Toward a Primary Care

Recruitment and Retention Strategy

For Ontario

February 2012

afhto association of family health teams of ontario

Association of Ontario Health Centres
Community-governed primary health care
Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO

Contents

1 Executive Summary

This report is the product of a joint investigation into recruitment and retention of interprofessional healthcare providers (IHPs) and administrative staff in Ontario's interprofessional primary care organizations (PCOs) – 10 aboriginal health access centres (AHACs), 73 community health centres (CHCs), 186 family health teams (FHTs) and 26 nurse practitioner led clinics (NPLCs). The investigation was undertaken by the three associations representing these 4 models – the Association of Family Health Teams of Ontario (AFHTO), Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO).

Executive Directors of all 295 PCOs were invited to complete a survey on a broad range topics related to recruitment and retention. The survey took place between Aug. 21 - Sept. 16, 2011 and overall response was 49%. The project also compared salary ranges established by the Ministry of Health and Long-Term Care (MOHLTC) for IHPs and administrative staff in these models. The prescribed salary ranges were also compared to the results of an independent salary review conducted by the Hay Group.

The investigation found:

- The biggest vacancy rates appear among the largest staff groups, e.g. 19% for Nurse Practitioners, 14% for dietitians, 10% for RNs, and 5-12% for administrative managers. Add to this an 18% vacancy rate for pharmacists, and the result is a serious gap in skills to provide the full scope of primary care, particularly chronic disease prevention and management.
- Factoring in turnover rates and the time needed to fill each type of position, roughly 6-7% of overall staff service capacity is lost each year due to turnover.
- The most troubling finding is that the majority of staff who leave are then lost to the primary care sector – only 1/3 move to other primary care settings, but about 1/2 go to work in hospitals and other health care settings.
- While *Ontario's Action Plan for Health Care* calls for placing "Family Health Care at the Centre of the System," there are barriers to attracting health providers to primary care and keeping them in this part of the health system.
- There is overwhelming evidence that compensation packages are the root cause. Independent review found salaries to be 5 – 30% below market. Lack of the HOOPP plan makes it hard to compete with the other health sectors that do offer it.
- Growing inequity in compensation is creating conditions for rapid expansion of unionization in this sector, beyond the 10% of PCOs who currently have staff under collective agreements.

The three associations therefore recommend that:

- The full compensation package – salaries, pensions and benefits –be addressed to make working in primary care sufficiently attractive to recruit and retain competent staff in this sector. Recognizing current economic constraints, it is well understood that reaching a competitive compensation level will need to be phased in over a few years.
- As an immediate first step, the barrier to labour mobility must be removed to enable all PCOs to offer the HOOPP pension plan and reasonable benefit package. This entails a 2.5% increase in compensation funding, for a total of $10.36M.[1]
- Since staff are required to contribute a minimum of 6.9% of gross earnings toward the pension, a matching increase of 2.5% should be added for all staff to defray their reduction in take-home earnings. This would bring the total investment across all of primary care to $19.48M.[2]

[1] Includes an estimate of pension contribution for salaried physicians, since all salaried staff participate in HOOPP.
[2] This excludes any amount for salaried physicians, since this is negotiated through OMA.

The leaders of Ontario's interprofessional primary care organizations, as represented by their associations – AFHTO, AOHC and NPAO – believe that this first step will go a long way to develop and maintain Ontario's capacity to provide high quality team-based primary care to its citizens.

2 Background

The newer models of interprofessional primary care – NPLCs and FHTs – have been struggling to fill their staff complement. The long-established model – CHCs – has long been concerned about compensation inequities that made it more challenging to attract staff. The AHAC model was originally developed and funded as a special initiative outside of the Ministry of Health and Long-Term Care, with funding that led to salaries significantly below that being paid in the other primary care models.

The three associations representing all of these models – the Association of Family Health Teams of Ontario (AFHTO), Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO) – therefore joined together to quantify the extent of recruitment and retention challenges in these organizations and identify the factors that are helping or hindering the ability of primary care organizations (PCOs) to recruit and retain interprofessional healthcare providers (IHPs) and administrative staff.

3 Study design

The scope of the study included all staff working at AHACs, CHCs, FHTs and NPLCs, excluding physicians. Physicians were left out since their compensation is negotiated through the Ontario Medical Association.

The work consisted of: a survey sent to all 295 PCOs, compilation of salary ranges for IHPs and administrative staff in these models as established by the Ministry of Health and Long-Term Care, and two independent salary studies.

The survey period was August 21 - September 16, 2011. Executive Directors of the 295 PCOs were invited to complete a survey on topics related to recruitment and retention. Each association e-mailed the survey and followed up to boost response rates. Results were as follows:

	AHACs	CHCs	FHTs	NPLCs	Total
Total number of PCOs	10	73	186	26	295
Total responses	9	36	89	10	144
Overall response	90%	49%	48%	40%	49%

The two salary studies were both completed by the Hay Group. One was commissioned by AOHC as part of their regular program to determine and update the market range for each class of position working in CHCs. The most recent study was completed in 2009. The other was commission by NPAO regarding NP salaries, and was completed in January 2011. The 3 associations are undertaking a joint salary study in June/July 2012 to update the salary ranges and include all the staff categories working in the four interprofessional primary care models.

4 Key findings

4.1 Workforce description

Exhibits 6.1 and 6.2 describe the size and makeup of the IHP and administrative workforce among the survey respondents, for each of the four PCO models. The workforce for the 49% of PCOs that responded totalled 1601 IHPs and 910 administrative staff, or roughly 2500 people.

The total number of Ministry-approved positions in these primary care models, excluding physicians, is approximately 5350. To derive this estimate the associations looked to Ministry data where available, and/or followed up with non-respondents. In some cases a logical estimate was made. (See Exhibit 6.3.)

In terms of approved positions, the largest staff categories were, in descending order:

Registered Nurse	890.7	
Nurse Practitioner	812.0	
Receptionist	438.4	
Social Worker/Mental Health Worker	385.2	*(This number rises to 504 if MSWs are included.)*
Medical Secretary	316.0	
Registered Dietitian	310.8	
Executive Director	238.4	

4.2 Vacancies

Exhibits 6.4 and 6.5 show the actual number of vacancies among the survey respondents for each of the four PCO models. Exhibit 6.6 shows the vacancy rate for each staff category – actual filled positions compared to MOHLTC funded positions – for all PCOs.

Some of the **highest vacancy rates appear among the largest staff groups**:

- 19% for NPs
- 14% for Registered Dietitians
- 10% for RNs
- 5-12% for administrative management positions (ED, Admin Lead, Office administrator/manager and Program Coordinator. This rate could be higher since these PCOs having a vacancy in the lead administrative position would be the most unlikely to complete the survey.)
- 7 – 9% for social workers and mental health workers

There are concerns in some of the smaller staff groups. For example, there are 88 approved pharmacist positions, but the vacancy rate is 18% for Pharmacists which represents almost 16 FTEs.

4.3 Time to fill vacant positions

Exhibits 6.7 and 6.8 shows that the average time required to fill a vacancy ranged from roughly 1.4 months for community health workers, receptionists and medical secretaries, to over 4 months for executive directors, pharmacists and nurse practitioners.

4.4 Impact of turnover

Primary care service delivery is dependent upon the professionals who deliver the care or support its delivery. Obviously, an absence of staff reduces capacity for service. When key skills are missing, it creates serious gaps in the ability to provide the full scope of primary care, particularly chronic disease prevention and management

Capacity to deliver care is also reduced further when existing staff must be diverted to recruit new staff. Exhibit 6.9 shows that, across all primary care models, about 60% spend 20 hours or more of staff time to recruit EACH interprofessional health provider, including developing job description, advertisement, interviews, concluding employment agreement, new employee orientation and on-the-job training.

Turnover multiplies the problem – each time someone leaves, the 1 to 4 month gap in service and the drain of recruitment activity.

Exhibits 6.10 and 6.11 present the annualized turnover rate for each position type, then apply the findings on average time to fill each position to derive an estimate of primary care service capacity that is lost due to vacancies. For obvious reasons, calculation of turnover was limited to PCOs in operation for over 3 years. About three-quarters of the PCOs fits the >3 year criterion. (See Exhibit 6.12.)

