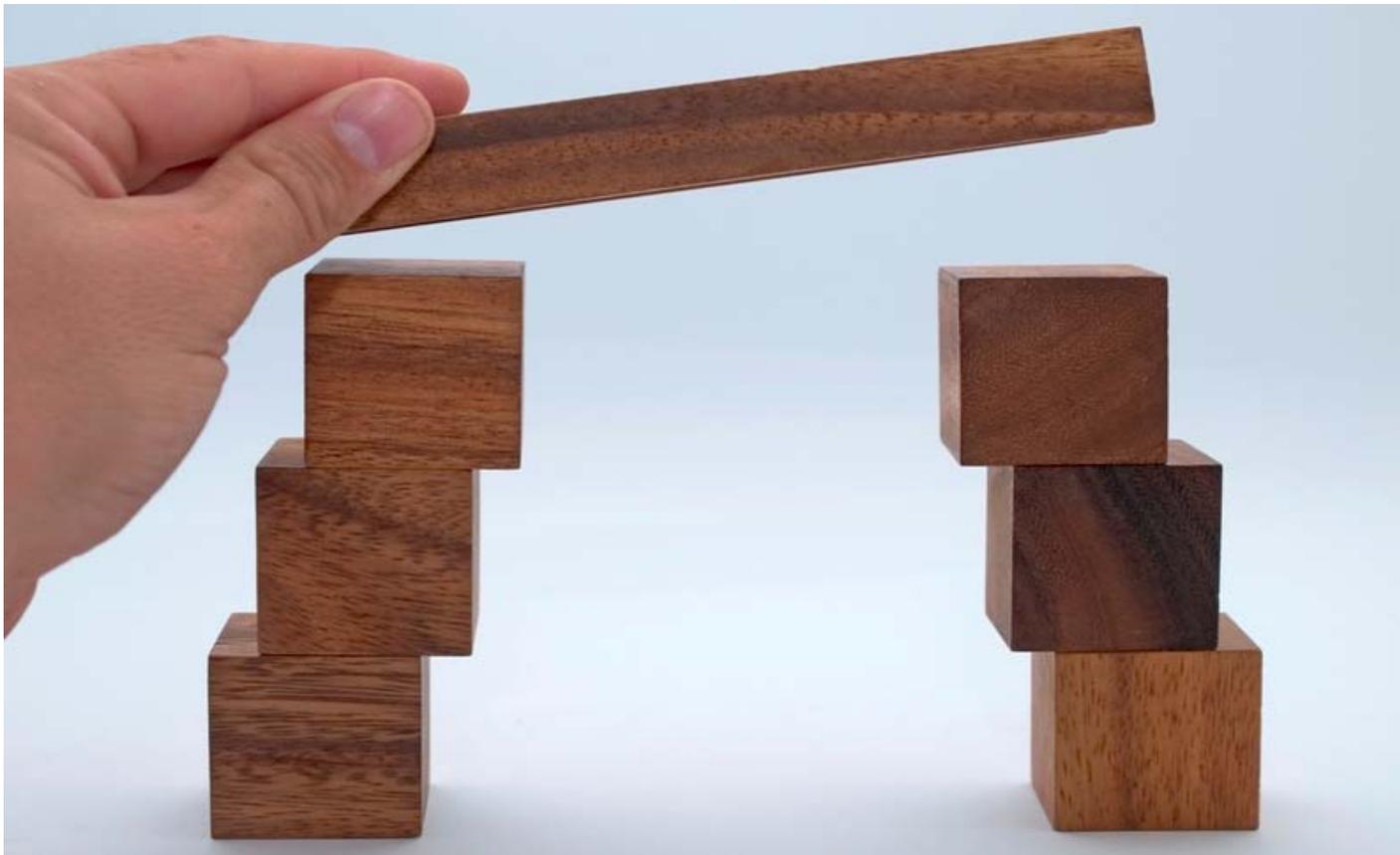


May 2013

Technical Report Submitted to: AOHC, AFHTO and NPAO

Developing a Provincial Compensation Structure for
Primary Care Organizations – 2012 Report

HayGroup[®]



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**Hay Group Health Care
Consulting**

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1. Introduction

Hay Group Health Care Consulting is pleased to provide our final report to the Primary Care Compensation Working Group (PCCWG) for the development of a common primary care compensation structure for the following interprofessional primary care models in Ontario: Family Health Teams (FHTs), Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), and Nurse Practitioner-Led Clinics (NPLCs). The PCCWG is comprised of representatives of the Association of Ontario Health Centres (AOHC), the Association of Family Health Teams of Ontario (AFHTO) and the Nurse Practitioners' Association of Ontario (NPAO). This review encompasses all inter-professional providers within the aforementioned models with the exception of physicians.

The key deliverables for this project were as follows:

- Refreshing previous job profiles and adding new jobs to the 2009 AOHC structure;
- Conducting a salary survey of management and non-management positions to support the development of a provincial salary structure;
- Conducting a market review of positions that are typically unionized (e.g., registered nurse, social worker, etc.), based on cost of living increases, union contract negotiations and available salary data;
- Providing supplemental market data using published sources;
- Developing a guideline framework for Executive Director (ED) compensation;
- Clarifying the Community Health Worker and Health Promoter roles;
- Creating new job profile and adding Traditional Healer to structure;
- Developing a provincial compensation structure and provision of guidelines to assist in salary administration maintenance;
- Providing guidelines for implementing Pay Equity; and,
- Presentations of the final report and recommendations to the three sponsoring organizations.

This final report describes the methodology undertaken for the project, provides a summary of the salary survey results (full details are provided in a separate report attached in Appendix C) and the market review for non-management positions that are typically unionized, describes the guideline framework for Executive Director compensation and provides our recommendations for a provincial compensation program. We also provide salary administration guidelines to assist in maintaining the compensation program.

2. Background

Hay Group Health Care Consulting has been pleased to work with the AOHC since 1999. In 2009, Hay Group assisted the AOHC by refreshing the provincial compensation structure within the new LHIN environment.

The 2009 compensation framework was based upon a custom compensation survey in conjunction with job analysis. The resulting salary structure is presented in the table below. However, it is understood that most Community Health Centres (CHCs) were not able to move to the recommended salary structure due to lack of funding. Further, we understand that this structure has not been applied in the other Primary Care Organizations (PCOs), i.e., Family Health Teams (FHTs) and Nurse Practitioner-Led Clinics (NPLCs).

Nevertheless, for the purpose of this study, the 2009 recommended compensation framework has been used to represent current market data for PCOs.

Band	Hay Group 2009 Recommended Rate
13	\$145,000
12	\$123,000
11	\$106,500
10	\$92,200
9	\$80,000
8	\$69,100
7	\$62,900
6	\$57,100
5	\$52,000
4	\$47,250
3	\$43,000
2	\$39,050
1	\$35,500

3. Methodology

The following paragraphs briefly summarize the key steps undertaken during the course of this project.

Project Planning/Project Progress Meetings

We commenced the project by conducting a project planning meeting with the PCCWG, during which we confirmed the project deliverables and timing, and agreed to the survey benchmark positions and market comparator organizations. Progress meetings were conducted at key milestones including the reviews of the refreshed/new jobs added to the structure, Executive Director compensation guideline framework, salary survey results and recommended compensation structure.

Profile Refresh and New Profiles

The PCCWG reviewed job descriptions for a selected group of positions and modifications were made by Hay Group. Hay Group also developed new job profiles based on information provided by the PCCWG. These were approved by the Working Group, evaluated by Hay Group, and placed in the structure.

Conduct Market Survey

Eighteen survey benchmark jobs were selected by the PCCWG for the market salary survey. Invited organizations represented Canadian Mental Health Associations, Children's Aid Societies, Children's Treatment Centres, Community Care Access Centres, Family Services organizations, Public Health Units, and other health sector agencies. Eighteen organizations covering a range of organization types and geographic locations participated in the custom survey covering base salary, salary ranges and selected benefits questions.

Market Review – Non-Management Positions

Hay Group analyzed Ontario Nurses Association (ONA) and Ontario Public Service Employees Union (OPSEU) collective bargaining agreements for nine comparable positions to identify recent and future year-over-year salary increase amounts.

Supplemental Market Source Review

The Ontario Hospital Association (OHA) salary survey was analyzed for comparable PCO positions to identify compensation variances to the hospital sector. As well, Ministry of Health and Long Term Care (MOHLTC) rates were used as supplemental information.

Develop Guideline Framework for Executive Director Compensation

Hay Group conducted focus groups to assist in understanding differentiating factors amongst PCOs with respect to size and mandate of ED roles. Based on this feedback and subsequent models and testing of various scenarios, we developed a guideline framework to assist in determining ED compensation.

Traditional Healer Role

Hay Group reviewed job documentation for the Traditional Healer role and convened several focus group discussions in order to gain an understanding of this position. We also consulted with colleagues in other jurisdictions (i.e., Western Canada, United States and Australia) where similar roles are found. Based on all of this information, a job profile was created, and the job was evaluated and placed in the new structure.

Framework for Differentiating Community Health Worker/Health Promoter Roles

Hay Group convened four meetings with representatives of the Ottawa CHCs to review the Community Health Worker and Health Promoter roles in order to clarify the distinctions between the two roles. We developed a framework for differentiating the roles.

Develop PCO Provincial Compensation Structure

Using a combination of the custom market survey results and Ontario hospital data, Hay Group developed a PCO provincial compensation structure that reflects internal equity and is externally competitive. Note: For Ontario hospital data, management positions were benchmarked to hospitals with operating budgets equal to or less than \$10 million, as this budget size is representative of PCOs; whereas front-line positions were compared to the provincial database, as the rates for these jobs tend to be comparable across the province and this market reflects the geographic distribution of PCOs throughout Ontario.

Pay Equity Guidelines

Hay Group developed a pay equity document outlining how the Pay Equity Act applies to each organization independently and the specific activities that need to be carried out to achieve compliance with the legislation.

4. Profile Refresh and Additional Roles

Working with job documentation from a variety of sources within the PCOs, Hay Group developed generic job profiles for roles in the structure. Draft versions of all job profiles were circulated back to the PCCWG for their review and approval. Using the approved generic job profiles, Hay Group evaluated the roles utilizing the Hay Group Guide Chart-Profile MethodSM.

The 2009 Hay Group recommended structure was then updated. Selected existing roles were validated within the structure, specifically the Nurse Practitioner, Registered Nurse, Registered Practical Nurse, Chiroprapist and Data Management Coordinator.

In addition the following new roles were added to the structure: Clinical Assistant, Community Health Planner, Early Childhood Educator, Executive Assistant, IT Technician, Respiratory Therapist, and Volunteer Coordinator. The approved job profiles can be found in Appendix A.

Additional work was completed regarding key roles for which there was a requirement for deeper review:

Traditional Healer

The PCOs requested that the role of Traditional Healer be evaluated in order to place it in the structure. Job documentation was collected for various Traditional Healer positions. To gain further insight into the role's scope and accountability, a discussion took place between Hay Group and senior leaders at Anishnawbe Health Toronto, Chigamik Community Health Centre and Southwest Ontario Aboriginal Health Access Centre.

