivery and implementation to achieve strategic objectives of the organization and performance expectations. This includes team development, policy and procedure development and the development of mid-term organization plans.

Representative Activities:

- Provides leadership in alignment of department activities, programs, services and priorities to the organization mission, values and priorities.
- Ensures adherence to policies and procedures by team members and provides framework for continuous quality improvement for programs and services.
- Integrates clinic programs to provide a collaborative environment with interprofessional teamwork and common performance goals with mutual accountability.
- Ensures an interprofessional approach to health promotion and therapeutic care within programs.
- Oversees clinical staff development, ensuring there is maintenance of competence and professional licensing; contributes to human resources management, focusing on recruitment, selection and training of staff.
- Acts as a primary contact with regards to clinical programs within community groups, agencies, other clinics, and any other relevant parties.

Typical Qualifications:

- Masters level degree in a health-related field or combination of an undergraduate degree and significant management experience.
- Typically, 10+ years of managerial level experience within an interprofessional primary care environment Demonstrated expertise in the field or health program planning, implementation and evaluation with experience in continuous quality improvement.
- Demonstrated experience in financial management (budgeting and forecasting for clinical programs).



Clinical Director	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$95,880	\$112,800	\$112,800
vs. Market: (P75)	-21.19%	-27.32%	-16.70%
vs. Market: Median (P50)	-9.92%	-14.52%	-12.50%
Market: All Organizations			
P75	\$121,667	\$155,200	\$135,420
Average	\$111,314	\$137,427	\$126,389
Median	\$106,434	\$131,956	\$128,914
P25	\$99,554	\$117,135	\$109,823
Number of Respondents	9	9	7
Number of Matches	9		

Counsellor/Outreach Worker

Provides individual counselling and treatment planning in consultation with other staff for persons using the organization.

Representative Activities:

- Assesses client status by gaining an understanding of socio-economic position, psychological outlook, housing, financial and legal needs.
- Assists in locating required community resources by liaising with community groups and other health/social service agencies to provide referral information.
- Acts as a case coordinator by ensuring all available and required resources are in place and are used appropriately.
- Participates in the design and implementation of new programs to meet individual/group/community needs.
- Ensures comprehensive treatment for patients by providing individual/family counselling and, when necessary, referring them to other primary care health centre professionals.

Typical Qualifications:

- Thorough knowledge of, and proficiency in, current assessment and short-term counselling techniques.
- Thorough knowledge and understanding of primary care resources.
- Ability to deal effectively with crises.



- Two to four years' experience in an interprofessional primary care human service organization.
- Baccalaureate degree in a health or social science discipline.

Counsellor/Outreach Worker	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$51,595	\$60,700	\$60,700
vs. Market: (P75)	-20.21%	-35.30%	
vs. Market: Median (P50)	-11.32%	-15.08%	-2.30%
Market: All Organizations			
P75	\$62,024	\$82,127	*
Average	\$56,601	\$69,999	\$66,980
Median	\$57,438	\$69,853	\$62,096
P25	\$54,735	\$64,653	*
Number of Respondents	8	8	6
Number of Matches	8		

Executive Assistant

Provides administrative support functions for a senior management level role or group; may provide support to Executive Directors, or the Board.

Representative Activities:

- Prepares agendas, minutes and packages for senior management and/or Board meetings.
- Maintains calendar of the individual(s) that the role provides support to.
- Drafts correspondence, reports or other documentation as directed by an executive.
- Performs administrative, corporate and computer support functions as directed; may oversee suppliers and gather tenders for purchase.
- Maintains up to date records for filing as required, including confidential file such as human resources documentation or in-camera minutes from meetings.
- May direct and supervise the work of administrative assistants.
- Under direction from senior management roles, may manage projects.

Typical Qualifications:



- Secondary school diploma; post-secondary school diploma or degree in office or business administration, an asset.
- Additional training in computer software applications and relevant administrative skills.
- Three to five years' administrative experience with progressive responsibility; preferably in a health setting.
- Experience taking meeting minutes.