Observations:

- Typical length of employment for all PCOs in operation over 3 years ranges from 2-4 years. For the positions listed above, pharmacists and RDs stay with one employer for roughly 3 years on average; RNs and NPs stay 3 ½ years.
- Roughly **6.5% of staff capacity is lost each year due to turnover** across all professions in all responding organizations. This was calculated by taking into account average rate of turnover for each type of position, and average length of time to fill that type of position.
- As an example, for the 49% of organizations who responded to the survey, roughly 33 FTEs of NP capacity is lost each year due to turnover, which equates to approx. 10% of NP capacity in these primary care organizations.
- About 2/3 of the survey respondents added comments about the impact vacancies have on access to their PCO's services, including reduced service capacity, longer waits, and lack of access to professional disciplines.

4.5 Attracting and keeping staff in primary care

The previous section points to the impact of having vacant positions in PCOs. This section examines the reasons for these vacancies.

Exhibit 6.13 reports that, for about half of all IHP positions, two or more job offers must be made in order to land a candidate for the position. This is also true for just over 20% of administrative positions.

Exhibit 6.14 summarizes the main reasons IHPs and administrative staff turn down job offers, as reported by EDs. Exhibit 6.15 does likewise for the main reasons staff leave the PCO, and Exhibit 6.16 reports on where departing staff go to work after leaving the primary care organization.

Compensation is THE KEY challenge identified by EDs for recruiting and retaining staff.

- Over 85% of EDs of primary care organizations identified lower salaries as one of the 3 main reasons potential candidates turn down job offers.
- About half report this as being one of the 3 main reasons for staff leaving the primary care organization.
- Lack of pensions and the desire for full-time employment are the other 2 main reasons.

The most troubling finding is that t**he majority of staff who leave are then lost to the primary care sector** – only 1/3 move to other primary care settings, but roughly 1/2 go to work in hospitals and other health care settings. While *Ontario's Action Plan for Health Care* calls for placing "Family Health Care at the Centre of the System," there are barriers to attracting health providers to primary care and keeping them in this part of the health system.

Having **positions less than a full FTE** was the second most commonly-reported barrier to recruitment (45% reported it as one of the top 3) and reason for leaving (21%). Twenty-nine percent of respondents have created whole FTE positions by amalgamating partial FTE positions with other organizations, then sharing that staff member.

Looking at the positive side, Exhibit 6.17 lists the main reasons reported by EDs as to why people want to join their PCO. The reasons vary by model, but what is completely consistent is the very low rating given to "competitive salary and benefits". For FHTs the overwhelming attraction is the desire to work in a primary care setting and opportunity to work in a team (both 81%). For CHCs it's the opportunity to address health holistically (89%) and opportunity to work in a team (79%).

Exhibits 6.18 and 6.19 indicate that PCOs are doing all they can in non-monetary areas to attract and retain staff. Virtually all PCOs advertise for new hires and 2/3 engage in outreach to new graduates. The most common strategies used to attract staff and then to retain them are flexible schedules (65% and 86% respectively) and continuing education opportunities (62% and 78% respectively).

4.6 The key challenge: significant compensation gap relative to other health sectors

4.6.1 Collective bargaining

At present about 11% of PCOs have employees who are members of a union – 9% have unionized nurses, 8.3% have other IHPs in unions, and 5.2% have unionized administrative staff. (See Exhibit 6.20.) In many (possibly all) cases unionized staff are paid at a higher rate than those in non-union settings. It's no surprise, therefore, that growing inequity in compensation is creating conditions for rapid expansion of unionization in this sector, beyond the roughly 10% of PCOs who currently have staff under collective agreements.

4.6.2 Salaries

Salary ranges for each category of IHP, as established by MOHLTC, are consistent across 3 of the 4 interprofessional models of primary care. AHACs were initially established outside of the Ministry of Health; efforts are underway to bring salaries in this model up to parity with the other 3 models. The data is presented in Exhibit 6.21.

When it comes to administrative staff, however, MOHLTC's salary ranges are higher in CHCs than in FHTs and NPLCs. (See Exhibit 6.22.)The biggest discrepancy is in the role of the "chief manager" – all CHCs are led by an Executive Director with a salary range of $83.6k - $111.5k. NPLCs have Administrative Leads with a range of $57.5k - $77.4k. With FHTs, some are managed by Administrative Leads at the same level as NPLCs, while others have an Executive Director whose salary is assigned by the Ministry to one of three categories: $68 – $77.4, $77.4 - $88.9, or $88.9 - $104.6. For all other administrative positions it appears the MOHLTC salary ranges are about 7-8% higher in CHCs compared to FHTs and NPLCs, except for a 15.5% differential for medical secretaries.

Exhibits 6.21 and 6.22 also report on the market range for each type of position, as determined through salary reviews conducted by the Hay Group for AOHC (2009) and for NPAO (NP salaries only, 2011). Depending on the profession, salary ranges are currently 5 – 30% below what the Hay analysis recommended in 2009, and 51% below for NPs in the 2011 study. It is no surprise to see in Exhibits 6.23 and 6.24 the majority of staff are being paid at the maximum of the MOHLTC-established range.

Compared to other health sectors, there is inequity in when it comes to primary care compensation. It's significantly lower across all four of these primary care models compared to compensation in hospitals, public health, and other parts of the health system. The gap with hospital salaries is even greater.

Using these 2009 figures as the target, the cost to bring all primary care staff (except for NPs) to market salary levels would be $32.8M. For Nurse Practitioners it would take $20.1M to bring them from the top of their current range to the BOTTOM of the range recommended by Hay, and another $17M to maintain their status within the salary range.

4.6.3 Pensions and benefits

When it comes to pensions, the HOOPP plan is the standard for staff working in hospitals, public health units and many more in health care. Exhibit 6.25 shows that only one-quarter of PCOs are able to participate in HOOPP. They receive funding of 20% of salaries to provide pensions and benefits, so PCOs that do participate in HOOPP must strip their other benefits to remain within this envelope. The concern is that staff working in other areas of health care will not move to primary care because they would give up membership in this pension plan.

A 2010 study conducted in AHACs, CHCs and FHTs found that providing the HOOPP plan and a reasonable benefits package to employees would cost 22.5% of salary – 2.5% more than the current maximum of 20% imposed by the Ministry. At current salary levels, the total cost of this increase for all approved positions in PCOs would be $10.36 million. (This amount includes an estimate of pension contributions for salaried physicians, since all salaried staff would need to be included in HOOPP.)

5 Recommendations

The full compensation package – salaries, pensions and benefits – must be addressed to make working in primary care sufficiently attractive to recruit and retain competent staff in this sector. Recognizing current economic constraints, it is well understood that reaching a competitive compensation level will need to be phased in over a few years.

As an immediate first step, the barrier to labour mobility must be removed to enable all PCOs to offer the HOOPP pension plan and reasonable benefit package. This entails a 2.5% increase in compensation funding, for a total of $10.36M.

Since staff are required to contribute a minimum of 6.9% of gross earnings toward the pension,[3] a matching increase of 2.5% should be added for all staff to defray their reduction in take-home earnings. This would bring the total investment across all of primary care to $19.48M.

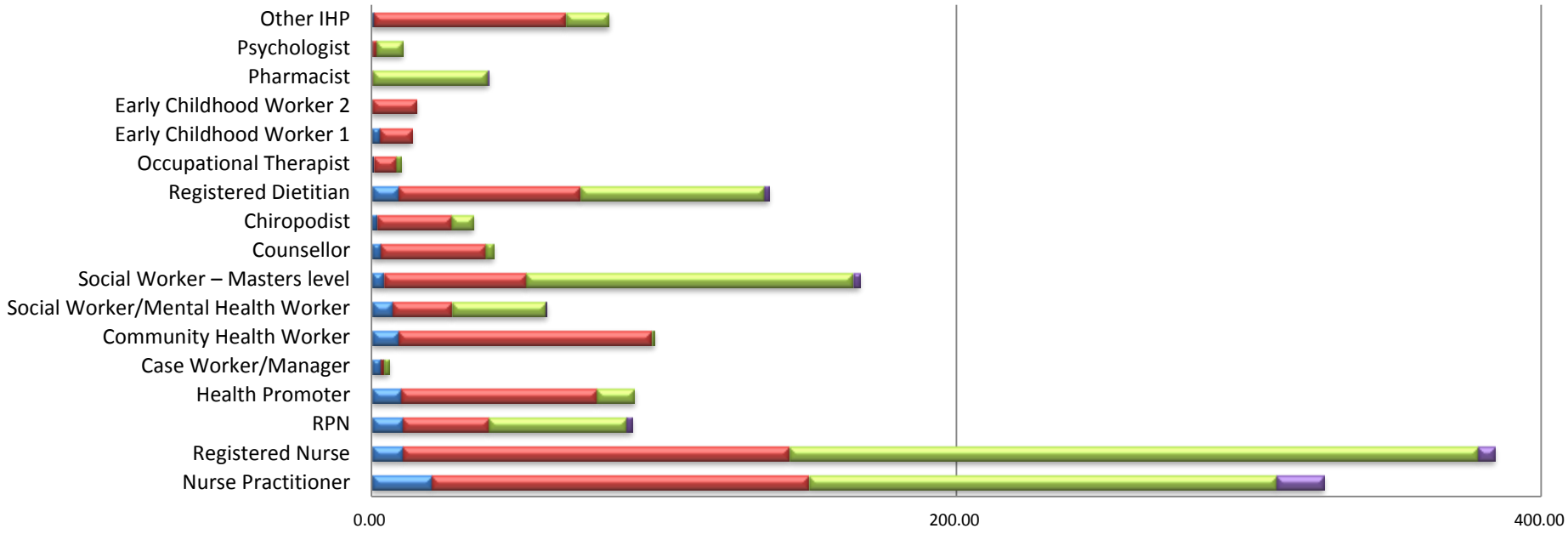
The leaders of Ontario's interprofessional primary care organizations, as represented by their associations – AFHTO, AOHC and NPAO – believe that this first step in a longer-term strategy to achieve greater equity in compensation, would go a long way to develop and maintain Ontario's capacity to provide high quality team-based primary care to its citizens.