We also consulted our Hay Group colleagues in other international jurisdictions (i.e., Western Canada, United States and Australia) where similar roles are found in order to gain an understanding of how these roles have been evaluated within other health care structures.

Based on the information assembled, the evaluation placed on the Traditional Healer role represents a position requiring an understanding and application of Traditional Medicine gained through extensive practical experience and teachings in order to provide on-going health care

services in the areas of assessment, education/counselling, prevention and performing specific methods or ceremonies to promote mental, physical and spiritual well-being. It involves the planning, organizing, and co-ordinating of a wide range of activities to deliver Traditional Healing. The proposed band for this role is grade 10 in the new Primary Care Structure.

Community Health Worker/Health Promoter Roles

Assistance was provided to the Ottawa CHCs to provide greater clarity in the differentiation of the Community Health Worker and Health Promoter Roles. Over the years, the lines between the two roles have become blurred. As a result, there was a need to provide guidance to the CHCs in appropriately placing staff in these roles.

Hay Group reviewed documentation concerning the two roles and had several meetings with representatives of the Ottawa CHCs to clarify their concerns and discuss options. The result is a document defining the key differences in the accountabilities, education and experience of the two roles. A comprehensive differentiating framework can be found in Appendix B. Also included in the framework is the new Health Planner role.

Other Director/Manager Roles

Job information was collected for several other Director and Manager program and clinical roles to assess whether these roles should be seen as distinct roles (*and potentially placed differently within the compensation structure*) or fall under the generic Director and Manager roles. The following job profiles were developed and reviewed: Chronic Disease Manager, Clinical Director, Clinical Manager, Program Director, Program Manager, and Manager Quality and Performance.

After reviewing the job profile information and further discussion with the PCCWG, it was decided that there are not sufficient differences to warrant separate treatment of these roles within the structure. As a result, grade 11 will remain the Director level and grade 10 will remain the Manager level, covering all of the profiles that were reviewed.

5. Custom Market Salary Survey

In this section, we provide a summary of the key survey elements and the results. Full details are provided in Appendix C.

Survey Benchmark Jobs

The following 18 benchmark jobs were selected by the PCCWG to be surveyed.

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

**Survey
Participants**

The following 18 organizations representing a cross section of types of community agencies and other broader public sector organizations, participated in the salary survey:

1. Canadian Mental Health Association - Champlain East
2. Canadian Mental Health Association - Cochrane Timiskaming Branch
3. Central East Community Care Access Centre
4. CFS Ottawa
5. City Centre Healthcare - operated by CMHA-WECB
6. City of Ottawa
7. John McGivney Children's Centre
8. Lansdowne Children's Centre
9. LOFT Community Services
10. Muskoka-Parry Sound Community Mental Health Service
11. North Bay Parry Sound District Health Unit
12. North West Community Care Access Centre
13. Sherbourne Health Centre
14. Toronto Central Community Care Access Centre
15. VHA Home HealthCare
16. Waterloo Wellington Community Care Access Centre
17. Wellington-Dufferin-Guelph Public Health
18. WOTCH Community Mental Health Services

We note that this number of survey participants represents a valid sample size upon which to make salary recommendations.

Information Surveyed

Compensation Elements

- Salary Range Minimum** – The policy salary minimum the organization is willing to pay an incumbent.
- Salary Range Maximum** – The policy salary maximum the organization is willing to pay an incumbent.
- Actual Base Salary** – The actual annualized salary that the incumbent receives.

Benefits

- Prevalence of pension plan
- Cost of benefits as a percentage of payroll

Salary Survey Results

Data were analyzed using two comparison methods, i.e., Job Match and Pay Trend Line.

The compensation analysis is based upon the placement of the roles within bands as per the 2009 recommended structure and including new roles as reviewed by Hay Group in 2013.

The job match approach compares the market data versus the internal data by each benchmark job. A pay trend line analysis provides an overall “average” of the benchmark jobs.

A trend 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.

We developed pay trend lines representing the internal (i.e., PCOs) pay trend line and the market. We then compared the predicted values produced by the formulas of each trend line to determine the competitiveness of the internal line versus the market.

Compensation Comparisons – Job Match

The table below provides the market comparisons between the Hay Group 2009 recommended maximum salary rate and the custom survey comparator group at the 50th percentile (P50).

Generally, the Hay Group 2009 recommended rates remain competitive with the 50th percentile of the custom survey market, and are about 12% below the 75th percentile.

Job Title	Survey Job #	Salary Range Minimum			Salary Range Maximum			Band	Hay Group 2009 Recommended Rate	2009 Maximum vs Market Maximum Median
		P25	P50	P75	P25	P50	P75			
Executive Director	6	100,489	126,500	136,232	125,000	143,778	157,890	13	145,000	1%
Clinical Dir	2	87,611	100,043	115,652	101,834	125,080	138,556	11	106,500	-15%
Program Director	12	69,243	92,880	106,642	85,807	109,271	129,152	11	106,500	-3%
Psychologist (Clinical)	14	*	*	*	*	*	*	10	92,200	
Finance Manager	7	68,214	76,415	86,978	80,000	90,667	105,000	10	92,200	2%
Program Manager	13	62,546	76,053	84,825	78,701	91,638	103,571	10	92,200	1%
Nurse Practitioner	10	81,926	89,289	91,689	97,972	100,233	106,506	10	92,200	-8%
Social Worker (Therapist)	18	53,416	57,369	61,483	63,966	71,815	75,024	8	69,100	-4%
Registered Nurse	11	53,854	57,369	62,568	68,975	73,387	75,382	8	69,100	-6%
Dietitian	4	*	59,479	*	*	68,383	*	8	69,100	1%
Health Educator / Promoter	8	51,121	54,715	65,671	61,765	68,476	79,148	8	69,100	1%
IT Coordinator	9	48,185	51,870	59,343	56,705	60,988	69,266	7	62,900	3%
Counsellor / Outreach Worker	3	43,563	49,309	55,230	53,582	57,542	66,203	6	57,100	-1%
Executive Assistant	5	44,394	48,187	51,581	51,703	55,846	66,317	6	57,100	2%
Registered Practical Nurse	16	40,027	41,379	48,231	47,034	49,032	54,868	5	52,000	6%
Administrative Assistant	1	36,889	38,224	42,471	42,426	46,457	52,046	5	52,000	12%
Secretary	17	38,181	41,095	42,777	45,591	46,067	49,157	3	43,000	-7%
Receptionist / Secretary	15	32,039	34,293	38,523	36,751	40,353	45,942	2	39,050	-3%
Average Variance										-1%

*note: no market data/benchmark jobs in bands 1, 4, 9 and 12.

Compensation Comparisons – Pay Trend Line Analysis

Appendix D provides the pay trend line comparison between the Hay Group 2009 recommended salary range maximum and all organizations in the custom survey market at the 50th percentile.

The graph illustrates that the Hay Group 2009 recommended rates have maintained their competitive position with the 50th percentile of the survey market overall and it is only at senior levels within the organization that a market gap begins to form.

Pension Prevalence and Benefit Cost

The majority (76%) provide a defined benefit plan. The most commonly provided plan is the Healthcare of Ontario Pension Plan (HOOPP). In this plan, organizations contribute 126% of the employees' contribution, which is 6.9% up to YMPE and 9.2% above.

For organizations providing a defined benefit plan, the average and median costs of benefits, as a percentage of payroll, are 23.4%.

6. Collective Agreements / OHA Survey Results

Collective Agreements

For specific roles, Hay Group researched relevant collective bargaining agreements to provide additional salary information. The tables below detail the agreements and rates in comparison with the Hay Group 2009 recommended rates.

OPSEU

The OPSEU collective agreement contract period is effective until March 31, 2014.

The following table provides the range maximum for eight roles within the central agreement that have comparators within the Primary Care Compensation Structure.

Generally, the Hay Group 2009 recommended rate is below that of the OPSEU wage rates comparing 2012 wage rates. On April 22, 2013, OPSEU rates will be increasing by 2.75%.

OPSEU Central Agreement

Position	OPSEU Wage Rate (maximum)			2012 Annualized	Primary Care Band	Hay Group 2009 Recommended Rate	Market Variance
	2011	2012	2013				
Psychologist	60.49	60.49	62.15	117,956	10	92,200	-22%
Pharmacist	48.94	48.94	50.29	95,433	9	80,000	-16%
Dietitian	38.51	38.51	39.57	75,095	8	69,100	-8%
Physiotherapist	41.55	41.55	42.69	81,023	8	69,100	-15%
Occupational Therapist	41.55	41.55	42.69	81,023	8	69,100	-15%
MSW	43.92	43.92	45.13	85,644	8	69,100	-19%
Speech Pathologist	43.92	43.92	45.13	85,644	8	69,100	-19%
Respiratory Therapist	39.26	39.26	40.34	76,557	7	62,900	-18%

**salaries annualized at 37.5 hours per week*

ONA

The ONA collective agreement contract period is effective until March 31, 2014. The following table provides rates for the Registered Nurse position.

Generally, PCOs will be competitive when comparing with Registered Nurses up to 4-5 years of experience within hospitals, and then, begin to lag the market.

ONA rates for Registered Nurses (Central Agreement)

Years Experience	April 1, 2011	Annualized*	April 1, 2013	Annualized*	Primary Care Band	Hay Group 2009 Recommended Rate	Market Variance
Start	29.36	57,252	30.17	58,832	8	69,100	17%
1 Year	29.79	58,091	30.61	59,690			16%
2 Years	30.29	59,066	31.12	60,684			14%
3 Years	31.78	61,971	32.65	63,668			9%
4 Years	33.28	64,896	34.20	66,690			4%
5 Years	35.15	68,543	36.12	70,434			-2%
6 Years	37.04	72,228	38.06	74,217			-7%
7 Years	38.94	75,933	40.01	78,020			-11%
8 Years	41.70	81,315	42.85	83,558			-17%
25 Years	42.44	82,758	43.61	85,040			-19%

*salaries annualized at 37.5 hours per week

Early Childhood Educators

Hay Group reviewed collective bargaining agreements in school boards for the role of Early Childhood Educator, which is also commonly known as Designated Early Childhood Educator (DECE). The agreements presented in the table below are effective 2010 – 2012. 2013 rates have not yet been published.

There are other organizations that employ similar roles in day care centres. However, we were unable to obtain these rates.

We recommend that this role be placed in band 5 of the PCO structure and thus would have had a Hay Group 2009 recommended rate of \$52,000.

The rates for ECE/DECE roles seem to be consistent across the province, and a sample of three agreements is provided in the table below. Generally, the PCO rate is 11% above market for a fully competent (i.e., 4+ years' experience) ECE.