Executive Assistant	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$51,595	\$60,700	\$60,700
vs. Market: (P75)	-9.12%	-10.55%	-3.97%
vs. Market: Median (P50)	3.19%	-6.62%	2.56%
Market: All Organizations			
P75	\$56,770	\$67,862	\$63,208
Average	\$51,642	\$63,121	\$59,394
Median	\$50,000	\$65,000	\$59,182
P25	\$46,474	\$56,924	\$54,762
Number of Respondents	15	15	13
Number of Matches	15		

Executive Director

Administers all aspects of the organization and ensures the delivery of health services by interpreting and implementing Board policies and programs and by fostering a multidisciplinary team approach.

Representative Activities:

- Ensures that the philosophy and general principles and service and education objectives are being met in day-to-day operation.
- Ensures an optimum level and quality of service delivery by developing and implementing a short and long range strategic plan for the organization in consultation with the Board of Directors.
- Ensures adequate level of competent staff.
- Develops and manages the financial resources of the organization by overseeing expenditures, benefits administration and the approved budget.
- Facilitates Board decision-making by providing relevant information.



- Ensures that the development of new programs is consistent with community/client needs.
- Ensures confidentiality of all health information by maintaining a comprehensive system of records.
- Contributes to the knowledge base of the Ministry of Health through consultations, responses to requests and act as a key contact with the Ministry.
- Develops and implements a communications/public relations strategy.
- Provides overall leadership to the organization and staff.

Typical Qualifications:

- Thorough knowledge and proficiency in program development, delivery and evaluation.
- Experience in successful budget negotiation and management, program administration and financial development.
- Five years' progressive management experience in primary care or social services.
- Proven ability to establish and maintain productive relationships with other primary care organizations, a board of directors and government agencies.
- Sound knowledge and application of human resource management and accounting policies and principles.
- Masters level degree in business, public or health administration or human services, or a combination of an undergraduate degree with significant management experience.



Executive Director	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$127,925	\$150,500	\$150,500
vs. Market: (P75)		-34.57%	-37.29%
vs. Market: Median (P50)	-34.07%	-4.80%	-4.80%
Market: All Organizations			
P75	*	\$230,002	\$240,000
Average	\$184,472	\$192,265	\$197,971
Median	\$194,044	\$158,085	\$158,085
P25	*	\$145,582	\$145,582
Number of Respondents	6	9	9
Number of Matches	12		

Finance Manager

Develops, implements and monitors the organization's financial management system.

Representative Activities:

- Develops, implements and monitors financial systems.
- Coordinates the preparation of funder-compliant budgets and the annual audit process.
- Prepares financial reports and maintains financial records.
- Supervises finance/accounting staff.
- Prepares and negotiate leases and insurance coverage, and administers payroll and the benefits package.
- Manages the organization's financial and capital assets.

Typical Qualifications:

- Undergraduate degree from a relevant discipline, and/or a professional accounting designation (i.e. CMA, CGA or CA).
- Three to five years' progressive financial management experience in a non-profit organization; preferably in a health setting.
- Property management experience, an asset.
- Proficiency in the use of computers and various software applications.



Finance Manager	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$83,385	\$98,100	\$98,100
vs. Market: (P75)	-6.45%	-10.79%	-9.16%
vs. Market: Median (P50)	0.52%	-2.19%	2.25%
Market: All Organizations			
P75	\$89,113	\$109,964	\$107,989
Average	\$80,124	\$97,118	\$92,729
Median	\$82,953	\$100,300	\$95,945
P25	\$68,092	\$91,358	\$77,104
Number of Respondents	13	13	11
Number of Matches	13		

Health Educator/Promoter

Coordinates, implements and oversees the health education/promotion programs and facilitates the integration of a health education/promotion focus in organization activities.

Representative Activities:

- Recommends and implements programs which meet identified needs by establishing terms of reference, identifying priority populations, gathering and analyzing information and presenting a plan of action.
- Assists in the development of funding proposals and health education/promotion activities.
- Ensures the effectiveness of these programs by assisting and supervising volunteers involved.
- Participates in planning, implementation and outreach activities for various target groups and conducts systematic ongoing evaluations of projects.
- Prepares reports and make recommendations related to health education/promotion.
- Contributes to the development of an information resource centre by acquiring educational materials.
- Liaises with community/primary care groups and other agencies to provide referral information.
- May undertake activities related to publicity and public relations as well as client advocacy.