[3] Staff contribute 6.9% of gross earnings up to $48,300 toward HOOPP, and 9.2% for earnings above that.

6 Exhibits

6.1 Total IHP FTE positions filled among survey respondents, by primary care model

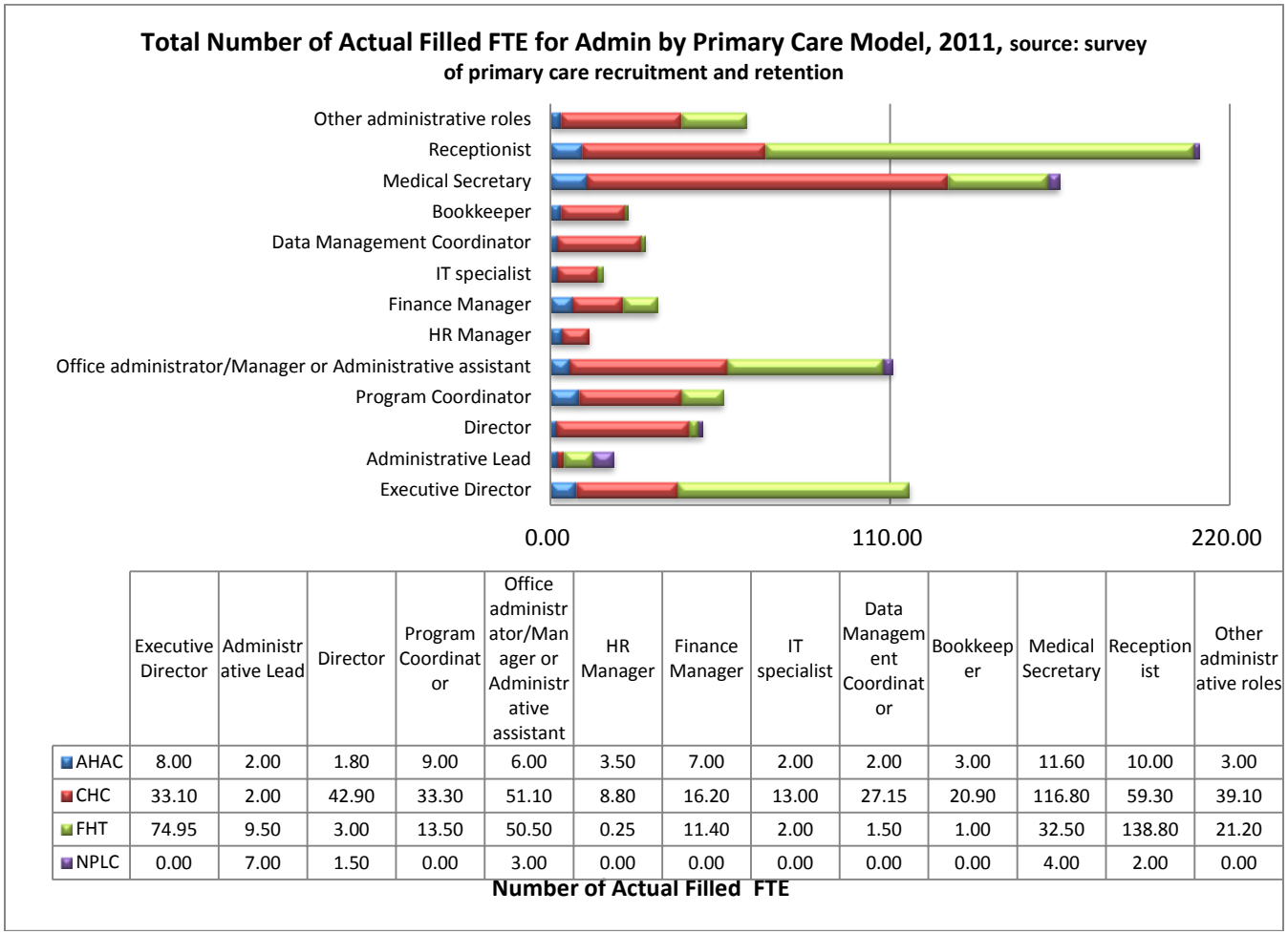
Total Number of Actual Filled FTE for IHP by Primary Care Model, 2011, source: survey of primary care recruitment and retention



	Nurse Practitioner	Registered Nurse	RPN	Health Promoter	Case Worker/ Manager	Community Health Worker	Social Worker/ Mental Health Worker	Social Worker – Masters level	Counsellor	Chiropodist	Registered Dietitian	Occupational Therapist	Early Childhood Worker 1	Early Childhood Worker 2	Pharmacist	Psychologist	Other IHP
AHAC	20.50	10.60	10.50	10.00	3.00	9.00	7.00	4.00	3.00	1.70	9.00	0.60	2.70	0.00	0.00	0.00	0.70
CHC	128.85	132.04	29.41	66.80	1.00	86.62	20.30	48.70	35.82	25.47	62.20	7.60	11.10	15.30	0.40	1.50	65.50
FHT	159.88	235.50	47.18	13.00	2.00	1.00	32.05	111.70	2.80	7.55	62.80	1.75	0.00	0.00	39.04	9.05	14.85
NPLC	16.50	6.00	2.00	0.00	0.00	0.00	0.50	2.50	0.00	0.00	1.80	0.00	0.00	0.00	0.70	0.00	0.00

Number of Actual Filled FTE

6.2 Total admin. FTE positions filled by survey respondents, by primary care model



	Executive Director	Administrative Lead	Director	Program Coordinator	Office administrator/Manager or Administrative assistant	HR Manager	Finance Manager	IT specialist	Data Management Coordinator	Bookkeeper	Medical Secretary	Reception ist	Other administrative roles
AHAC	8.00	2.00	1.80	9.00	6.00	3.50	7.00	2.00	2.00	3.00	11.60	10.00	3.00
CHC	33.10	2.00	42.90	33.30	51.10	8.80	16.20	13.00	27.15	20.90	116.80	59.30	39.10
FHT	74.95	9.50	3.00	13.50	50.50	0.25	11.40	2.00	1.50	1.00	32.50	138.80	21.20
NPLC	0.00	7.00	1.50	0.00	3.00	0.00	0.00	0.00	0.00	0.00	4.00	2.00	0.00