Early Childhood Educators

Collective Bargaining Agreement	Years of Experience					4 year rate annualized (37.5hrs/wk)	Hay Group 2009 Recommended Rate	Market Variance
	Start	1 year	2 year	3 year	4+ years			
OSSTF / Algoma District	20.09	21.63	23.18	24.71	26.27	51,227	<i>job not included in 2009 structure</i>	N/A
ETFO / Halton District	20.09	21.63	23.18	24.72	26.27			
OSSTF / Renfrew County	20.09	21.63	23.18	24.72	26.27			

Supplemental Data

OHA Salary Survey Data

The OHA salary survey database was used to gather further data on comparable management and non-management positions. For the management positions (Executive Director, Program Director and Finance Manager), we analyzed data from hospitals with annual operating budgets of ≤\$10 million, as this budget size is representative of PCOs. For the remaining positions, the provincial database was used for comparison, as front-line jobs are generally paid consistently across the province regardless of hospital size or type, and this market reflects the geographic dispersion of PCOs throughout Ontario.

The table below provides the comparison results between the Hay Group 2009 recommended salary range maximum and the 50th percentile (P50) of the OHA data, using the same benchmark jobs that were utilized in the 2009 review. *Overall, the primary care compensation structure is below this market sector by 7%.*

Primary Care Comparator Role	Ontario Hospital Association Data				Band	Hay Group 2009 Recommended Rate	2009 Rate versus Market Median
	P25	P50	P75	Average			
Executive Director*	140,625	150,162	170,387	185,960	13	145,000	-3%
Program Director*	98,144	100,581	104,696	125,295	11	106,500	6%
Nurse Practitioner	98,241	101,264	105,710	101,849	10	92,200	-9%
Finance Manager*	90,918	96,000	101,451	95,607	10	92,200	-4%
Human Resources Manager	89,202	97,137	101,881	93,861	10	92,200	-5%
Clinical Social Worker / Therapist	81,510	83,558	85,644	82,856	8	69,100	-17%
Occupational Therapist	77,279	79,092	81,023	78,917	8	69,100	-13%
Registered Nurse	81,315	82,758	82,758	82,271	8	69,100	-17%
Speech Language Pathologist	82,271	83,558	85,644	83,187	8	69,100	-17%
Physiotherapist	78,312	79,131	81,023	79,326	8	69,100	-13%
Chiropodist	68,211	72,228	75,095	71,136	8	69,100	-4%
Dietitian	72,852	75,095	76,694	74,568	8	69,100	-8%
Registered Practical Nurse	50,700	52,358	53,118	52,260	5	52,000	-1%
Administrative Assistant	46,001	48,653	51,792	48,555	5	52,000	7%
Receptionist	41,262	42,608	45,533	43,368	2	39,050	-8%
						Average Variance	-7%

Ministry of Health and Long-Term Care Rates

The Ontario MOHLTC provides salary ranges for interprofessional health providers. The FHTs and NPLCs are currently funded based on these rates.

The following table illustrates the 2009 primary care recommended rates compared to the MOHLTC published salary range maximums. Generally, PCOs, if paying at the Hay Group 2009 recommended rate, will be above the MOHLTC rates, with the exception of the Psychologist/Psychological Associate role.

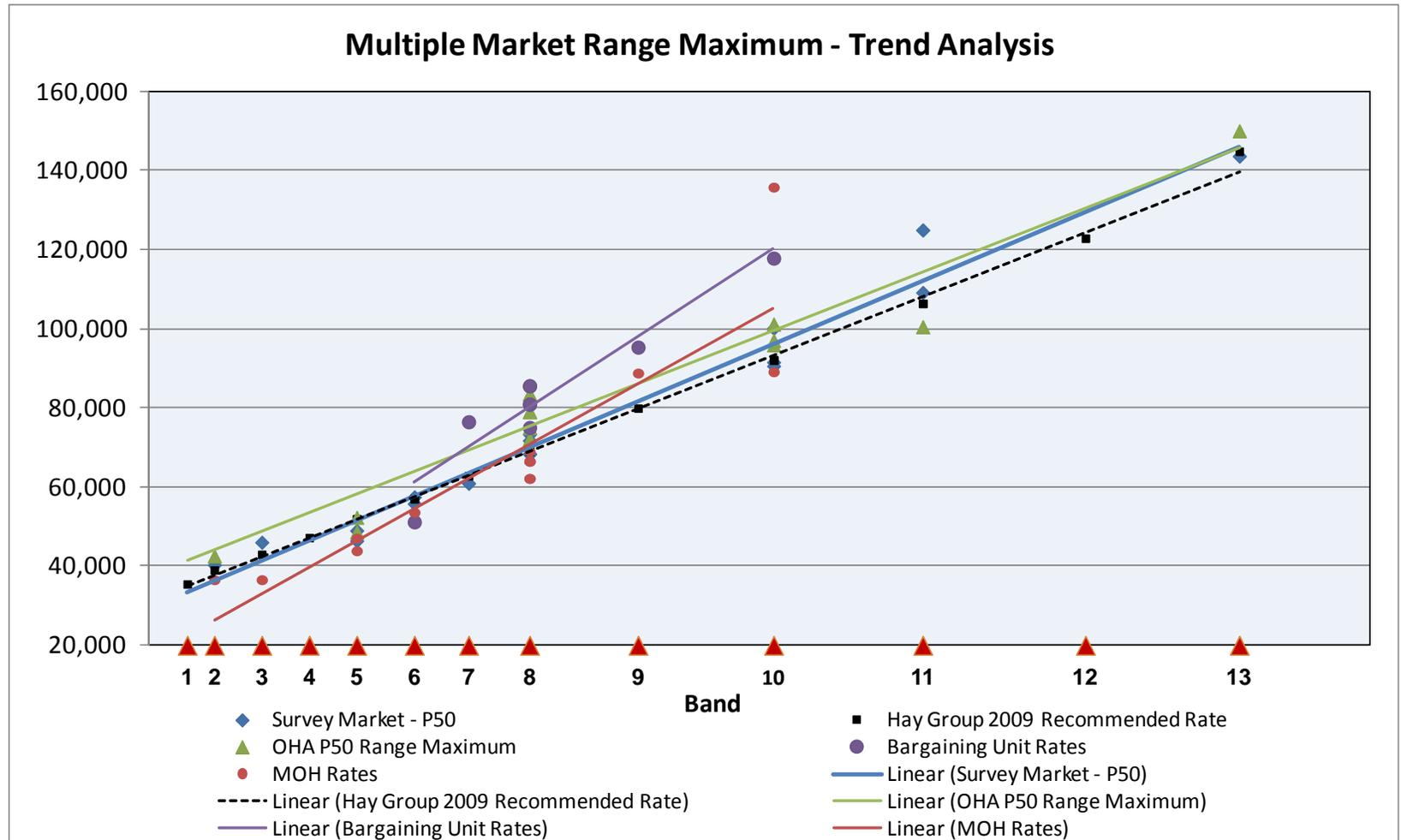
Primary Care Comparator Role	Ministry of Health		Band	Hay Group 2009 Recommended Rate	Variance of recommended rate to MOH Rate
	Range Minimum	Range Maximum			
Nurse Practitioner	74,038	89,203	10	92,200	3%
Psychologist/Psychological Associate	103,322	135,916	10	92,200	-32%
Pharmacist*	61,685	88,869	n/a		
Health Educator/Promoter	51,641	62,219	8	69,100	11%
Dietitian	51,641	62,219	8	69,100	11%
Chiropracist/Podiatrist	55,251	66,568	8	69,100	4%
Occupational Therapist	55,251	66,568	8	69,100	4%
Registered Nurse	55,251	66,568	8	69,100	4%
Social Worker	55,251	69,003	8	69,100	0%
Counsellor / Outreach Worker	44,516	53,633	6	57,100	6%
Registered Practical Nurse	39,034	47,117	5	52,000	10%
Administrative Assistant	36,593	43,911	5	52,000	18%
Medical Secretary	30,320	36,593	3	43,000	18%
Receptionist / Clerical Staff	30,320	36,593	2	39,050	7%
				Average Variance	5%

*Pharmacist was not included in 2009 structure

Pay Trend Line Analysis – All Data Sources

Using a trend line analysis, the graph on the following page illustrates the market data, i.e., salary range maximums (or job rates) from the following sources: custom survey, Ontario hospitals, collective bargaining agreements and MOHLTC rates, in comparison to the Hay Group 2009 Recommended Rates. As noted above, for Ontario hospital data, management positions were benchmarked to hospitals with operating budgets equal to or less than \$10 million, as this budget size is representative of PCOs; whereas front-line positions were compared to the provincial database, as the rates for these jobs tend to be comparable across the province and this market reflects the geographic distribution of PCOs throughout Ontario.

While the PCO organizations lag the hospital market overall, it is perhaps more noteworthy that the union like roles have the most significant gap to market rates and MOHLTC rates are generally below the Hay Group 2009 recommended rates.



Note on the Dietitian Pay Gap

The most significant market gap among professional roles exists with respect to the dietitian position. This pay gap dates back to the MOHLTC's decision in 2006 that placed dietitians in the wrong pay band, whereas based on Hay Group's evaluation of the dietitian job, it clearly belongs in the same pay band as other health professional roles, i.e., physiotherapists, occupational therapists, speech therapists and social workers. For this reason, the table shows a very large gap between the MOHLTC's current salary rate and the market salary rates for this particular profession.

Note on the Health Promoter Pay Gap

Another position for which there is a significant pay gap is the Health Promoter. As with the dietitian, this pay gap also dates back to the MOHLTC's decision in 2006 that placed Health Promoters in the wrong pay band, whereas Hay Group's evaluation of this role placed it in the same pay band as other health professional roles, i.e., physiotherapists, occupational therapists, speech therapists, and social workers.

7. Development of 2012 Compensation Structure

Developing/ Confirming the Compensation Strategy

The first step in designing a compensation structure is to establish the compensation strategy (or policy). A compensation strategy defines an organization's framework for establishing pay in order to align compensation with organizational strategy. The strategy helps ensure that the organization is able to attract and retain the skills required to achieve its vision, mission and strategic directions, and includes:

- Defining the “market,” i.e., the organizations that PCOs compete with for talent and/or organizations that employ similar skills
- Defining the “pay positioning,” i.e., where pay should be positioned in the market (e.g., 50th percentile, 75th percentile, etc.)

The 2009 Hay Group structure was based on the 50th percentile of the custom survey results.

Based on a variety of options presented by the consultants, the PCCWG determined that a combined market representing the custom survey results and Ontario hospitals represents a reasonable and defensible strategy for benchmarking compensation for PCOs. Note: For Ontario hospital data, management positions were benchmarked to hospitals with operating budgets equal to or less than \$10 million, as this budget size is representative of PCOs; whereas front-line positions were compared to the provincial database, as the rates for these jobs tend to be comparable across the province, and this market reflects the geographic distribution of PCOs throughout Ontario.