- Supervises and trains health promotion and other students on placement at the organization.

Typical Qualifications:

- Experience and knowledge of health promotion and education, community organizing techniques, group facilitation, social marketing and program design and evaluation.
- Three to five years' health promotion/education experience in an interprofessional primary care organization.
- Post-graduate degree in health, social science, adult education or a related discipline.

Health Educator/Promoter	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$64,175	\$75,500	\$75,500
vs. Market: (P75)			
vs. Market: Median (P50)	-3.21%	-7.50%	7.67%
Market: All Organizations			
P75	*	*	*
Average	\$64,830	\$80,848	\$74,065
Median	\$66,301	\$81,625	\$70,122
P25	*	*	*
Number of Respondents	6	6	5
Number of Matches	6		

IT Coordinator

Provides IT support and solutions to staff, and ensures the functionality of hardware, software and data.

Representative Activities:

- Develops, facilitates and maintains training for users of information technology; may include the creation of manuals.
- Provides assistance and support to staff in troubleshooting computer applications.
- Maintains and upgrades hardware and software as needed; makes recommendations for IT hardware/software investment for internal efficiency as well as alignment with community/primary care partners/other healthcare networks.



- Ensures proper security measures are in place to safeguard computer assets and electronic data, including management of backup, storage and retrieval functions.
- Installs, configures, assembles and repairs computers, monitors and peripherals, and arrange for repair as required.
- Manages the Local Area Network by conducting server maintenance, and tuning; administers all communication equipment (e.g., router, gateway connectivity, etc.).

Typical Qualifications:

- Post secondary education at community college or at the undergraduate level; preferably in computer science, engineering or computer networking.
- Three or more years experience in the IT field, preferably within the health setting with familiarity with electronic medical records applications.
- Demonstrated experience with trouble shooting IT issues such as networking, or hardware configuration.
- Current knowledge in operating systems, hardware, and software relevant to the organization.

IT Coordinator	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$57,290	\$67,400	\$67,400
vs. Market: (P75)	-8.51%	-13.15%	-9.56%
vs. Market: Median (P50)	-1.16%	0.18%	0.00%
Market: All Organizations			
P75	\$62,619	\$77,607	\$74,527
Average	\$59,494	\$70,989	\$68,841
Median	\$57,963	\$67,282	\$67,400
P25	\$54,540	\$61,323	\$56,268
Number of Respondents	13	12	10
Number of Matches	13		



Nurse Practitioner

Provides primary health care with a strong emphasis on health promotion and disease prevention.

Representative Activities:

- Provides ongoing comprehensive health care services in the areas of assessment, health education/counselling, performing specific procedures, according to the College of Nurses of Ontario Standards, making home visits and providing follow up care.
- Keeps complete, accurate and timely records of client visits.
- Supervises and trains nursing and nurse practitioner students on placement at the organization.
- Works with the health care team to plan and evaluate programs and develop or initiate health teaching, screening programs or workshops by identifying health needs of clients and various other community groups.
- Participates in community health promotion by assessing health needs, implementing and evaluating programs based on identified need, and teaching/counselling clients on an individual basis as referred by other staff.
- Ensures appropriate, comprehensive treatment is delivered by maintaining complete and accurate medical records, participating in chart reviews and discussion of problem cases, and answering patient inquiries and directing them to the appropriate treatment.
- Facilitates the administration of the health centre by identifying areas where the development of protocols and procedures need improvement, participating in committee work and staff meetings, ensuring lab forms are correctly completed, maintaining the laboratory and procedures room and monitoring controlled substances.
- Assists with chronic disease and prevention initiatives, collaborates with family physicians; and advocates on behalf of patients.

Typical Qualifications:

- Baccalaureate in Nursing along with successful completion of an educational program for Nurse Practitioners.
- Registration in the Extended Class with the College of Nurses of Ontario.
- Nursing experience with youth, seniors and individuals with disabilities.
- Strong health assessment and clinical skills.