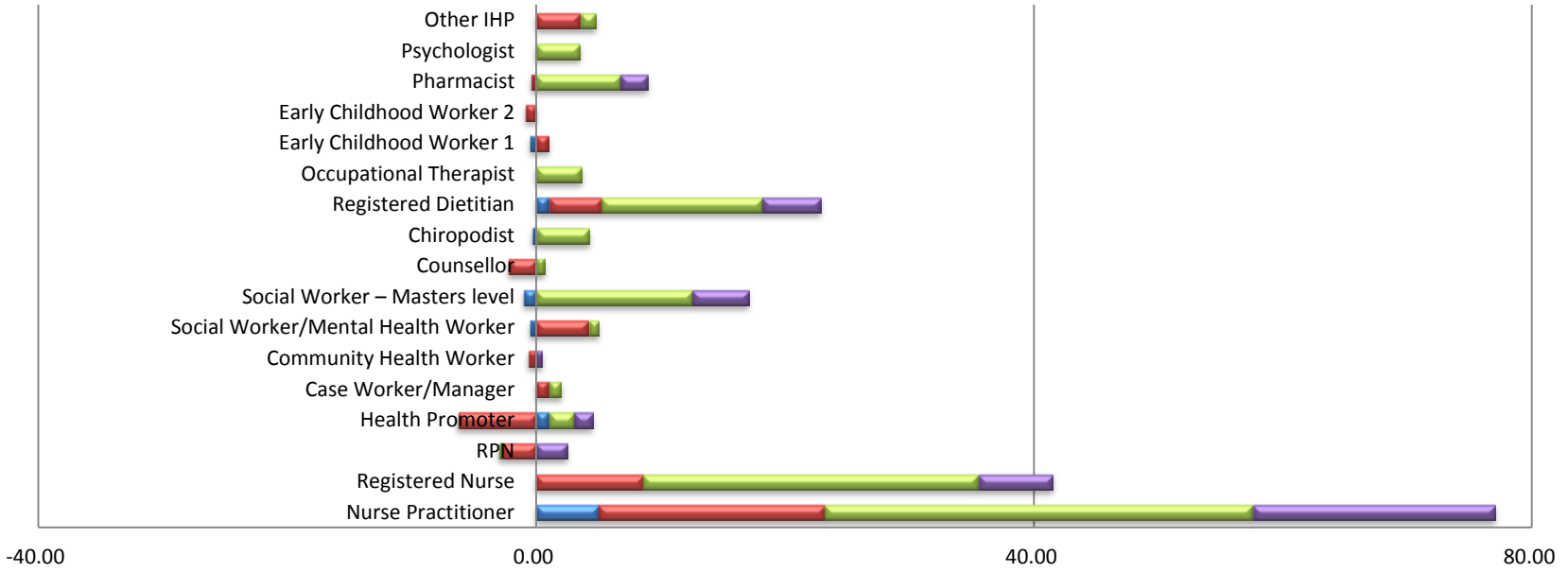
6.3 Total approved FTEs, by position and by model

(Most numbers are from MOHLTC data and/or follow up with non-respondents. Logical guesstimates made for remainder.)

Profession	AHAC	CHC	FHT	NPLC	TOTAL
Nurse Practitioner	40.0	294.0	391.0	87.0	812.0
Registered Nurse	16.0	281.2	566.0	27.5	890.7
RPN	10.5	53.3	69.0	11.0	143.8
Health Promoter / Educator	15.0	121.0	40.0	4.5	180.5
Case Worker/Manager	3.5	4.0	6.0	0.0	13.5
Community Health Worker	9.0	172.0	2.0	0.5	183.5
Social Worker/Mental Health Worker	7.7	49.0	328.0	0.5	385.2
Social Worker – Masters level	3.5	97.4	0.0	18.1	119.0
Counsellor	3.0	67.2	7.0	0.0	77.2
Chiropodist	1.9	51.0	23.0	0.0	75.9
Registered Dietitian	15.0	132.8	150.0	13.0	310.8
Occupational Therapist	1.6	15.2	10.0	0.0	26.8
Early Childhood Develop't Worker 1	2.2	24.2	0.0	0.0	26.4
Early Childhood Develop't Worker 2	0.0	28.9	0.0	0.0	28.9
Pharmacist	0.0	0.0	83.0	4.8	87.8
Psychologist	2.2	3.0	25.0	0.0	30.2
Other IHP	0.7	138.0	18.0	0.0	156.7
Executive Director	10.0	72.0	155.9	0.5	238.4
Administrative Lead	2.0	0.0	17.0	20.0	39.0
Program Director	2.8	77.0	6.0	1.5	87.3
Program Coordinator	15.0	78.0	31.0	0.0	124.0
Office Administrator	6.0	35.0	37.0	8.0	86.0
Administrative Assistant	1.5	69.0	75.0	10.0	155.5
HR Manager	2.5	12.0	0.5	0.0	15.0
Finance Manager	7.0	29.0	20.8	0.0	56.8
IT specialist	2.5	21.0	2.0	0.0	25.5
Data Management Coordinator	2.0	53.0	5.0	0.0	60.0
Bookkeeper	3.0	33.0	4.0	0.0	40.0
Medical Secretary	15.0	228.0	66.0	7.0	316.0
Receptionist	11.5	113.0	288.4	25.5	438.4
Other administrative roles	4.4	61.0	50.4	2.0	117.8
TOTAL	217.0	2413.2	2477.0	241.4	5348.6

6.4 Number of IHP FTE vacancies among survey respondents, by primary care model

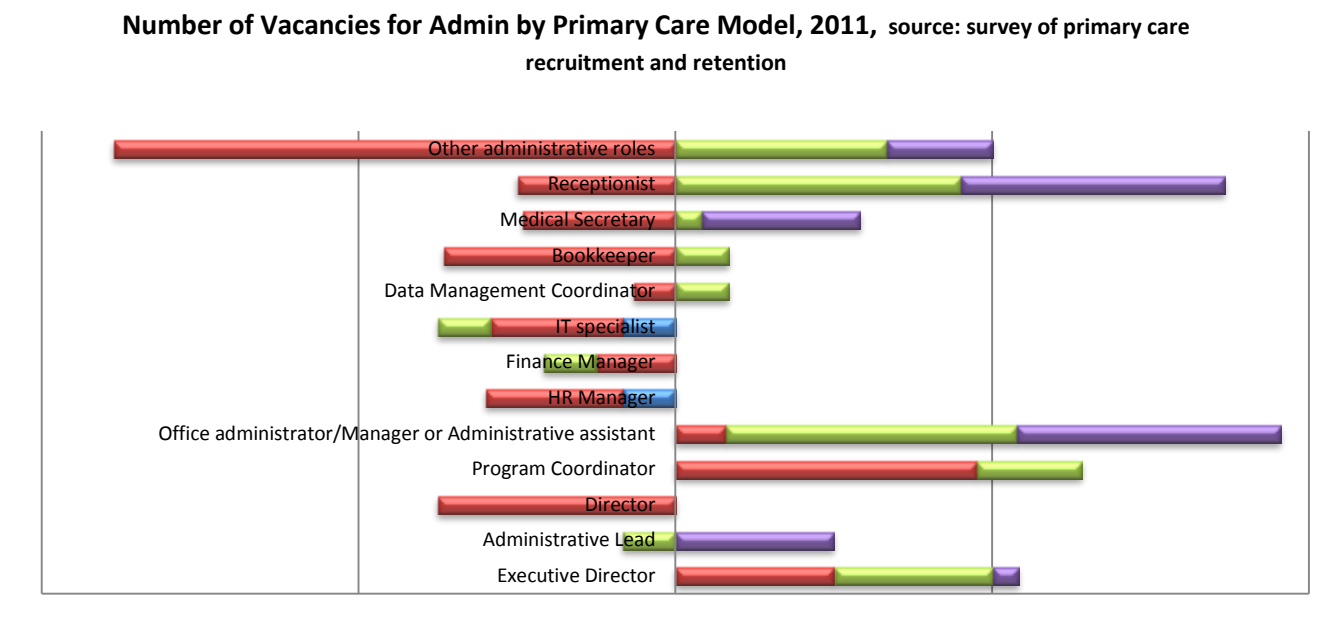
Number of Vacancies for IHP by Primary Care Model, 2011, source: survey of primary care recruitment and retention



	Nurse Practitioner	Registered Nurse	RPN	Health Promoter	Case Worker/ Manager	Community Health Worker	Social Worker/ Mental Health Worker	Social Worker – Masters level	Counsellor	Chiropodist	Registered Dietitian	Occupational Therapist	Early Childhood Worker 1	Early Childhood Worker 2	Pharmacist	Psychologist	Other IHP
AHAC	5.00	0.00	0.00	1.00	0.00	0.00	-0.50	-1.00	0.00	-0.30	1.00	0.00	-0.50	0.00	0.00	0.00	0.00
CHC	18.15	8.56	-2.76	-6.30	1.00	-0.62	4.20	0.00	-2.21	0.03	4.20	0.00	1.00	-0.87	-0.40	0.00	3.50
FHT	34.37	26.95	-0.25	2.05	1.00	0.00	0.80	12.50	0.70	4.25	12.95	3.65	0.00	0.00	6.75	3.48	1.30
NPLC	19.50	6.00	2.50	1.50	0.00	0.50	0.00	4.60	0.00	0.00	4.70	0.00	0.00	0.00	2.20	0.00	0.00