**Pay Levels
Developed for
PCOs**

Using the Hay Group Guide Chart Method of Job EvaluationSM, the consultants reviewed the evaluations of several jobs that had been evaluated previously and evaluated several new roles. The “refreshed” and new evaluations, along with jobs that had been previously evaluated, were incorporated into the new PCO Compensation Structure:

The 2012 structure encompasses the following 13 pay levels:*

Band	Position Title
13	Executive Director
12	no jobs
11	Director
10	Manager <i>Traditional Healer***</i>
9	Supervisor/Lead <i>Community Health Planner***</i>
8	Chiropodist** Social Worker (Therapist) Data Management Coordinator** Occupational Therapist Physiotherapist Nurse** Speech Pathologist Dietitian Health Promoter
7	<i>IT Technician***</i> <i>Respiratory Therapist***</i>

Band	Position Title
6	Counsellor Community Health Worker Office Administrator <i>Executive Assistant***</i> <i>Volunteer Coordinator***</i>
5	RPN** <i>Early Childhood Educator***</i> Bookkeeper Administrative Assistant
4	no jobs
3	Medical Secretary <i>Clinical Assistant***</i> Secretary
2	Receptionist/Secretary Medical Record Clerk
1	Maintenance Worker

* Market Exception Roles: The Nurse Practitioner and Psychologist roles were evaluated at Band 10, and the Psychologist at Band 9. However, these positions have not been included in the pay levels. See discussion below, page 24, Exceptions.

** The previous evaluations of these jobs were reviewed as part of this project. All of these jobs remained in their 2009 bands.

*** New roles added in 2012.

**Designing
Compensation
Structures Based
on Compensation
Principles**

The number of bands, or levels, created through the job evaluation process represents the number of salary range levels in a compensation structure. The job rate (or salary range maximum) is determined by applying the job evaluation value of each salary level and referencing the job rates produced by the market pay trend line regression output. The minimum of each salary range is then determined, which will depend on the salary range widths.

A compensation structure is typically developed by applying common compensation principles, i.e.:

- Each salary range has a minimum point and a maximum point, or job rate.
- The maximum or “job rate” represents the salary that a fully competent person earns in a specific position. The salary range maximum aligns with the market job rate data so that the compensation is competitive with the defined market.
- The salary range minimum is set at between 80% and 85% of the maximum, which generally represents the entry level rate for a new hire.
- There are typically about 5 to 6 steps within each salary range to allow for progression through the pay range based on a combination of performance and tenure.

**2012 PCO
Structure vs. 2009
Hay Group and
MOHLTC Rates**

The following table compares the 2009 Hay Group Recommended Job Rates and MOHLTC current rates to the 2012 Hay Group Recommended Job Rates:

Band	MOHLTC Rates	2009 Hay Group Recommended Job Rates	2012 Hay Group Recommended Job Rates	Change	
				MOHLTC Rate to 2012 Recommended Job Rates	Recommended 2009 to 2012 Job Rates
13		145,000	150,500		3.79%
12		123,000	129,700		5.45%
11		106,500	112,800		5.92%
10		92,200	98,100		6.40%
9		80,000	85,300		6.62%
8	69,003 ¹	69,100	75,500	9.4%	9.26%
	66,568 ²			13.4%	
	62,119 ³			21.3%	
7		62,900	67,400		7.15%
6	53,633	57,100	60,700	13.2%	6.30%
5	47,117 ⁴	52,000	54,400	15.5%	4.62%
	43,911 ⁵			23.9%	
4		47,250	48,800		3.28%
3	36,593	43,000	44,000	20.2%	2.33%
2	36,593	39,050	39,600	8.2%	1.41%
1		35,500	36,000		1.41%
Simple Average				15.6%	4.9%

It should be noted that the Dietitian and Health Educator/Promoter, although valued in grade 8, were not funded to the Hay Group 2009 recommended rate at grade 8, but rather at grade 7. This has created a further lag in the market for these positions.

Note: There are three distinct MOHLTC rates for roles within Band 8, and two within Band 5, of the Recommended Primary Care Structure:

- 1 – MOH Rate for Social Worker (MSW)
- 2 – MOH Rate for Chiropracist/Podiatrist, Occupational Therapist and Registered Nurse
- 3 – MOH Rate for Dietitian and Health Educator/Promoter
- 4 – MOH Rate for Registered Practical Nurse
- 5 – MOH Rate for Administrative Assistant

Exceptions

From an internal equity perspective, the Nurse Practitioner and Psychologist roles were evaluated as being comparable and falling in Band 10, while the Pharmacist was evaluated as belonging in Band 9. However, Hay Group has determined that these three positions should be considered as “exceptions,” i.e., the value placed on these positions by the market is not directly related to their internal value, as determined through job evaluation. Therefore, the salary ranges for these positions should be established solely based on market value considerations.

The recommended salary ranges for these three positions are as follows:

Nurse Practitioner and Psychologist:	\$103,322 - \$135,916
Pharmacist:	\$88,869 - \$93,500

The recommended salary ranges have been determined as follows:

- The Nurse Practitioner role was evaluated as being comparable to the Psychologist position from an internal equity perspective. It is noted that these two roles were originally evaluated in Band 10 of the CHC compensation structure in 2009 and their salary ranges were linked at that time. We have therefore established the salary range of the Nurse Practitioner as equivalent to the Psychologist. It is further noted that the recommended salary range maximum is consistent with the Hay Group Report to the NPAO, dated January 2011.
- The Pharmacist salary range was established based on the market data, consistent with the PCO compensation strategy.
- The Psychologist salary range is the current MOHLTC salary range.

2012 PCO Compensation Structure

The 2012 PCO Compensation Structure is presented on the following page.

Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
13	Executive Director	\$ 127,925	\$132,440	\$136,955	\$141,470	\$145,985	\$ 150,500
12	no jobs	\$ 110,245	\$114,136	\$118,027	\$121,918	\$125,809	\$ 129,700
11	Director	\$ 95,880	\$ 99,264	\$102,648	\$106,032	\$109,416	\$ 112,800
10	Manager Traditional Healer	\$ 83,385	\$ 86,328	\$ 89,271	\$ 92,214	\$ 95,157	\$ 98,100
9	Supervisor Community Health Planner	\$ 72,505	\$ 75,064	\$ 77,623	\$ 80,182	\$ 82,741	\$ 85,300
Market Exceptions							
	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
	Nurse Practitioner	\$ 103,322	\$109,841	\$116,360	\$122,878	\$129,397	\$ 135,916
	Psychologist						
	Pharmacist	\$ 88,869	\$ 89,795	\$ 90,721	\$ 91,648	\$ 92,574	\$ 93,500
Pay Band	Position Title	Minimum	Step 2	Step 3	Step 4	Step 5	Maximum
8	Chiropracist Social Worker (Therapist) Data Mangement Coordinator Occupational Therapist Physiotherapist Nurse Speech Pathologist Dietitian Health Promoter		\$ 64,175	\$ 67,006	\$ 69,838	\$ 72,669	\$ 75,500
7	IT Technician Respiratory Therapist		\$ 57,290	\$ 59,818	\$ 62,345	\$ 64,873	\$ 67,400
6	Counsellor Community Health Worker Office Administrator Executive Assistant Volunteer Coordinator		\$ 51,595	\$ 53,871	\$ 56,148	\$ 58,424	\$ 60,700
5	RPN Bookkeeper Administrative Assistant		\$ 46,240	\$ 48,280	\$ 50,320	\$ 52,360	\$ 54,400
4	no jobs - new band		\$ 41,480	\$ 43,310	\$ 45,140	\$ 46,970	\$ 48,800
3	Medical Secretary Clinical Assistant Secretary		\$ 37,400	\$ 39,050	\$ 40,700	\$ 42,350	\$ 44,000
2	Receptionist/Secretary Medical Record Clerk		\$ 33,660	\$ 35,145	\$ 36,630	\$ 38,115	\$ 39,600
1	Maintenance Worker		\$ 30,600	\$ 31,950	\$ 33,300	\$ 34,650	\$ 36,000

8. Development of Compensation Guideline Framework for Executive Directors

Approach to Development of Guideline Framework

Hay Group was requested to develop guidelines to be used by PCO Boards of Directors and, with respect to FHTs, for providing guidance to the MOHLTC, in establishing the compensation of EDs within the recommended salary range for this position.

Hay Group held several meetings with a Focus Group to assist in understanding the differentiating factors with respect to size and mandate across the various PCOs. We initiated the discussions by providing a list of draft criteria that could influence the scope, complexity and accountability of an ED position. Following numerous discussions, six specific rating criteria were established. Quantifiable, distinguishable dimensions were developed for each criterion. Due to the differences among the PCOs, modifiers were added to ensure that criteria could be consistently applied to all organizations. Each of the sponsoring associations then provided information on representative centres for the purpose of testing the framework.

Applying the Framework

For each rating criterion, quantifiable measures (dimensions) have an associated point score. Points are tallied independently for all six criteria. Additional points can be added to the overall score, if the modifier criteria apply to the organization. For some criteria, a score of 0 points is possible. A recommended salary range within the overall ED range is then applied, depending on the total point score. The Framework is presented on the next page.

Executive Director Salary Guideline Framework¹

Centre Specific Scoring Criteria*:	DIMENSIONS				
	1 point	2 points	3 points	4 points	5 points
1. Annual Operating Budget	Up to \$1 million	\$1.1 million - \$3 million	\$3.1 million - \$5 million	\$5.1 million - \$15 million	\$15.1 million - \$25 million
2. Number of Volunteers (excluding Board)	1 to 100	101 - 200	201 +		
3. Number of Funders / Funding Envelopes	1	2 - 4	5+		
4. # Sites/Satellites ²	2 - 4	5+			
5. Geographic Dispersion of Sites by Distance ³ or Municipalities/Regions Served ³	26 km to 75 km 2 - 3	76 km+ 3+			
6. # management reporting directly to Executive Director ⁴	2 - 3	0 - 1			

*It is possible to score 0 points for some criteria

Modifier

1: If you are a FHT (in recognition of physicians that are not part of FHT budget)	Add 1 point to your overall score
2: If you are a FHT and have >1 Physician Organizations	Add 1 point to your overall score

Recommended Salary Range¹

3 – 5 points	\$110,000 - \$120,000
6 – 8 points	\$120,000 - \$130,000
9 – 11 points	\$130,000 - \$140,000
12+ points	\$140,000 - \$150,000

¹Recommended Salary Range is determined by adding up the number of points for each of the 6 Criteria plus 2 Modifiers (if applicable).

- Notes: 1. Some FHTs and CHCs are coordinating the implementation of Health Links. As this is a new program, we are uncertain as to how this may impact the ED role. In future, the framework may have to be adjusted to specifically accommodate this activity.
 2. Sites/Satellites defined as a leased or owned location delivering on-going services. If operating 1 site, no points applied for this criteria.
 3. If operating 1 site, no points applied for this criteria.
 4. If 4+ management reporting to ED, no points applied for this criteria.

9. Salary Administration Guidelines

Ongoing management of the elements of salary determination and the administration of the compensation framework are important activities within a human resources function. To assist the PCOs in maintaining and administering the new pay framework, we provide the following guidelines.

New Employees

As much as possible, new employees should start at step 1 or 2. Where the new employee has significant prior experience in a similar position or brings special skills that reduce the on-the-job learning period, the PCO could hire at an intermediate rate between minimum and the job rate (salary range maximum).