Nurse Practitioner	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate¹	\$83,385	\$98,100	\$98,100
vs. Market: (P75)	-13.53%	-15.17%	-7.39%
vs. Market: Median (P50)	-6.63%	-2.24%	0.69%
Market: All Organizations			
P75	\$96,431	\$115,642	\$105,924
Average	\$88,560	\$102,192	\$97,426
Median	\$89,309	\$100,347	\$97,429
P25	\$78,299	\$92,408	\$86,723
Number of Respondents	8	8	7
Number of Matches	8		

Program Director

Under the direction of the Executive Director, is responsible for all program planning, delivery, and implementation to achieve strategic objectives of the organization and performance expectations. This includes team development, policy and procedure development and the development of mid-term organization plans.

Representative Activities:

- Directs the development, implementation, monitoring and evaluation of the organization's programs.
- Ensures an interprofessional team approach to program delivery, needs assessments, evaluation and program prioritization.
- Contributes to ensuring adequate levels of staff by participating in the selection, evaluation, and development of staff resources and supervises staff in the daily delivery of programs.
- Assists the Executive Director in budget preparation and monitors program budgets.
- Manages health planning, reporting and research.
- Assists the Executive Director in his/her responsibilities by assuming responsibilities in his/her absence.

Typical Qualifications:

¹ Represents the recommended salary range in the context of this benchmark position being treated as a "market exception".



- Demonstrated expertise in program development, delivery and evaluation.
- Typically, 10+ years of managerial level experience within an interprofessional primary care environment.
- Knowledge of and commitment to primary health care and resources. Demonstrated experience in financial management (budgeting and forecasting for programs).
- Masters level degree in business, public or health administration or human services, or a combination of an undergraduate degree and significant management experience.

Program Director	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$95,880	\$112,800	\$112,800
vs. Market: (P75)	-9.78%	-19.43%	-10.67%
vs. Market: Median (P50)	-2.48%	-10.03%	-2.55%
Market: All Organizations			
P75	\$106,269	\$140,000	\$126,280
Average	\$101,179	\$124,033	\$117,633
Median	\$98,319	\$125,380	\$115,747
P25	\$95,000	\$106,015	\$105,246
Number of Respondents	9	9	8
Number of Matches	9		

Program Manager

Under the direction of the Clinical Director or Executive Director, manages the development and delivery of organization programs/services to ensure effective use of resources and that the needs of clients are met.

Representative Activities:

- Collaborates with community resources for planning coordination and facilitation of a variety of local programs.
- Identifies community, regional and provincial resources in the areas of health promotion and client advocacy.
- Identifies and promotes training and educational opportunities to achieve well-being objectives for community groups.
- Oversees the development and implementation of community programs.



- Increases awareness of community programs by making optimum use of media and other community services.
- Manages program staff, manages program budgets and assists in identifying additional sources of funding and preparing funding proposals.
- Ensures accountability to clients, community through evaluation measures.
- Identifies priorities for activities, resource needs, target audiences, modes of delivery and potential partners.

Typical Qualifications:

- Degree or Diploma in Health Services or an equivalent education/experience combination.
- Experience in program planning, implementation and evaluation.
- Knowledge and experience in research, social marketing, media relations and community problem-solving techniques.

Program Manager	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$83,385	\$98,100	\$98,100
vs. Market: (P75)	-6.72%	-7.66%	-1.99%
vs. Market: Median (P50)	-2.84%	-4.10%	2.38%
Market: All Organizations			
P75	\$89,395	\$106,241	\$100,095
Average	\$81,913	\$98,976	\$94,241
Median	\$85,825	\$102,289	\$95,821
P25	\$78,449	\$93,384	\$88,716
Number of Respondents	12	12	10
Number of Matches	12		



Psychologist (Clinical)

Provides consultation and direction to primary health care professionals with regards to client mental health and education, in addition to providing direct clinical care/counselling.

Representative Activities:

- Engages clients in individual psychotherapy to treat psychological disorders and acute symptoms of distress; includes assessment, diagnosis and treatment.
- Administers psychometric tests, scores results, writes psychological reports and provides feedback to clients and their families.
- May administer community health programs.

Typical Qualifications:

- Ph.D. in clinical psychology.
- Licensed member of the College of Psychologists of Ontario.
- 5-7 years experience in clinical psychology & providing direct patient care.