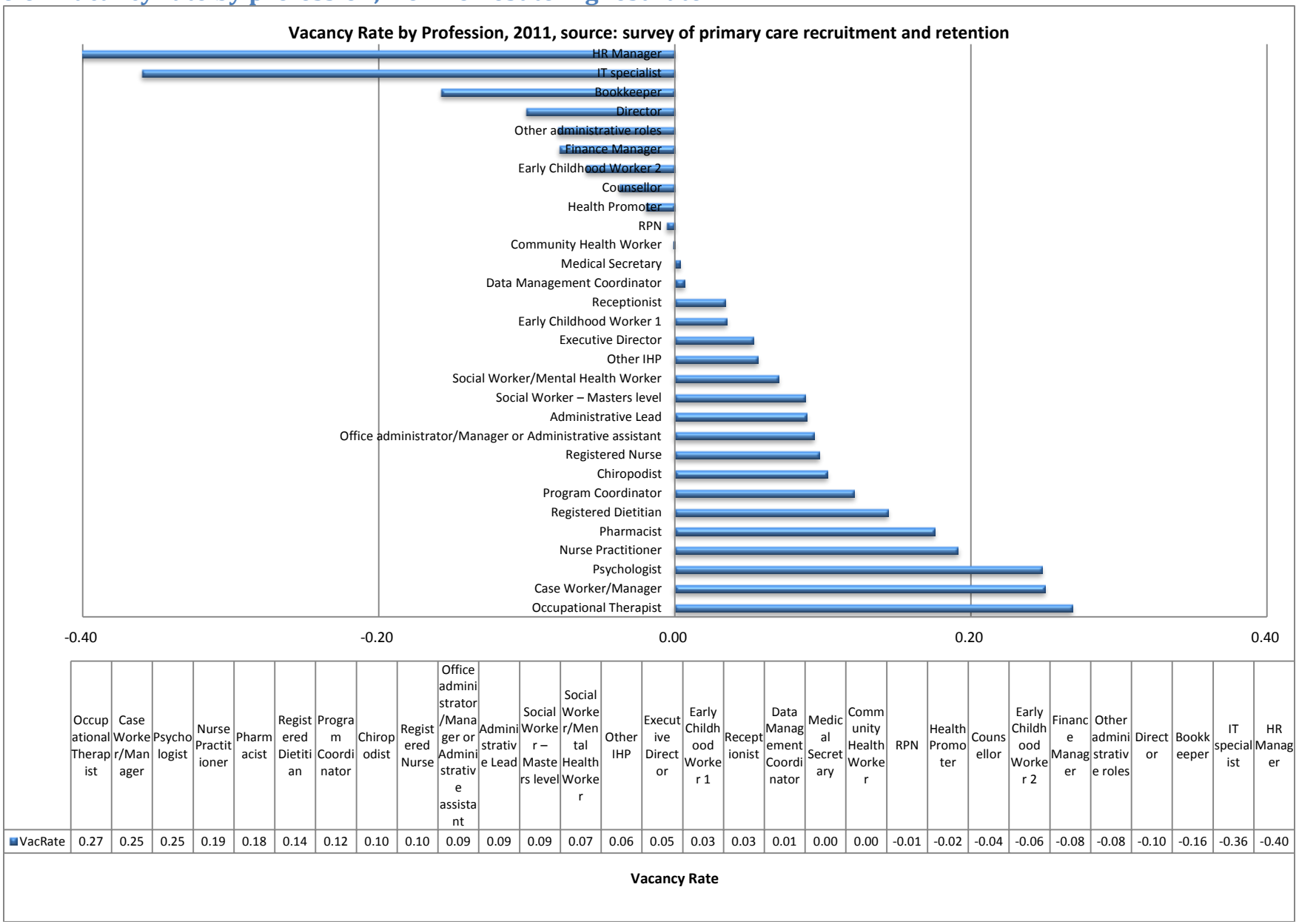
Number of Vacancies

6.5 Number of admin.strative FTE vacancies among survey respondents, by primary care model



	Executive Director	Administrative Lead	Director	Program Coordinator	Office administrator/Manager or Administrative assistant	HR Manager	Finance Manager	IT specialist	Data Management Coordinator	Bookkeeper	Medical Secretary	Receptionist	Other administrative roles
AHAC	0.00	0.00	0.00	0.00	0.00	-1.00	0.00	-1.00	0.00	0.00	0.00	0.00	0.00
CHC	3.00	0.00	-4.50	5.70	0.96	-2.60	-1.50	-2.50	-0.80	-4.40	-2.90	-3.00	-10.64
FHT	3.00	-1.00	0.00	2.00	5.50	0.00	-1.00	-1.00	1.00	1.00	0.50	5.40	4.00
NPLC	0.50	3.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	3.00	5.00	2.00

6.6 Vacancy rate by profession, from lowest to highest rate



	Occupational Therapist	Case Worker/Manager	Psychologist	Nurse Practitioner	Pharmacist	Registered Dietitian	Program Coordinator	Chiropodist	Registered Nurse	Office administrator/Manager or Administrative assistant	Administrative Lead	Social Worker – Masters level	Social Worker/Mental Health Worker	Other IHP	Executive Director	Early Childhood Worker 1	Receptionist	Data Management Coordinator	Medical Secretary	Community Health Worker	RPN	Health Promoter	Counsellor	Early Childhood Worker 2	Finance Manager	Other administrative roles	Director	Bookkeeper	IT specialist	HR Manager
VacRate	0.27	0.25	0.25	0.19	0.18	0.14	0.12	0.10	0.10	0.09	0.09	0.09	0.07	0.06	0.05	0.03	0.03	0.01	0.00	0.00	-0.01	-0.02	-0.04	-0.06	-0.08	-0.08	-0.10	-0.16	-0.36	-0.40

Vacancy Rate

6.7 Time to fill vacancies – Interprofessional Health Providers (IHPs)

	Under 2 months	2 months - 4 months	4 months - 6 months	More than 6 months	Not applicable to your organization	Response Count
Nurse Practitioner	**29.2% (40)**	27.0% (37)	13.9% (19)	27.7% (38)	2.2% (3)	137
Registered Nurse	**59.4% (79)**	27.8% (37)	6.0% (8)	3.8% (5)	3.0% (4)	133
RPN	37.5% (39)	20.2% (21)	1.9% (2)	1.0% (1)	**39.4% (41)**	104
Health Promoter	34.4% (33)	16.7% (16)	3.1% (3)	3.1% (3)	**42.7% (41)**	96
Case Worker/Manager	10.5% (8)	3.9% (3)	0.0% (0)	0.0% (0)	**85.5% (65)**	76
Community Health Worker	35.8% (29)	7.4% (6)	0.0% (0)	0.0% (0)	**56.8% (46)**	81
Social Worker/Mental Health Worker	25.5% (24)	20.2% (19)	2.1% (2)	4.3% (4)	**47.9% (45)**	94
Social Worker – Masters level	**41.4% (46)**	26.1% (29)	7.2% (8)	4.5% (5)	20.7% (23)	111
Counsellor	18.7% (14)	6.7% (5)	0.0% (0)	0.0% (0)	**74.7% (56)**	75
Chiropodist	16.3% (14)	16.3% (14)	4.7% (4)	10.5% (9)	**52.3% (45)**	86
Registered Dietitian	29.9% (35)	**35.0% (41)**	12.0% (14)	16.2% (19)	6.8% (8)	117
Occupational Therapist	8.9% (7)	7.6% (6)	3.8% (3)	1.3% (1)	**78.5% (62)**	79
Early Childhood Worker 1	11.1% (8)	5.6% (4)	0.0% (0)	0.0% (0)	**83.3% (60)**	72
Early Childhood Worker 2	8.2% (6)	2.7% (2)	1.4% (1)	1.4% (1)	**86.3% (63)**	73
Pharmacist	16.7% (17)	16.7% (17)	7.8% (8)	13.7% (14)	**45.1% (46)**	102
Psychologist	13.9% (11)	3.8% (3)	2.5% (2)	3.8% (3)	**75.9% (60)**	79
Other IHP	20.5% (17)	14.5% (12)	6.0% (5)	10.8% (9)	**48.2% (40)**	83
					answered question	**142**
					skipped question	**8**