Transfers/Promotions/Demotions

When an employee is permanently transferred or promoted to a position in a higher salary range, the new rate of pay should provide for an appropriate increase. The percentage differentials that have been provided between salary levels should allow for a meaningful adjustment.

If an employee is permanently demoted or transferred to a position in a lower pay band, the present salary level can be continued or the position can be red-circled. If the employee receives sufficient notice that the salary will be reduced, the salary can be reduced to an amount within the newly assigned pay grade. Should a PCO wish to pursue the latter approach, legal advice should be sought in each case with respect to the proper procedures.

Pay Increases – Changes to Salary Schedule

The salary schedules should be reviewed once a year. Normally, all ranges should be increased, depending on the movement of salaries in the market. This recommended increase for the total pay framework should be based on updated pay survey data and general trends in the economy or the community. Hay Group can provide the PCOs with information on annual market movement.

In addition to annual adjustments to pay scales, a periodic audit of a sample of jobs is recommended to ensure they are still in line with market levels and to ensure that the integrity of the pay plan is maintained. This should occur approximately every three years.

Red Circle Policy

A “red-circled” position occurs where a permanent incumbent is earning more than the maximum of the salary range. A policy to manage these salaries should be developed as follows:

- Upon implementation of the new compensation structure, there will be no reduction or increase to the incumbent’s salary in a “red-circled” position.
- At the time that the salary range structure is adjusted to reflect the market and/or cost-of-living increase, the incumbent in a “red-circled” position will receive no increase or a percentage of the recommended increase to the salary range structure, e.g., 50%, 75%.
- The reduced market adjustment factor will continue until such time as the incumbent’s salary falls within the salary range. Thereafter, the incumbent will be eligible to receive the full amount of the cost-of-living adjustment.

Market Exception Policy

A “market exception” occurs where a permanent incumbent is earning more than the maximum of the salary range as a result of market compensation pressures and demands. Typically, there are very few market exception positions in any organization and the skills/abilities are scarce in the marketplace. Therefore, the value placed on these positions by the market bears no relationship to the internal value as determined through job evaluation.

The policy to manage the salaries for these positions should be developed as follows:

- The salaries are considered “anomalies” and will be administered outside of the relevant salary range predicted by the internal value (i.e., job evaluation)
- At the time that the salary range structure is adjusted to reflect the market and/or cost-of-living increase, the incumbent in a market exception position will receive the same amount of the recommended increase
- Market exception positions should be reviewed annually to determine whether they continue to be exceptions, or whether the market has changed such that they should be compensated within the PCO structure

Three roles were identified as market exceptions:

- Nurse Practitioner
- Pharmacist
- Psychologist

The PCCWG determined that the psychologist rate should be set at the salary range that is currently funded by the MOHLTC (\$103,322 - \$135,916).

Given that the Nurse Practitioner role was evaluated by Hay Group as being comparable to the Psychologist, it is recommended that the Psychologist salary range apply to this position (\$103,322 - \$135,916). It is noted that these two roles were originally evaluated in Band 10 of the CHC compensation structure in 2009 and their salary ranges were linked at that time. Moreover, the salary range maximum is consistent with the findings and recommendations of the Hay Group Report to the NPAO, dated January, 2011.

Since the current MOHLTC maximum rate for Pharmacists (\$88,869) is not competitive, hospital data at P50 and collective bargaining rates were used to establish the recommended salary range (\$88,869 - \$93,500).

10. Guidelines for Implementing Pay Equity

Every public sector employer in Ontario must have a pay equity plan that meets the requirements of the Pay Equity Act. The purpose of pay equity is to ensure that there is equal pay for jobs of equal value (as determined through a gender neutral job evaluation plan), thereby ensuring that “female” job classes are paid on an equivalent basis to male jobs that are of equal value. Therefore, pay equity is based on pay rates within an organization, not external to the organization.

Since jobs within the provincial structure are evaluated using a gender neutral job evaluation methodology i.e. the Hay Group Guide Chart-Profile MethodSM, this provides PCOs with one of the basic requirements for preparing a plan, i.e., a structure with pay grades in which jobs of equal value are paid within the same salary range. However, it is still up to each organization to develop its own pay equity plan. In Appendix E, we present Guidelines for Implementing Pay Equity in PCOs.

Appendix A Primary Care Job Profiles

Existing Job Profiles Refreshed by Hay Group

1. 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.
- Co-ordinates 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.

2. Clinical 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 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.

3. 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 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 services organization.
- Baccalaureate degree in a health or social science discipline.

4. Data Management Coordinator

Provides data support and data management functions of the organization.

Representative Activities:

- Develops and implements systems and protocols to support the complete and accurate entry of data.
- Develops and implements systems to identify, track, correct and prevent errors to ensure high quality data.
- Produces information to support management decision making by developing, generating, analyzing and interpreting data reports.
- Maximizes efficient functioning and utilization of the data system through participating in training and professional development activities and by liaising with software vendors and IT support resources as needed.
- Determines local training needs and implement training plans. Ensures local system changes and enhancements support user needs and are compliant with system-wide processes and standards.
- Acts as the prime contact for resolving and escalating, where appropriate, data support issues.
- Participates on committees and regional user groups to develop data management best practices.
- May be responsible for business intelligence / decision support either in analytics support or implementation of tools that may be required for analysis/process evaluation

Typical Qualifications:

- Minimum of a Bachelors degree in a relevant discipline.
- Thorough knowledge of and proficiency in the use of computers and various database programs including Access.
- Experience in assessing training needs and developing plans to address them.
- Thorough understanding of the organization's Program Evaluation System, its required data elements and the business rules to support them.
- A minimum of 3 years experience preferably in a health care setting.

5. 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 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.

6. 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.

7. 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

8. 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.

9. Human Resources Manager

Oversees the human resource function at the corporate level.

Representative Activities:

- Supports the development, implementation and monitoring of employment practices, policies, systems and procedures.
- Ensures employment practices, policies, systems and procedures comply with appropriate legislation or contractual requirements.
- Serves as a resource for the interpretation of human resources policies and legislation.
- Develops and implement systems of record keeping, data collection, reporting and information distribution.
- Administers the employee benefits package.
- Supervises human resources/payroll staff.

Typical Qualifications:

- Undergraduate degree in a relevant discipline, or combination of diploma and related experience.
- Designation as a Certified Human Resources Professional (CHRP), an asset.
- Three to five years' human resources management experience; preferably in a health setting.
- Proficiency in the use of computers and various software applications.

10. Nurse Practitioner

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

The Primary Health Care Nurse Practitioner (PHC NP) is an autonomous primary care provider who works collaboratively with other members of the health care team. The NP works within the current legislative, regulatory and policy framework which includes following the Standard of Practice for NPs, as set out by the College of Nurses of Ontario. He/she provides comprehensive primary care to individuals and families across the lifespan.

PHC NPs work collaboratively with all members of the health care team. As such, they may be required to make referrals to other health care providers, including family physicians and specialists. The PHC NP may also be required to transfer and/or to discharge care of a client to another health care provider.

PHC NPs have, and must demonstrate, the competencies to use their legislated authority to diagnose, order and interpret diagnostic tests and imaging, prescribe pharmaceuticals and perform procedures. Utilizing his/her knowledge, skill and judgment, the PHC NP will assess, manage and treat clients with episodic, acute and chronic illnesses.

The PHC NP may be required to cast fractures, suture lacerations and perform procedures below the dermis. The PHC NP may seek privileges at a tertiary care centre in order to admit, treat and/or discharge patients. The PHC NP may be required to make house-calls and/or attend clients in the community as needed, including residents of long-term care facilities.

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 organization 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.

11. Office Manager

Coordinates the provision of corporate support services and oversees various office systems.

Representative Activities:

- Coordinates provision and distribution of corporate support services.
- Supervises administrative and clerical staff.
- Ensures building and equipment maintenance and security, and administer related leases and contracts.
- Develops and implement systems of record keeping, data collection, reporting, and information distribution as required.
- Purchases equipment, services and supplies, and maintain inventory of same.
- Coordinates the organization's occupational health and safety program.
- Coordinates human resources management and information technology systems and supports.

Typical Qualifications:

- Undergraduate degree in a relevant discipline, or combination of diploma and related experience.
- Three to five years administrative experience with progressive responsibility; preferably in a health setting.
- Experience implementing current occupational health and safety legislation.
- Proficiency in the use of computers and various software applications.

12. 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.
- Initiate crisis response procedures when necessary.

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.
- Experience with switchboard/multi-line telephone system.
- Proficiency in typing and in the use of computers and various software applications

13. 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 health centre/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.

14. 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.

New Job Profiles Developed for this Project

1. Chronic Disease Manager (not added to structure; subsumed under generic “Manager” position)

Works in collaboration with teams and provides efficient operations of Chronic Disease Management teams and/or front line clinicians. Leads the maintenance and development of procedures, protocols and service standards and programs related to Chronic Disease Management and prevention.

Representative Activities:

- Supervises front line staff ensuring that chronic disease management programs are in place and are being efficiently run. Coordinates team operations.
- Implements and coordinates the chronic disease management (and prevention) plan; conducts needs assessments & quality reviews, proactively changes programs/processes as needed.
- Coordinates and provides training as required for staff; includes programs with relation to quality improvement, accreditation standards, regulatory standards and application of improvement methodology.
- Produces health promotion materials to communicate information, programs and activities in relation to chronic disease management for both staff and patients.
- Liaises with public health and other agencies providing health promotion programs.

Typical Qualifications:

- Bachelor degree in health, social sciences or related health discipline. Masters degree preferred.
- Knowledge of and commitment to interprofessional primary health care and resources, typically 3-5 years experience required at minimum with experience in clinical leadership within Primary Care as well as Quality Improvement.
- Experience leading projects and groups and coordination of resources.
- Experience in needs assessment and program development/implementation.

2. Clinical Assistant (added to 2012 structure)

Provides support services for primary care clinic teams to ensure efficient operations of the clinic programs.

Representative Activities:

- Ensures proper set up of exam rooms, including a clean & sterile environment and routine maintenance of medical equipment.
- Assists with client appointment scheduling, physician appointment preparation and client flow to and from exam rooms.
- Assists in the management of medical supplies inventory; orders supplies as required and maintains stock in exam rooms.
- Provides administrative support as required, may include data analysis and billing data entry.
- May assist practitioners with examinations/treatments upon request.

Typical Qualifications:

- Secondary school diploma; post-secondary school diploma or degree an asset, in medical office and laboratory assisting.
- 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.

3. Clinical Director (not added to structure; subsumed under generic “Director” position)

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)

4. Clinical Manager (not added to structure; subsumed under generic “Manager” position)

Under direction of the Clinical Director or Executive Director, manages the development and delivery of clinical services to ensure effective use of resources and that the needs of clients are met. Typically will develop annual plans and provide input to longer term plans.