Psychologist (Clinical)	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate¹	\$83,385	\$98,100	\$98,100
vs. Market: (P75)			
vs. Market: Median (P50)			
Market: All Organizations			
P75	*	*	*
Average	*	*	*
Median	*	*	*
P25	*	*	*
Number of Respondents	1	1	0
Number of Matches	1		

¹ Represents the recommended salary range in the context of this benchmark position being treated as a “market exception”.



Receptionist/Secretary

The Receptionist provides reception, clerical and administrative support functions and operates and maintains appointment, chart and document management systems.

Representative Activities:

- Perform reception, clerical and administrative support duties.
- Schedule client, specialist and diagnostic testing appointments.
- Prepare, update, retrieve and file charts manually and electronically.
- Operate and maintain document management and distribution systems.
- Schedule rooms and resources bookings and ensure set up of rooms.
- Maintain files, petty cash and inventory of office supplies.

Typical Qualifications:

- Secondary school diploma.
- Additional training in computer software applications and/or secretarial skills, an asset.
- Two or more; preferably in a health setting.
- Experience with switchboard/multi-line telephone system.
- Proficiency in typing and in the use of computers and various software applications.

Receptionist/Secretary	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$33,660	\$39,600	\$39,600
vs. Market: (P75)	-21.61%	-15.90%	-14.25%
vs. Market: Median (P50)	-14.84%	-11.76%	-10.72%
Market: All Organizations			
P75	\$42,942	\$47,086	\$46,182
Average	\$40,013	\$45,433	\$44,439
Median	\$39,524	\$44,878	\$44,353
P25	\$38,325	\$44,489	\$43,113
Number of Respondents	8	8	7
Number of Matches	8		



Registered Dietitian

Plans and directs the nutritional care of clients and participates in health education programs to promote better nutrition.

Representative Activities:

- Assesses individual (client) nutrition needs and develops, implements and evaluates interprofessional primary care -based nutrition programs, this may include, but is not limited to, responding to cases of: diabetes, weight management, hyperlipidemia, impaired glucose tolerance, irritable bowel syndrome, food allergies.
- Assesses client nutritional status by gaining an understanding of food habits or preferences (socio-economic, psychosocial and cultural background) and clinical profile.
- Assists clients in making healthy food choices by developing nutritional plans, advocating nutritional best practices, incorporating all the above factors in oral and written form.
- Monitors client progress on a regular basis and provides nutritional information to staff and other agencies.
- Participates in community/family/group outreach; may be responsible for diabetes education programs and/or other education programs.
- Develops nutrition education resources and teaching aids.
- Provides consultation and educate organization staff, acting as a resource person.
- Supervises and trains dietitian and nutrition students.

Typical Qualifications:

- Relevant degree and three to five years experience in clinical counselling and nutrition.
- Current registration with the College of Dietitians of Ontario and Dietitians of Canada.
- Skilled in the areas of clinical assessment, individual counselling, group facilitation and developing care plans.



Registered Dietitian	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$64,175	\$75,500	\$75,500
vs. Market: (P75)			
vs. Market: Median (P50)	0.25%	-6.95%	2.18%
Market: All Organizations			
P75	*	*	*
Average	\$63,580	\$76,366	\$73,557
Median	\$64,018	\$81,136	\$73,890
P25	*	*	*
Number of Respondents	5	5	4
Number of Matches	5		

Registered Nurse

Provides direct client support, nursing care and educational programs and performs necessary clinical functions to facilitate the delivery of comprehensive primary health care.

Representative Activities:

- Uses an interprofessional approach to provide primary health care.
- Provides health education and disease prevention services both on an individual and group basis in response to specific needs.
- Assesses urgency of client's condition by screening phone calls and walk-in clients.
- Supervises and trains nursing students on placement at the organization.
- Monitors inventory levels of health care service supplies.
- Participates in organization and other meetings and identifies areas where protocols and procedures need to be developed or refined.
- Promotes awareness of and participation by the community in the organization's programs by initiating and maintaining functional relationships with relevant agencies and services

Typical Qualifications:

- BScN or equivalent combination of education and experience.
- Current Registration with the College of Nurses of Ontario.



- Three to five years nursing experience including working in an interprofessional primary care setting and in the development and delivery of health education and promotion programs.
- Strong health assessment and clinical skills.