6.8 Time to fill vacancies – administrative staff

	Under 2 months	2 months - 4 months	4 months - 6 months	more than 6 months	Not applicable to your	Response Count
Executive Director	**26.4% (34)**	22.5% (29)	20.2% (26)	17.8% (23)	13.2% (17)	129
Administrative Lead	15.4% (12)	9.0% (7)	5.1% (4)	0.0% (0)	**70.5% (55)**	78
Director	10.7% (8)	16.0% (12)	12.0% (9)	2.7% (2)	**58.7% (44)**	75
Program Coordinator	22.4% (19)	25.9% (22)	5.9% (5)	0.0% (0)	**45.9% (39)**	85
Office administrator/Manager or Administrative assistant	**52.4% (55)**	19.0% (20)	6.7% (7)	0.0% (0)	21.9% (23)	105
HR Manager	10.0% (7)	10.0% (7)	2.9% (2)	0.0% (0)	**77.1% (54)**	70
Finance Manager	19.5% (16)	25.6% (21)	7.3% (6)	1.2% (1)	**46.3% (38)**	82
IT specialist	12.3% (9)	8.2% (6)	4.1% (3)	0.0% (0)	**75.3% (55)**	73
Data Management Coordinator	19.7% (15)	17.1% (13)	3.9% (3)	2.6% (2)	**56.6% (43)**	76
Bookkeeper	27.4% (20)	9.6% (7)	0.0% (0)	0.0% (0)	**63.0% (46)**	73
Medical Secretary	**52.8% (47)**	14.6% (13)	1.1% (1)	0.0% (0)	31.5% (28)	89
Receptionist	**65.2% (75)**	12.2% (14)	1.7% (2)	0.0% (0)	20.9% (24)	115
Other administrative roles	31.6% (24)	6.6% (5)	2.6% (2)	2.6% (2)	**56.6% (43)**	76
					answered question	**142**
					skipped question	**8**

6.9 Time to fill vacancies – staff time diverted for recruitment activity

On average, what is the TOTAL amount of staff time spent on recruiting one interprofessional health provider, including developing job description, advertisement, interviews, concluding employment agreement, new employee orientation and on-the-job training (i.e. how many hours of productivity are typically used up to fill one position) (check one)

Answer Options	Response Percent	Response Count
less than 5 hours	2.1%	3
5-10 hours	9.9%	14
10-15 hours	9.2%	13
15-20 hours	19.1%	27
more than 20 hours	59.6%	84
	answered question	**141**
	skipped question	**9**

6.10 Impact of vacancies on care

To what extent has patient/client care been impacted by these vacancies in terms of: (please quantify and/or give concrete examples where possible)		
Answer Options	**Response Percent**	**Response Count**
a. Access to care:	96.1%	99
b. Quality of care:	70.9%	73
c. Other:	28.2%	29
	answered question	103
	skipped question	47

NOTE:

Respondents were invited to add comments to this question. Comments are summarized as follows:

a. Access to care (Total number of responses 99)
1) Reduction in services capacity (i.e. reduced number of available appointments, initiation of wait list, no or limited access to care) (27 responses, 27%)
2) Longer wait time (22 responses, 22%)
3) No impact or not significant effected (12 responses, 12%)
4) No or limited access to a specific IHPs(i.e. dietitian, pharmacist, NP) (11 responses, 11%)
5) Not able to or delay in developing and implementing programs (6 responses, 6%)
6) Time spent on recruiting/training new IHPs rather than patient-care (4 responses, 4%)
7) Difficult to recruit new IHPs (2 responses, 2%)

b. Quality of care (Total number of responses 73)
1) No impact or not significant effected (14 responses, 19 %)
2) Loss or diminished coordination and continuity (8 responses, 11%)
3) Reduction in services capacity(7, 10%)
4) Not able to or delay in developing and implementing projects (7 responses, 10%)
5) Staff overwork(6 responses, 8%)
6) Longer wait time (6 responses, 8%)
7) Inconsistent care (3 responses, 4%)
8) Low quality of IHPs (2 responses, 3%)
9) Untrained or short of staff (2 responses, 3%)

c. Other (Total number of responses 29)
1) Staff overwork (6 responses, 21%)
2) Short of staff (2 responses, 7%)
3) Undervalue of admin staff (2 responses, 7%)

6.11 Impact of turnover – quantifying lost capacity among Primary Care Organizations operating >3 years

Position	Weighted Length of Service by Position (Years)	Annualized Turnover Rate by Position (per Year)	Total Actual FTEs by Position (Respondents Only)	Total Annualized Turnover for FTEs by Position (Count)	Average Time Taken to Fill Position per FTE *in Months* (Respondents Only)	Average Time Taken to Fill Position per FTE *in Years* (Respondents Only)	Lost Capacity due to Vacancies due to Turnover - Time *in Years*	Lost Capacity as % of total actual capacity
Nurse Practitioner	3.56	0.28	325.73	91.50	4.39	0.37	33.46	10.3%
Registered Nurse	3.61	0.28	384.14	106.41	2.13	0.18	18.90	4.9%
RPN	3.37	0.30	89.09	26.44	1.92	0.16	4.23	4.7%
Health Promoter	3.92	0.26	89.80	22.91	2.24	0.19	4.27	4.8%
Case Worker/Manager	2.00	0.50	6.00	3.00	1.55	0.13	0.39	6.4%
Community Health Worker	4.13	0.24	96.62	23.39	1.34	0.11	2.62	2.7%
Social Worker/Mental Health Worker	2.81	0.36	59.85	21.30	2.59	0.22	4.60	7.7%
Social Worker – Masters level	3.48	0.29	166.90	47.96	2.48	0.21	9.90	5.9%
Counsellor	4.16	0.24	41.62	10.00	1.53	0.13	1.27	3.1%
Chiropodist	3.75	0.27	34.73	9.26	3.83	0.32	2.96	8.5%
Registered Dietitian	3.00	0.33	135.80	45.27	3.66	0.31	13.81	10.2%
Occupational Therapist	2.08	0.48	9.95	4.78	2.88	0.24	1.15	11.5%
Early Childhood Worker 1	4.62	0.22	13.80	2.99	1.67	0.14	0.41	3.0%
Early Childhood Worker 2	3.11	0.32	15.30	4.92	2.60	0.22	1.07	7.0%
Pharmacist	2.82	0.35	40.14	14.23	4.18	0.35	4.96	12.3%
Psychologist	2.62	0.38	10.55	4.03	3.00	0.25	1.01	9.5%
Other IHP	2.55	0.39	81.05	31.78	3.70	0.31	9.79	12.1%

Position	Weighted Length of Service by Position (Years)	Annualized Turnover Rate by Position (per Year)	Total Actual FTEs by Position (Respondents Only)	Total Annualized Turnover for FTEs by Position (Count)	Average Time Taken to Fill Position per FTE ***in Months*** (Respondents Only)	Average Time Taken to Fill Position per FTE ***in Years*** (Respondents Only)	Lost Capacity due to Vacancies due to Turnover - Time ***in Years***	Lost Capacity as % of total actual capacity
Executive Director	3.57	0.28	116.05	32.51	4.09	0.34	11.08	9.5%
Administrative Lead	3.33	0.30	20.50	6.16	2.30	0.19	1.18	5.8%
Director	4.55	0.22	49.20	10.81	3.45	0.29	3.11	6.3%
Program Coordinator	4.06	0.25	55.80	13.74	2.39	0.20	2.74	4.9%
Office administrator/Manager or Administrative assistant	3.81	0.26	110.60	29.03	1.83	0.15	4.43	4.0%
HR Manager	3.64	0.27	12.55	3.45	2.38	0.20	0.68	5.4%
Finance Manager	3.75	0.27	34.60	9.23	2.68	0.22	2.06	6.0%
IT specialist	3.61	0.28	17.00	4.71	2.33	0.19	0.92	5.4%
Data Management Coordinator	3.68	0.27	30.65	8.33	2.64	0.22	1.83	6.0%
Bookkeeper	3.64	0.27	24.90	6.84	1.52	0.13	0.87	3.5%
Medical Secretary	3.73	0.27	164.90	44.21	1.49	0.12	5.50	3.3%
Receptionist	2.59	0.39	210.10	81.12	1.40	0.12	9.43	4.5%
Other administrative roles	2.44	0.41	63.30	25.94	2.03	0.17	4.39	6.9%
Totals			2,511.22	746.25			163.00	6.5%

Source: Survey of Primary Care Recruitment and Retention Analyses (49% of all AHACs, CHCs, FHTs and NPLCs responding)

Caution in interpreting the Impact of Turnover table:
This estimate involves stacked assumptions and result should be used with caution due to high variation in the results.
The result is applicable to the four sectors included in the survey. Calculation based on Respondents only

6.12 Years of operation by primary care model

The following graph describes the primary care organizations operating >3 years, that were captured included in the calculation of impact of turnover in Exhibit 6.9.