Representative Activities:

- Ensures clinical services meet the standards for accreditation.
- Manages professional staff, and assists in human resources functions such as hiring, performance reviews and supporting team development
- Managing program budgets, ensuring expenditure is aligned with budgets and reporting on any variances.
- Manages the use of clinical supplies and space.
- Oversees program development and establishes practices and protocols as related to program delivery, safety and any other area as required.
- Prepares funding proposals or other reports as required, assisting with grant applications/proposals and sourcing for funding.
- Analyzes patient/client data and conducts community assessments and identifies current gaps of service; advocates for support with various stake holders.

Typical Qualifications:

- Degree or diploma in Health services; or equivalent education/experience combination.
- Experience related to the health programs; quality improvement and performance management within interprofessional primary care environment.
- Experience writing proposals/submissions and maintaining budgets.
- Demonstrated clinical program experience and clinical decision-making skills which reflect understanding of the interprofessional primary care organization system and awareness of structure and function of primary care organizations

5. Community Health Planner (added to 2012 structure)

Supports senior management in the coordination of strategic planning, evaluation and research that supports capability to influence and respond to systematic changes within the health and social services system. Acts as a champion for evidence-based planning in clinical and administrative programs.

Representative Activities:

- Scans, tracks, and analyses systemic issues which impact primary care and aids in the development of new and/or adapted programs and services to address gaps in primary care.
- Monitors health and social services sectors at the local, regional, provincial and federal levels with respect to new directions, policies shifts and restructuring. Identifies emerging policy issues at a strategic level and provides analysis and recommendations to senior management.
- Analyzes information and develops reports to support organization-wide staff planning and resources, typically focuses on mid-range planning (i.e. 3-5 years) with input to annual operating plans. May develop and maintain accountability frameworks.
- Coordinates organization evaluation and research to assess organization programs and develops opportunities to enhance the health of the community. May work with a data management coordinator for the purpose of planning and evaluation to improve client health and health systems.

Typical Qualifications:

- Masters degree in Planning, Health Administration, Health Promotion or Medical Informatics field; or, equivalent combination of training experience; typically 5 years at minimum.
- Proficiency in data sourcing, quality management, analysis and statistical and research methods, including familiarity with various database programs such as MS Access/SQL.
- Demonstrated skill in report and funding proposal writing, with capacity to present data analysis and interpretation within reports.
- Experience in the healthcare sector with demonstrated knowledge in understanding strategic planning and program evaluation.

6. Early Childhood Educator (added to 2012 structure)

Plans, organizes and implements early childhood education programs for children 0- 12 providing a developmentally appropriate, safe and healthy environment.

Representative Activities:

- Develops and implements learning programs that foster positive relationships between children and their caregivers; promotes social, creative, cognitive and physical development of children through planned activities and play experiences.
- Facilitates various programs including parenting programs and workshops, morning drop-in programs, play groups and other childcare centric sessions.
- Plans and maintains an environment that protects the health, security and well-being of children individually and as groups.
- Assesses child development levels and prepares progress reports to discuss with caregivers and other staff members; makes referrals to family support and family based programs when required.
- Promotes awareness about early childhood education programs (e.g. Early Years) when appropriate and promotes the organization overall.

Typical Qualifications:

- Two-year early childhood education diploma from an approved Ontario College of Applied Arts and Technology (OCAAT) or the equivalent.
- Registered member of the College of Early Childhood Educators.
- Familiarity with the primary care health environment, with a minimum of one year of experience and an understanding of program development and delivery.
- Experience managing diversity of community members, including various ethnicities and levels of income; proficient in conflict resolution.

7. Executive Assistant (added to 2012 structure)

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.

8. IT Technician (added to 2012 structure)

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.

9. Pharmacist (not added to 2012 structure; treated as “market exception”)

Practices client-centred care to achieve optimal drug therapy outcomes and provides information and training as a specialist in evidence-based pharmaceutical information.

Representative Activities:

- Reviews client charts, tests results and allergies/intolerances to assess drug therapy and resolves actual drug related problems; typically referral based.
- Identifies and prevents potential drug related problems (including pharmacological, herbal, alternative and over the counter medications) in patient care situations.
- Acts as part of an interprofessional healthcare team and assists colleagues in provision of drug information specific to client cases; may include dose adjustments, drug related recommendations, or provision of evidence-based information or education to other healthcare professionals.
- Keeps current on drug therapy and provides training/education on therapeutic topics to other healthcare professionals within the organization, or, to targeted clients/community groups.
- Identifies areas for improvement to the medication use process at the organization, such as changes to existing procedures/programs to improve processes related to drug prescribing, handling of samples, administration of medication and documentation (including electronic medical records).

Typical Qualifications:

- Pharmacy degree from an accredited university and Certification of the Ontario College of Pharmacy.
- Registration with the Pharmacists of Canada is an asset, as are other credentials in pharmacotherapy (i.e. Certified Diabetes educator, Certified Geriatric pharmacist).
- Three or more years related experience in hospital or primary health care setting.
- Demonstrated understanding of current, evidence based and best practice pharmacy guidelines

10. Program Director (not added to structure; subsumed under generic “Director” position)

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:

- 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.

11. Program Manager (not added to structure; subsumed under generic “Manager” position)

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.

12. Quality and Performance Manager (not added to structure; subsumed under generic “Manager” position)

Guides the organization in the monitoring, measuring, reporting and analysis of quality in program delivery and oversees quality improvement processes.

Representative Activities:

- Develops and implements the performance management framework; establishes policy requirements and identifies appropriate policies and processes to support quality management. Sets objectives/key performance indicators for the organization.
- Monitors and measures client / stakeholder satisfaction, and other relevant performance indicators. Communicates to staff the implications of measured indicators/outcomes for the organization.
- Uses continuous quality improvement principles; conducts regular performance and operational reviews to gather information used by management to enable timely, performance driven change.
- Keeps current on community needs; plans and implements strategies for illness prevention / health promotion
- May monitor and update Accreditation reports.

Typical Qualifications:

- Master’s level degree in health-related field or business administration, or a combination of undergraduate degree and significant quality improvement, evaluation and management experience.
- Knowledge and proficiency in program development, delivery and evaluation in primary care.
- Demonstrated experience with quality improvement and performance management; capable of leading organizational change.
- Three to five years progressive experience in primary care or social services, and experience supporting and promoting collaborative team environments.

13. Respiratory Therapist (added to 2012 structure)

Provides services to individuals with Chronic Obstructive Pulmonary Disease (COPD) and other chronic conditions as a member of the care delivery team.

Representative Activities:

- Assesses and treats clients in collaboration with interprofessional team, or by information obtained through physician / laboratory reports / health records, providing comprehensive care
- May make referrals and contribute to chart documentation and/or suggest modifications to patient care plans based upon assessment of response to treatments.
- Provides health education / counselling to individuals and groups; facilitates other clinical activities in relation to respiratory care and/or chronic disease management; may be in conjunction with health educators/community partners
- Provides expertise in initiation and application of oxygen therapies, delivery of medication by inhalation and respiratory diagnostic services
- Maintains records of patients' therapy; possibly using electronic medical records systems.

Typical Qualifications:

- Undergraduate degree from a recognized university or combination of diploma and relevant courses/training.
- Member in good standing and current certificate of competence from the College of Respiratory Therapists of Ontario in addition to basic (Cardiopulmonary resuscitation) CPR certification in addition to Advanced Cardiovascular Life Support (ACLS) certification
- Three to five years experience in respiratory therapy in primary care, hospitals, or public health setting.
- Knowledge of information and techniques used to treat cardio pulmonary disorders, including symptoms, treatment alternatives, drug properties and interactions and preventative care measures.

14. Traditional Healer (added to 2012 structure)

Provides Aboriginal cultural based holistic approach to healing that addresses the emotional, mental, physical and spiritual aspects of healing

Representative Activities:

- Provides ongoing traditional health care services in the areas of assessment, health education/counselling, performing a wide range of activities, from the physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using Ceremony, counselling and the accumulated wisdom of the Elders.
- Keeps complete, accurate and timely records of client visits.
- Works with the health care team to plan and evaluate programs and develop or initiate traditional healing programs 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 organization by identifying areas where the development of protocols and procedures need improvement, participating in committee work and staff meetings, maintaining inventory of traditional medicines.
- Assists with chronic disease and prevention initiatives, collaborates with family physicians; and advocates on behalf of patients.

Typical Qualifications:

- Sum total of knowledge, skills and practices based on the theories, beliefs, and experiences indigenous to the Aboriginal culture
- Recognized Healer within the community
- Demonstrated ability to perform ceremonies
- Strong understanding how Western medicines interact with traditional herbs.
- Strong health assessment and clinical skills.
- Demonstrated ability to work with a multi- disciplinary team

15. Volunteer Coordinator (added to 2012 structure)

Responsible for overseeing the volunteers at the organization, including recruitment, training, and other support required to ensure meaningful placement for volunteers.

Representative Activities:

- Develops recruitment campaigns to attract volunteers; may conduct needs assessments to identify where volunteers would be of most use.
- Selects volunteers which match organization needs; selection process may include interviewing, criminal and background checks, reference calls, or other methods.
- Coordinates orientation delivery for volunteers, as well as training programs on both an introductory, and continuous basis. May train volunteers to train newer volunteers as well as training for staff to work with volunteers.
- Organizes volunteer recognition/retention programs (e.g. volunteer appreciation events, spot rewards)/
- Maintains human resources files for volunteers to track significant contributions (i.e., event participation, time logs), client interactions, availability and other relevant information.