Registered Nurse	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$64,175	\$75,500	\$75,500
vs. Market: (P75)	-4.66%	-14.53%	-5.56%
vs. Market: Median (P50)	2.17%	-3.11%	-0.81%
Market: All Organizations			
P75	\$67,314	\$88,335	\$79,949
Average	\$62,920	\$77,536	\$75,784
Median	\$62,809	\$77,925	\$76,119
P25	\$58,242	\$72,673	\$73,731
Number of Respondents	13	13	11
Number of Matches	13		

Registered Practical Nurse

As part of the primary care team, assists in patient care, community/group outreach and health education.

Representative Activities:

- Performs clinical tasks by participating in assessing, planning, implementing and evaluating nursing care; may be under the supervision of a Registered Nurse.
- Assists primary care providers with procedures performed in the clinic.
- Instructs clients on proper procedures for collecting various specimens.
- Assists primary care team in maintaining medical, pharmaceutical and laboratory supplies and maintenance of records.
- Assists with administrative tasks.

Typical Qualifications:

- Thorough knowledge and proficiency in current nursing principles and practices and interprofessional primary care organizations



- Three to five years' broad-based nursing experience in a hospital, public health, primary care or community setting.
- Current registration with the College of Nurses of Ontario.

Registered Practical Nurse	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$46,240	\$54,400	\$54,400
vs. Market: (P75)	-14.73%	-13.81%	
vs. Market: Median (P50)	-13.49%	-6.16%	-9.08%
Market: All Organizations			
P75	\$54,229	\$63,117	*
Average	\$51,709	\$57,539	\$60,723
Median	\$53,449	\$57,973	\$59,833
P25	\$49,686	\$57,232	*
Number of Respondents	9	9	6
Number of Matches	9		

Secretary

Performs full clerical, administrative, and general office duties involving typing, record and file maintenance, document creation, mail distribution, and telephone reception. Provides secretarial services to a middle- to upper-level management position. Day-to-day communication is with peers and subordinates of supervisor, with occasional contact with executive officers and clients.

Representative Activities:

- Organizes and maintains files of supervisor's correspondence and records, following up on pending matters.
- Receives and screens telephone calls, letters, and/or visitors, answering routine questions and furnishing information to save supervisor's time.
- Schedules appointments and coordinates arrangements for meetings and conferences.
- Prepares routine letters and memoranda for review, regular reports, gathering and summarizing data.
- Produces a variety of correspondence, reports, and presentations using the appropriate software for word processing, graphics, and spreadsheets.



- Organizes and expedites flow of work through supervisor's office and initiates any follow-up action.

Typical Qualifications:

- Secondary school diploma.
- Additional training in computer software applications and/or secretarial skills, an asset.
- Two to five years office experience; preferably in a health setting.
- Proficiency in typing and in the use of computers and various software applications

Secretary	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$37,400	\$44,000	\$44,000
vs. Market: (P75)	-16.58%	-16.10%	-9.69%
vs. Market: Median (P50)	-13.29%	-9.18%	-4.95%
Market: All Organizations			
P75	\$44,834	\$52,443	\$48,721
Average	\$42,921	\$49,107	\$46,754
Median	\$43,134	\$48,448	\$46,291
P25	\$41,205	\$44,986	\$44,686
Number of Respondents	9	9	7
Number of Matches	9		

Social Worker (Therapist)

Provides social casework, case management, counselling, individual family, treatment planning and group work services to clinic clients (M.S.W. required).

Representative Activities:

- Maximizes the functioning and independence of clients by providing psychological counselling services to individuals, families and groups.
- Acts as a client advocate to ensure that clients receive community supports, health, social and recreational services.
- Compiles information on community resources and facilitates access to them by liaisons with community groups.



- Liaises with organization staff on an ongoing basis and provide information.
- Ensures appropriate treatment is delivered by maintaining proper client records and assessment notes.
- Contributes to developing new programs by identifying, recommending and developing resources and materials and by participating in delivery of the program.
- Supervises and trains social work students on placement at the organization.

Typical Qualifications:

- Masters in Social Work and current registration with the College of Social Workers and Social Service Workers.
- Thorough knowledge of and proficiency in current assessment and short term psychosocial counselling techniques.
- Ability to deal effectively with crises.
- Three to five years experience in a primary care - human services organization.