Years of operation: (check one)

	I am responding for a primary care organization which is a/an: (check one)				
	AHAC	**CHC**	**FHT**	**NPLC**	**Response Totals**
5 years or more	**100.0% (28)**	**77.8%** (26)	29.2% (0)	0.0% **(63)**	**44.1% (9)**
3-5 years	0.0% (2)	5.6% **(44)**	**49.4%** (0)	0.0% (46)	32.2% (0)
1- 3 years	0.0% (4)	11.1% (3)	3.4% (1)	11.1% (8)	5.6% (0)
under 1 year	0.0% (1)	2.8% (12)	13.5% **(4)**	**44.4%** (17)	11.9% (0)
still in development /not yet operational	0.0% (1)	2.8% (4)	4.5% **(4)**	**44.4%** (9)	6.3% (0)
answered question	9	36	89	9	**143**
				skipped question	**1**

6.13 Number of job offers needed to fill a position

On average, how many offers do you have to make to successfully land a candidate for an:

Answer Options	one offer	2 - 3 offers	4 - 5 offers	more than 5 offers	Response Count
a. IHP position: (check one)	72	62	1	1	136
b. Admin position: (check one)	108	26	1	2	137
Other (please specify)					13
				answered question	137
				skipped question	13

6.14 Top three reasons potential candidates turn down a job offer

Overall, what are the THREE most common reasons that potential candidates for IHP positions give for turning down a job offer, withdrawing from a job competition, or failing to apply in the first place? (choose up to THREE)

Answer Options	Response Percent	Response Count
Lower salary level compared to other opportunities	85.5%	118
Position is less than a full FTE	45.7%	63
Lack of pension plan	39.1%	54
Location / Commuting distance	33.3%	46
Less-attractive benefit package (excluding pension)	29.0%	40
Other (please specify)	13.0%	18
Not applicable	5.8%	8
High work load	5.1%	7
Lack of continuing education/career development opportunities	2.2%	3
Limited scope of practice	1.4%	2
Work schedule	0.7%	1
	answered question	138
	skipped question	12

Overall, what are the THREE most common reasons that potential candidates for admin positions give for turning down a job offer, withdrawing from a job competition, or failing to apply in the first place? (choose up to THREE)

Answer Options	Response Percent	Response Count
Lower salary level compared to other opportunities	63.5%	87
Position is less than a full FTE	29.2%	40
Lack of pension plan	27.7%	38
Less-attractive benefit package (excluding pension)	24.8%	34
Not applicable	19.7%	27
Location / Commuting distance	17.5%	24
High work load	15.3%	21
Other (please specify)	8.0%	11
Work schedule	6.6%	9
Lack of continuing education/career development opportunities	2.2%	3
Limited scope of practice	0.0%	0
	answered question	137
	skipped question	13

6.15 Top three reasons for leaving the primary care organization

If you have lost IHP staff in the last 2-3 years, what were the THREE most common reasons for leaving? (choose up to THREE)		
Answer Options	**Response Percent**	**Response Count**
Better compensation package elsewhere	46.3%	62
Relocation	26.9%	36
Leaving part-time position for full time position elsewhere	20.9%	28
Other personal reasons	19.4%	26
Other (please specify)	15.7%	21
Interpersonal challenges	11.9%	16
Return to school	11.2%	15
Retirement	10.4%	14
Other work-related issues	8.2%	11
High work load	7.5%	10
Lack of coverage during absence	5.2%	7
Lack of education/growth opportunities	3.7%	5
Limited role or scope of practice	3.0%	4
Lack of opportunity to specialize	1.5%	2
Not applicable	20.1%	27
answered question		134
skipped question		16

If you have lost Senior Mgmt (Exec.Director or Admin Lead), or Admin staff in the last 2-3 years, what what were the THREE most common reasons for leaving? (choose up to THREE)		
Answer Options	**Response Percent**	**Response Count**
Better compensation package elsewhere	36.4%	43
High work load	23.7%	28
Other (please specify)	15.3%	18
Interpersonal challenges	8.5%	10
Relocation	8.5%	10
Retirement	7.6%	9
Lack of coverage during absence	5.9%	7
Other work-related issues	5.9%	7
Lack of education/growth opportunities	5.1%	6
Leaving part-time position for full time position elsewhere	4.2%	5
Lack of opportunity to specialize	0.8%	1
Return to school	0.8%	1
Limited role or scope of practice	0.0%	0
Not applicable	45.8%	54
answered question		118
skipped question		32

6.16 Work setting after leaving the primary care organization

Of the IHP staff who have left in the last 2-3 years to work elsewhere, approximately what percent have gone to work in each of the following settings?

Answer Options	Response Average	Response Count	Weighted Response
Work in other primary care setting	60.04	45	2,702
Work in hospital	51.11	37	1,891
Work in other health setting	43.47	30	1,304
Don't know	59.95	21	1,259
Work in public health	42.00	15	630
Work in CCAC or LHIN	39.90	10	399
Work outside health system	22.92	12	275
Not applicable	n/a	28	n/a
answered question		*109*	
skipped question		*41*	

Of the Senior Mgmt (Exec.Director or Admin Lead), or Admin staff who have left in the last 2-3 years to work elsewhere, approximately what percent have gone to work in each of the following settings? (Please enter whole numbers that total 100. Do NOT use the "%" sign.)

Answer Options	Response Average	Response Count	Weighted Response
Don't know	73.13	24	1,755
Work in other health setting	61.56	16	985
Work outside health system	57.67	15	865
Work in hospital	48.08	13	625
Work in other primary care setting	56.00	10	560
Work in CCAC or LHIN	25.00	4	100
Work in public health	23.33	3	70
Not applicable		49	
answered question		*94*	
skipped question		*56*	

6.17 Reasons for joining primary care organization

What are the most common reasons people say they want to join your primary care organization? (check all that apply)

	I am responding for a primary care organization which is a/an: (check one)					
Answer Options	AHAC	CHC	FHT	NPLC	Response Percent	Response Count
Opportunity to work in a team	4	28	70	5	77.0%	107
Want to work in a primary care setting	6	22	70	7	75.5%	105
Better work schedule	6	23	55	3	62.6%	87
Personal growth and learning opportunity	5	20	40	6	51.1%	71
Opportunity to address health holistically	5	32	28	6	51.1%	71
Competitive salary and benefits	2	2	8	1	9.4%	13
Other (please specify)						32
					answered question	139
					skipped question	5

6.18 Strategies used to recruit staff

What strategies have you used to recruit staff to your primary care organization? (check all that apply)

Answer Options	Response Percent	Response Count
Advertising	92.3%	131
Outreach to new graduates	66.2%	94
Flexible schedule	64.8%	92
Continuing education opportunities	62.0%	88
Internship and mentor programs	43.0%	61
Job fairs	31.7%	45
Created a whole FTE position by amalgamating partial FTE positions with other organizations, then sharing that staff member	29.6%	42
Offer a competitive pension plan	24.6%	35
Contracted staff from other organizations	19.7%	28
Offer a salary higher than the "official" salary band for that position	10.6%	15
Hiring bonus	9.9%	14
Other (please specify)		23
	answered question	142
	skipped question	8

6.19 Strategies used to retain staff

What strategies have you used to retain staff within your primary care organization? (check all that apply)

Answer Options	Response Percent	Response Count
Flexible schedule	86.1%	118
Continuing education opportunities	78.1%	107
Created a whole FTE position by amalgamating partial FTE positions with other organizations, then sharing that staff member	29.2%	40
Topped up Ministry/LHIN-funded salary with funding from elsewhere	26.3%	36
Reduced other benefits in order to fund a competitive pension plan	16.8%	23
Contracted staff from other organizations	10.2%	14
Other	9.5%	13
Other (please specify)		25
	answered question	137
	skipped question	13

6.20 Percent of primary care organizations with unionized staff

Is compensation for any of your employees established through collective agreements negotiated with their union? (please check all that apply)

Answer Options	Response Percent	Response Count
Nursing	9.0%	12
Other IHP	8.2%	11
Admin staff	5.2%	7
No unionized staff	88.8%	119
	answered question	134
	skipped question	16

6.21 Salary analysis - Interprofessional Health Providers (IHPs)

Position Title	AHAC	CHC (based on 35		FHT + NPLC (based		Hay (based on a 35		Comments	% increase required from CHC	FHT/NPLC as % of CHC
	Max	Min	Max	Min	Max	Min	Max			
		yellow cells indicate assumption made in absence of data								
Nurse Practitioner	74000	74038	89203	78054	89203	114000	135000		51.34%	100.0%
Registered Nurse	55800	55251	66568	55251	66568	58735	69100	fyi - 2009 hospital (ONA) , 55,575 - 80,340	3.80%	100.0%
RPN	42200	39054	47054	39034	47117	44200	52000		10.51%	100.1%
Health Promoter /	55800	51641	62219	51641	62219	58735	69100		11.06%	100.0%
Case Worker/Manager	55800	55251	66568	49546	59137	58735	69100	Case Workers in CHCs are RNs, so use RN category for them.	3.80%	88.8%
Community Health Worker	48100	44516	53633	44516	53633	48535	57100		6.46%	100.0%
Social Worker/Mental Health Worker	55800	55251	66568	55251	66568	58735	69100	DIFFERENTIAL for these two types of SWs should be the same, although ACTUAL salaries may differ.	3.80%	100.0%
Social Worker – Masters level	55800	55251	66568	55251	66568	58735	69100		3.80%	100.0%
Counsellor	48100	44516	53633	44516	53633	48535	57100		6.46%	100.0%
Chiropodist	55800	55251	66568	55251	66568	58735	69100		3.80%	100.0%
Registered Dietitian	55800	51641	62219	51641	62219	58735	69100		11.06%	100.0%
Occupational Therapist	55800	55251	66568	55251	66568	58735	69100		3.80%	100.0%
Early Childhood Dev't Worker 1	42200	39054	47054	No job title in	No job title in	44200	52000	AOHC estimates this is roughly equivalent to RPN	10.51%	n/a
Early Childhood Dev't Worker 2	48100	44516	53633	No job title in FHT	No job title in FHT	48535	57100	AOHC estimates this is roughly equivalent to Community Health Worker	6.46%	n/a
Pharmacist	0	No job title in CHC	No job title in CHC	61685	88869		93600	Not in 2009 Hay study. With help from a pharmacist, have guesstimated $93,600	5.32%	n/a
Psychologist		103322	135916	103322	135916	103322	135916	AFHTO look into comparators for psychology concludes this range is OK as is.	0.00%	100.0%

6.22 Salary analysis – administrative staff

Position Title	AHAC	CHC (based on 35 hour work week -- 2010		FHT + NPLC (based on a 40 hour work week) -- 2010		Hay (based on a 35 hour work week) -- 2009		Comments	% increase required from CHC rate to Hay rate	FHT/NPLC as % of CHC admin
	Max	Min	Max	Min	Max	Min	Max			
		yellow cells indicate assumption made in absence of data								
Executive Director	100000	83628	111504	78413	104550	123, 250	145000	For FHTs who have EDs, Min. is for "small" and Max is for "large" FHTs.	30.04%	93.8%
Administrative Lead		No job title in CHC	No job title in CHC	57, 503	77367		99400	Not in 2009 Hay study. NPLCs and some FHTs are led by an Admin Lead rather than an ED. Salary recommendation is a "guesstimate" half-way between Program Director & HR/Finance Manager/Program Coordinator.	28.48%	n/a
Program Director	74000	68485	82513		77562.22	90525	106500	Based on pattern, top of range estimated to be 94% of that for CHCs.	29.07%	94.0%
Program Coordinator	64200	59416	71585		67289.9	78370	92200	Based on pattern, top of range estimated to be 94% of that for CHCs.	28.80%	94.0%
Office Administrator	48100	44516	53633		50184	48535	57100		6.46%	93.6%
Administrative Assistant	42200	39054	47054		43911	44200	52000		10.51%	93.3%
HR Manager	64200	59416	71585		67289.9	78370	92200	Based on pattern, top of range estimated to be 94% of that for CHCs.	28.80%	94.0%
Finance Manager	64200	59416	71585		66912	78370	92200		28.80%	93.5%
IT specialist	55800	51641	62219		58485.86	58735	69100	AOHC estimates that IT specialist is about the same as a DMC	11.06%	94.0%
Data Management Coordinator	55800	51641	62219		58485.86	58735	69100	AOHC estimates that IT specialist is about the same as a DMC	11.06%	94.0%
Bookkeeper	42200	39054	47054		44230.76	44200	52000	Based on pattern, top of range estimated to be 94% of that for CHCs.	10.51%	94.0%
Medical Secretary	38000	35168	42371		35788	36550	43000		1.48%	84.5%
Receptionist	34900	32299	38914		36593	33193	39050		0.35%	94.0%

6.23 Actual salary compared to MOHLTC salary range – IHPs

Please check one of the following three options: Compared to the salary range the Ministry has established for the position, actual salary is typically …(check one in each row)

	… below the range maximum	… at the range maximum	… above the range maximum	Response Count
Nurse Practitioner	16.0% (21)	**66.4% (87)**	17.6% (23)	131
Registered Nurse	29.3% (39)	**61.7% (82)**	9.0% (12)	133
RPN	31.4% (22)	**55.7% (39)**	12.9% (9)	70
Health Promoter	28.4% (19)	**61.2% (41)**	10.4% (7)	67
Case Worker/Manager	19.0% (4)	**71.4% (15)**	9.5% (2)	21
Community Health Worker	30.0% (12)	**67.5% (27)**	2.5% (1)	40
Social Worker/Mental Health Worker	23.1% (12)	**69.2% (36)**	7.7% (4)	52
Social Worker – Masters level	24.5% (23)	**63.8% (60)**	11.7% (11)	94
Counsellor	25.8% (8)	**64.5% (20)**	9.7% (3)	31
Chiropodist	13.6% (6)	**72.7% (32)**	13.6% (6)	44
Registered Dietitian	27.9% (31)	**65.8% (73)**	6.3% (7)	111
Occupational Therapist	32.0% (8)	**52.0% (13)**	16.0% (4)	25
Early Childhood Worker 1	22.2% (4)	**61.1% (11)**	16.7% (3)	18
Early Childhood Worker 2	**41.2% (7)**	**41.2% (7)**	17.6% (3)	17
Pharmacist	12.3% (8)	**70.8% (46)**	16.9% (11)	65
Psychologist	17.2% (5)	**62.1% (18)**	20.7% (6)	29
Other IHP	26.2% (11)	**61.9% (26)**	11.9% (5)	42

6.24 Actual salary compared to MOHLTC salary range – admin. staff

Compared to the salary range the Ministry has established for the position, actual salary is typically … (check one in each row)

	…below the range maximum	… at the range maximum	… above the range maximum	Response Count
Executive Director	29.3% (34)	**50.9% (59)**	19.8% (23)	116
Administrative Lead	**44.4% (16)**	41.7% (15)	13.9% (5)	36
Director	38.7% (12)	**48.4% (15)**	12.9% (4)	31
Program Coordinator	29.2% (14)	**54.2% (26)**	16.7% (8)	48
Office administrator/Manager or Administrative assistant	27.9% (24)	**60.5% (52)**	11.6% (10)	86
HR Manager	36.4% (8)	**40.9% (9)**	22.7% (5)	22
Finance Manager	36.4% (16)	**45.5% (20)**	18.2% (8)	44
IT specialist	33.3% (8)	**45.8% (11)**	20.8% (5)	24
Data Management Coordinator	35.9% (14)	**51.3% (20)**	12.8% (5)	39
Bookkeeper	36.4% (12)	**51.5% (17)**	12.1% (4)	33
Medical Secretary	31.3% (20)	**64.1% (41)**	4.7% (3)	64
Receptionist	27.6% (24)	**65.5% (57)**	6.9% (6)	87
Other administrative roles	31.3% (10)	**59.4% (19)**	9.4% (3)	32

6.25 Primary care organizations currently providing pension benefits

Does your primary care organization currently provide pension benefits? (check one)		
Answer Options	**Response Percent**	**Response Count**
Yes - HOOPP	28.9%	41
Yes - contribution to RRSP	38.7%	55
Yes - other plan	10.6%	15
NO	21.8%	31
	answered question	142
	skipped question	8

NOTE:
Eighty-three respondents (55% of total) added comments about their pension and benefit plans. The common theme throughout all was the inability to offer reasonable benefit and pension plans within the cap of 20% of salaries. The majority commented on the critical need to be able to offer HOOPP to attract and keep staff.