Social Worker (Therapist)	Range Minimum	Range Maximum	Actual Base Salary
Korn Ferry Hay Group 2012 Recommended Rate	\$64,175	\$75,500	\$75,500
vs. Market: (P75)			
vs. Market: Median (P50)	4.21%	-6.71%	6.64%
Market: All Organizations			
P75	*	*	*
Average	\$58,949	\$75,606	\$71,040
Median	\$61,583	\$80,561	\$70,796
P25			*
Number of Respondents	6	6	4
Number of Matches	6		



Appendix B

Pure Public Sector – All Canada (N=29)

Alcohol and Gaming Commission of Ontario
Barrie Police Service
Calgary Board of Education
Calgary Public Library
Canada Foundation for Innovation
City of Kelowna
City of Saint John
City of Swift Current
Edmonton Catholic School District
Edmonton Public Library
Government of Alberta
Government of the Northwest Territories
Government of Nova Scotia
Government of Ontario
Halifax Regional Municipality
Office of the Superintendent of Financial Institutions
Ontario Trillium Foundation
Regina Police Service
Regional District of Central Kootenay
Regional District of Central Okanagan
Regional District of Nanaimo
Saskatchewan Assessment Management Agency
Saskatchewan Workers' Compensation Board
Strathcona County
Technical Standards and Safety Authority
Treasury Board of Canada Secretariat
Westbank First Nation
Workers' Compensation Board - Alberta
Workplace Safety and Insurance Board



Broader Public Sector – Ontario (N=91)

AMAPCEO
The Agency for Co-operative Housing
Agricorp
Alcohol and Gaming Commission of Ontario
Alectra Inc.
Bank of Canada
Barrie Police Service
Bluewater Power Distribution Corporation
Burlington Hydro Inc.
CPP Investment Board
CSA Group
Canada Deposit Insurance Corporation
Canada Foundation for Innovation
Canada Lands Company CLC Limited
Canada Mortgage and Housing Corporation
Canada Post Corporation
Canadian Blood Services
Canadian Centre on Substance Abuse
Canadian Council of Christian Charities
Carleton University
Co-operative Housing Federation of Canada
Deposit Insurance Corporation of Ontario
East Metro Youth Services
Educators Financial Group Inc.
Electrical Safety Authority
Electricity Distributors Association
Energy+ Inc.
Essex Power Corporation
Export Development Canada
Federation of Canadian Municipalities
Festival Hydro Inc.
Foreign and Commonwealth Office
Government of Ontario
Greater Sudbury Utilities
Halton Hills Hydro Inc.
Hamilton Health Sciences
Healthcare of Ontario Pension Plan
Hydro One Brampton
Independent Electricity System Operator
International Development Research Centre
Kitchener-Wilmot Hydro Inc.
LCBO
London Hydro
McMaster University
The Mearie Group
Metro Toronto Convention Centre
Metrolinx
Middlesex-London Health Unit
Municipal Property Assessment Corporation
Niagara Peninsula Energy Inc.
Oakville Hydro Corporation
Office of the Superintendent of Financial Institutions
Ontario Lottery and Gaming Corporation
Ontario Pension Board
Ontario Power Generation Inc.
Ontario Securities Commission
Ontario Teachers' Pension Plan Board
Ontario Trillium Foundation
Orillia Power Corporation
Oshawa PUC Networks Inc.
PUC Services Inc.
Pentecostal Assemblies of Canada
Peterborough Utilities Group
Queen's University
Royal Canadian Mint
SOCAN
Shaw Centre
The Society of Energy Professionals
TVOntario
Technical Standards and Safety Authority
Thunder Bay Hydro Electricity Distribution Inc.
Thunder Bay Port Authority
Toronto Hydro-Electric System Limited
Toronto Transit Commission
Treasury Board of Canada Secretariat
Trillium Health Partners
The United Church of Canada
Université d'Ottawa
Universities Canada
University of Toronto
University of Waterloo
University of Western Ontario
Utilities Kingston
Veridian Corporation
Waterfront Toronto
Waterloo North Hydro
Welland Hydro-Electric System Corp.
Westario Power Inc.
Whitby Hydro Energy Corporation
Windsor-Detroit Bridge Authority
Workplace Safety and Insurance Board

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