Typical Qualifications:

- Post secondary school education; preferably in social sciences or related field.
- Experience in recruiting, training and other support functions for volunteers; familiarity with drop-in settings an asset.
- Capability of using databases, or record keeping software, or MS office applications to track volunteer files.
- Demonstrated experience engaging broader population to volunteer for an organization (sound knowledge of volunteerism)

Appendix B Community Health Worker/Health Promoter/Health Planner

	Community Health Worker	Health Educator/Promoter	Community Health Planner
Job Summary	Assists in planning and implementing community health programs	Coordinates, develops, implements, monitors and evaluates the health education/promotion programs	Supports senior management in the coordination of strategic planning, evaluation and research that supports capability to influence and respond to systemic changes within the health and social services system. Champions evidenced-based planning in clinical and administrative programs
Representative Activities	<ul style="list-style-type: none"> Identifies programs and resources needed to support activities by developing and maintaining formal and informal networks 	<ul style="list-style-type: none"> 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 (goals/objectives, resources/budget) 	<ul style="list-style-type: none"> Scans, tracks and analyzes systemic issues which impact primary care and aids in the development of new and/or adapted programs and services to address gaps in primary care
	<ul style="list-style-type: none"> Conducts activities with community members to identify community issues and participates in the planning and development of programs 	<ul style="list-style-type: none"> Performs formal community needs assessments and develops and implements programs for various target groups Coordinates and implements resources including community resources, development of funding proposals 	<ul style="list-style-type: none"> Monitors health and social services sectors at the local, regional, provincial and federal levels with respect to new directions, policy shifts and restructuring Identifies emerging policy issues at a strategic level and provides analysis and recommendations to senior management
	<ul style="list-style-type: none"> Participates in the evaluation and maintenance of education/promotion programs 	<ul style="list-style-type: none"> Conducts systematic, on-going evaluations of projects/programs by developing an evaluation framework, data collection plan and preparing reports with conclusions and recommendations for improvement/cancellation of a program 	<ul style="list-style-type: none"> Coordinates organization evaluation and research to assess organization programs and develops opportunities to enhance the health of the community Analyzes information and develops reports to support organization-wide staff planning and resources; may develop and maintain accountability frameworks
	<ul style="list-style-type: none"> Provides information to, and assists, clients in articulating and advocating for health and related services 	<ul style="list-style-type: none"> Along with client advocacy, is involved in systemic advocacy strategy at the municipal and provincial level 	

	Community Health Worker	Health Educator/Promoter	Community Health Planner
Representative Activities (cont'd.)	<ul style="list-style-type: none"> Establishes links with other community groups to identify opportunities for collaboration in program and service delivery 	<ul style="list-style-type: none"> Liaises with community groups and other agencies to provide referral information Contributes to the development of an information resource centre by identifying, acquiring and appraising educational materials 	<ul style="list-style-type: none"> Collaborates and shares expertise with other community groups and partners with respect to planning, evaluation, policy development and the development of new programs and services
Education/ Experience	<ul style="list-style-type: none"> Baccalaureate degree in health or social science discipline or combination of some post secondary education and significant experience in community development and/or health promotion Thorough knowledge of, and proficiency in, community development activities 2 – 4 years experience in a community-based human service organization 	<ul style="list-style-type: none"> Masters degree in health, social sciences, adult education or a related discipline Experience and knowledge of health promotion and education, community organizing techniques, group facilitation, social marketing, and program design and evaluation 3 – 5 years experience in a community-based organization 	<ul style="list-style-type: none"> Masters degree in planning, health administration, health promotion or medical informatics field or equivalent combination of training and experience Proficiency in data sourcing, quality management, analysis, and statistical and research methods 5+ years experience
Typical Reporting Relationship	Program Director or Executive Director	Program Director or Executive Director	Executive Director

Appendix C 2012 Market Survey Report

January 2013

Interprofessional Primary Care Compensation Review

2012 Compensation Survey Results

HayGroup®



Report

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I. Introduction

Purpose

An association of primary care organizations contracted Hay Group Health Care Consulting (Hay Group) to conduct a custom compensation review of selected benchmark positions with a selected group of organizations.

Hay Group is pleased to present this report that summarizes the survey results.

Survey benchmark positions

The following 18 positions were selected by the sponsors as the survey benchmark positions. See Appendix A for survey job profiles.

18 Selected Positions

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

Reference market

Eighteen organizations provided job data information for the custom survey, however only seventeen organizations provided contextual information (i.e. the survey questionnaire). See Appendix B for the data submission package. The participant list for the custom survey is as follows:

Participants

1. Canadian Mental Health Association – Champlain East
2. Canadian Mental Health Association – Cochrane Timiskaming Branch
3. Central East Community Care Access Centre
4. Catholic Family Services Ottawa
5. City Centre Healthcare - operated by Canadian Mental Health Association – Windsor-Essex County Branch
6. City of Ottawa
7. John McGivney Children's Centre
8. Lansdowne Children's Centre
9. Leap of Faith, Together Community Services
10. Muskoka-Parry Sound Community Mental Health Service
11. North Bay Parry Sound District Health Unit
12. North West Community Care Access Centre
13. Sherbourne Health Centre
14. Toronto Central Community Care Access Centre
15. Visiting Homemakers Association Home HealthCare
16. Waterloo Wellington Community Care Access Centre
17. Wellington-Dufferin-Guelph Public Health
18. Western Ontario Therapeutic Community Hostel Community Mental Health Services

Organization profile

Seventeen participants provided information regarding their organizational profile. The median and average organizational profile of the organizations is as follows. The average is significantly higher than the median of the sample, indicating there are observations within the sample that are considerably larger than the rest.

Statistical Reference	Annual Operating Budget (n=17)	Number of Full-Time Equivalents (n=17)
Median	14,500,000	139
Average	201,143,700	1163

- Compensation Elements** This report provides comparative data for specific elements of cash compensation as defined below.
- Salary Range Minimum** – The policy salary minimum the organization is willing to pay an incumbent.
 - Salary Range Maximum** – The policy salary maximum the organization is willing to pay an incumbent.
 - Job Rate** – The amount of base salary paid to a fully trained incumbent for competent performance.
 - Actual Base Salary** – The actual annualized salary that the incumbent receives.
 - Bonus Target %** – The percentage of salary that can be earned for an objective based incentive program.

Statistical References

Market data are reported using the following statistics:

- P75** – the 75th percentile, below which 75% of the values fall (requires a minimum of 7 organizations to calculate).
- P50** – the 50th percentile (Median), below which 50% of the values fall (requires a minimum of 4 organizations to calculate).
- P25** – the 25th percentile, below which 25% of the values fall (requires a minimum of 7 organizations to calculate).
- Average** – the arithmetic mean of all values (requires a minimum of 3 organizations to calculate).

Methodology

A brief profile was developed for each benchmark position (see Appendix A). These profiles were incorporated into a survey package and distributed to each participant along with a data submission spreadsheet requesting data on the 18 survey benchmark positions, as well as the organization's profile and selected benefits policies.

Participants matched their jobs to the profiles and provided data for each position, where applicable. For each position where an organization submitted more than one match, the data were aggregated and an average figure was used for that organization. By using this methodology, all organizations carry equal weighting, and no one single organization excessively influences the market statistics.

Once the completed surveys were returned to Hay Group, participants were contacted for data verification as necessary. Hay Group also initiated a number of follow-up actions to clarify information provided by the participants. All of the matches submitted by the participants were reviewed by Hay Group to determine their appropriateness versus the job profiles and the market. If deemed inappropriate, the matches, or outlier data, were removed from the survey results.

II. Compensation practices

Pension Plans

Organizations were asked to provide details regarding the pension plan(s) provided to their employees.

The majority (76%) provide a defined benefit plan to their employees, and this is typically offered to all full time employees, and several organizations specified all permanent employees (thus, permanent part time employees are eligible for the defined benefit plan as well).

The most commonly provided plan is the Healthcare of Ontario Pension Plan (HOOPP); where organizations contribute 126% of the employee's contribution, which is 6.9% up to YMPE and 9.2% above.

Four organizations (23%) specified that they provide a defined contribution plan to all permanent employees. The typical contribution percentage is 4.5% of the employee's salary by the employer to the plan. Organizations were mixed as to what amount is required on behalf of the employee, or, if the 4.5% is matching contributions only.

No organization provided information regarding any additional Supplemental Executive Retirement Plans for employees.

Total Cost of Benefits

Organizations were asked to provide the overall cost of group benefits for the most recent year, including pension but excluding vacation and statutory leave. Sixteen organizations were able to provide information, and all data provided is as the organizations fiscal year 2012 (11 organizations) or 2011 (5 organizations).

The average cost of benefits is 21.5%, and the median is 21.7%.

III. Benchmark Position Survey Results: Custom Survey

Survey Results

This section reports the information collected in aggregate values for the 18 benchmark position surveyed.

All salary figures in this section are stated in annual amounts.

Summary of Market Comparison: Salary Range Maximum

Survey Code	Survey Position	Hay Group 2009 Recommended Rate	Salary Range Maximum Median	Variance from Median	Salary Range Maximum P75	Variance from P75
6	Executive Director	145,000	143,778	1%	157,890	-8%
2	Clinical Director	106,500	125,080	-15%	138,556	-23%
12	Program Director	106,500	109,271	-3%	129,152	-18%
14	Psychologist (Clinical)	92,200	*		*	
7	Finance Manager	92,200	90,667	2%	105,000	-12%
13	Program Manager	92,200	91,638	1%	103,571	-11%
10	Nurse Practitioner	92,200	100,233	-8%	106,506	-13%
18	Social Worker (Therapist)	69,100	71,815	-4%	75,024	-8%
11	Registered Nurse	69,100	73,387	-6%	75,382	-8%
4	Dietitian	69,100	68,383	1%	*	
8	Health Educator / Promoter	69,100	68,476	1%	79,148	-13%
9	IT Coordinator	62,900	60,988	3%	69,266	-9%
3	Counsellor / Outreach Worker	57,100	57,542	-1%	66,203	-14%
5	Executive Assistant	57,100	55,846	2%	66,317	-14%
16	Registered Practical Nurse	52,000	49,032	6%	54,868	-5%
1	Administrative Assistant	52,000	46,457	12%	52,046	0%
17	Secretary	43,000	46,067	-7%	49,157	-13%
15	Receptionist / Secretary	39,050	40,353	-3%	45,942	-15%

* insufficient sample to disclose result

Survey Position 1: Administrative Assistant

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	44,200	52,000	52,000	52,000
vs. Market: (P75)	4%	0%	0%	3%
vs. Market: Median (P50)	16%	12%	21%	19%
Market: All Organizations				
P75	42,470	52,050	52,050	50,480
Average	39,410	46,830	45,520	45,170
Median(P50)	38,220	46,460	43,000	43,860
P25	36,890	42,430	40,770	41,240
Number of Respondents	15	15	15	15
No. of Matches:	15			

Survey Position 2: Clinical Director

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	90,500	106,500	106,500	106,500
vs. Market: (P75)	-22%	-23%	-20%	-22%
vs. Market: Median (P50)	-10%	-15%	-6%	-8%
Market: All Organizations				
P75	115,650	138,560	133,060	137,320
Average	99,700	120,060	116,310	130,590
Median(P50)	100,040	125,080	113,710	115,980
P25	87,610	101,830	101,830	102,780
Number of Respondents	15	15	15	16
No. of Matches:	16			

Survey Position 3: Counsellor / Outreach Worker

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	48,500	57,100	57,100	57,100
vs. Market: (P75)	-12%	-14%	-9%	-6%
vs. Market: Median (P50)	-2%	-1%	-1%	1%
Market: All Organizations				
P75	55,230	66,200	62,670	60,580
Average	49,090	59,270	56,240	55,150
Median(P50)	49,310	57,540	57,540	56,560
P25	43,560	53,580	47,740	48,040
Number of Respondents	10	10	10	10
No. of Matches:	10			

Survey Position 4: Dietitian

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	58,700	69,100	69,100	69,100
vs. Market: (P75)	*	*	*	*
vs. Market: Median (P50)	-1%	1%	4%	1%
Market: All Organizations				
P75	*	*	*	*
Average	58,950	66,570	67,100	66,950
Median(P50)	59,480	68,380	66,310	68,100
P25	*	*	*	*
Number of Respondents	6	6	6	6
No. of Matches:	6			

Notes:

- *Insufficient sample to disclose results.*

Survey Position 5: Executive Assistant

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	48,500	57,100	57,100	57,100
vs. Market: (P75)	-6%	-14%	-6%	-7%
vs. Market: Median (P50)	1%	2%	7%	3%
Market: All Organizations				
P75	51,580	66,320	60,790	61,510
Average	49,590	59,880	57,100	58,430
Median(P50)	48,190	55,850	53,590	55,350
P25	44,390	51,700	49,500	51,700
Number of Respondents	16	16	16	16
No. of Matches:	16			

Survey Position 6: Executive Director

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	123,300	145,000	145,000	145,000
vs. Market: (P75)	-10%	-8%	-26%	-23%
vs. Market: Median (P50)	-4%	1%	2%	6%
Market: All Organizations				
P75	136,650	157,890	195,800	187,900
Average	130,180	151,770	159,590	155,910
Median(P50)	128,000	143,780	141,720	136,650
P25	114,110	125,000	125,000	118,240
Number of Respondents	9	9	13	15
No. of Matches:	15			

Survey Position 7: Finance Manager

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	78,400	92,200	92,200	92,200
vs. Market: (P75)	-10%	-12%	-7%	-10%
vs. Market: Median (P50)	3%	2%	2%	2%
Market: All Organizations				
P75	86,980	105,000	99,560	102,020
Average	76,770	93,390	90,150	88,220
Median(P50)	76,420	90,670	90,680	90,680
P25	68,210	80,000	76,200	71,090
Number of Respondents	17	17	17	17
No. of Matches:	17			

Survey Position 8: Health Educator / Promoter

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	58,700	69,100	69,100	69,100
vs. Market: (P75)	-11%	-13%	-9%	-5%
vs. Market: Median (P50)	7%	1%	5%	8%
Market: All Organizations				
P75	65,670	79,150	75,760	73,000
Average	60,770	74,210	70,910	69,890
Median(P50)	54,720	68,480	66,040	63,780
P25	51,120	61,770	58,960	58,960
Number of Respondents	8	8	8	8
No. of Matches:	8			

Survey Position 9: IT Coordinator

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	53,500	62,900	62,900	62,900
vs. Market: (P75)	-10%	-9%	-9%	-7%
vs. Market: Median (P50)	3%	3%	11%	5%
Market: All Organizations				
P75	59,340	69,270	69,030	67,960
Average	54,570	64,880	62,810	62,520
Median(P50)	51,870	60,990	56,490	60,000
P25	48,190	56,710	52,750	51,280
Number of Respondents	15	15	15	15
No. of Matches:	15			

Survey Position 10: Nurse Practitioner

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	78,400	92,200	92,200	92,200
vs. Market: (P75)	-14%	-13%	-11%	-8%
vs. Market: Median (P50)	-12%	-8%	-8%	-3%
Market: All Organizations				
P75	91,690	106,510	103,850	100,230
Average	87,240	103,350	101,590	94,720
Median(P50)	89,290	100,230	100,230	94,860
P25	81,930	97,970	94,860	87,500
Number of Respondents	7	7	9	9
No. of Matches:	9			

Survey Position 11: Registered Nurse

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	58,700	69,100	69,100	69,100
vs. Market: (P75)	-6%	-8%	-7%	-4%
vs. Market: Median (P50)	2%	-6%	-4%	-1%
Market: All Organizations				
P75	62,570	75,380	74,590	72,000
Average	58,350	70,650	68,710	68,090
Median(P50)	57,370	73,390	72,090	69,850
P25	53,850	68,970	61,790	65,970
Number of Respondents	12	12	12	12
No. of Matches:	12			

Survey Position 12: Program Director

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	90,500	106,500	106,500	106,500
vs. Market: (P75)	-15%	-18%	-14%	-11%
vs. Market: Median (P50)	-3%	-3%	-3%	9%
Market: All Organizations				
P75	106,640	129,150	124,160	119,840
Average	89,680	108,050	106,230	100,320
Median(P50)	92,880	109,270	109,270	97,970
P25	69,240	85,810	84,560	79,100
Number of Respondents	11	11	11	11
No. of Matches:	11			

Survey Position 13: Program Manager

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	78,400	92,200	92,200	92,200
vs. Market: (P75)	-8%	-11%	-5%	-5%
vs. Market: Median (P50)	3%	1%	1%	6%
Market: All Organizations				
P75	84,820	103,570	97,020	97,320
Average	73,670	90,180	87,030	84,560
Median(P50)	76,050	91,640	91,640	86,860
P25	62,550	78,700	78,610	76,750
Number of Respondents	16	16	16	16
No. of Matches:	16			

Survey Position 14: Psychologist (Clinical)

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	78,400	92,200	92,200	92,200
vs. Market: (P75)	*	*	*	*
vs. Market: Median (P50)	*	*	*	*
Market: All Organizations				
P75	*	*	*	*
Average	*	*	*	*
Median(P50)	*	*	*	*
P25	*	*	*	*
Number of Respondents	1	1	1	1
No. of Matches:	1			

Notes:

1. *Insufficient sample to disclose results.

Survey Position 15: Receptionist / Secretary

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	33,200	39,050	39,050	39,050
vs. Market: (P75)	-14%	-15%	-15%	-12%
vs. Market: Median (P50)	-3%	-3%	1%	-2%
Market: All Organizations				
P75	38,520	45,940	45,940	44,560
Average	35,850	41,300	40,030	40,370
Median(P50)	34,290	40,350	38,820	39,840
P25	32,040	36,750	36,140	36,220
Number of Respondents	14	14	14	14
No. of Matches:	14			

Survey Position 16: Registered Practical Nurse

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	44,200	52,000	52,000	52,000
vs. Market: (P75)	-8%	-5%	-5%	-1%
vs. Market: Median (P50)	7%	6%	11%	11%
Market: All Organizations				
P75	48,230	54,870	54,870	52,550
Average	44,490	51,440	50,100	48,090
Median(P50)	41,380	49,030	47,050	47,050
P25	40,030	47,030	45,100	43,210
Number of Respondents	7	7	7	7
No. of Matches:	7			

Survey Position 17: Secretary

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	36,600	43,000	43,000	43,000
vs. Market: (P75)	-14%	-13%	-13%	-8%
vs. Market: Median (P50)	-11%	-7%	-7%	-5%
Market: All Organizations				
P75	42,780	49,160	49,160	46,560
Average	40,200	46,550	46,130	45,510
Median(P50)	41,100	46,070	46,070	45,430
P25	38,180	45,590	44,750	44,310
Number of Respondents	8	8	8	8
No. of Matches:	8			

Survey Position 18: Social Worker (Therapist)

	Range Minimum	Range Maximum	Job Rate	Actual Base Salary
Hay Group 2009 Recommended Rate	58,700	69,100	69,100	69,100
vs. Market: (P75)	-5%	-8%	-5%	-4%
vs. Market: Median (P50)	2%	-4%	7%	2%
Market: All Organizations				
P75	61,480	75,020	72,510	71,920
Average	57,250	70,240	66,990	66,610
Median(P50)	57,370	71,820	64,880	67,550
P25	53,420	63,970	61,400	59,800
Number of Respondents	10	10	10	10
No. of Matches:	10			

Appendix A. Benchmark Position Profiles

1. 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.

2. 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)

3. 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.

4. 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.

5. 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.

6. 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.

7. 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 negotiates 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

8. 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.

9. 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.

10. 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.

11. 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.

12. 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:

- 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.

13. 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.

14. 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.

15. 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

16. 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.

17. 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

18. 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.

Appendix B. Survey Data Submission Package

A copy of the data submission package is provided; minor formatting changes have been made to condense the MS Excel package to fit within the report. The “Job Descriptions” tab is not provided in this appendix, but the Survey job model text is provided in Appendix A.

2012 Compensation Survey Sponsored by Interprofessional Primary Care Organizations of Ontario Association of Family Health Teams of Ontario, Association of Ontario Health Centres & Nurse Practitioners' Association of Ontario	
Thank you for your time and effort in completing this data submission. Please return your completed submission by October 10, 2012 to Deirdre Chong Smith at Hay Group (Deirdre.Chong@Haygroup.com) 121 King Street West, Suite 700, Toronto, Ontario M5H 3X7	
If you have any questions, please call Deirdre Chong Smith of Hay Group at 416-815-6344 or 1-800-722-9945 ext 6344.	
Your completed submission will consist of the following tabs in this questionnaire:	
Contact Information	Fill out the contact information of the person completing the survey.
Organization Profile	Complete the information in this section.
Pension & Benefits	Complete the information in this section regarding benefits.
Data Collection Sheet	Provide cash compensation information for the positions you have matched with current data. Descriptions of the job models can be found on the " <i>Job Descriptions</i> " tab or by clicking on the Survey Job Title. Data element definitions can be found on the " <i>Definitions</i> " tab, or by clicking on the data element title at the top of the data collection sheet.
The following reference materials have been included to assist you with your submission:	
Survey Job Models	The " <i>Job Descriptions</i> " tab contains the descriptions of the benchmark jobs.
Data Element Definitions	The " <i>Data Element Definitions</i> " tab explains each data element in the " <i>Data Collection Sheet</i> " tab.

Thank you for your participation.

2012 Compensation Survey
Sponsored by Interprofessional Primary Care Organizations of Ontario
Contact Information

Organization (Full Name):	
Completed By:	
Title:	
Telephone:	
Fax:	
E-mail Address:	
Send Report To:	
Title:	
Address:	

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2012 Compensation Survey
Sponsored by Interprofessional Primary Care Organizations of Ontario
Organization Profile

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A. ORGANIZATION PROFILE

1. Indicate your organization's annual overall operating budget.

2. Indicate the current number of full-time equivalent employees in your organization.

Number of FTEs

B. Traditional or other alternative healthcare provisions

1. Does your organization employ persons in the field of Traditional Healing?

Yes No

If yes, provide details in question 1a & 1b.

1a. What types of roles do you employ? For example, Traditional Healer, Traditional Healer assistants or other type of role?

1b. Provide details such as amount paid (honorariums, fixed salary, contract, consulting fees) including allowances and other provisions (car allowance, mileage, meal allowances, lodging, etc). as well as any other contextual information.

2. Does your organization compensate or staff for any other roles that would be considered alternative healthcare? If yes, please provide details.

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2012 Compensation Survey
Sponsored by Interprofessional Primary Care Organizations of Ontario
Pension & Benefits

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A. Pension

Pension Plan	Provided (Yes / No)?	Eligibility: who is eligible to participate in the pension plan	Plan Details: provide basic details regarding plan, i.e. contribution rates, employee/employer matching, or name of plan if administered by a separate organization.
Defined Benefit Plan			
Defined Contribution Plan			
Group Registered Savings Plan (RSP)			
Supplemental Executive Retirement Plan (SERP)			
Other (<i>provide details</i>)			

B. Total percentage of employee benefit cost

As a percentage of payroll, please indicate the overall cost of employee benefits for the most recent year available (including group benefits, pension and excluding vacation and statutory leave).

percent of payroll

year

2012 Compensation Survey
 Sponsored by Interprofessional Primary Care Organizations of Ontario
 Data Collection Sheet

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[Data Element Definitions](#)

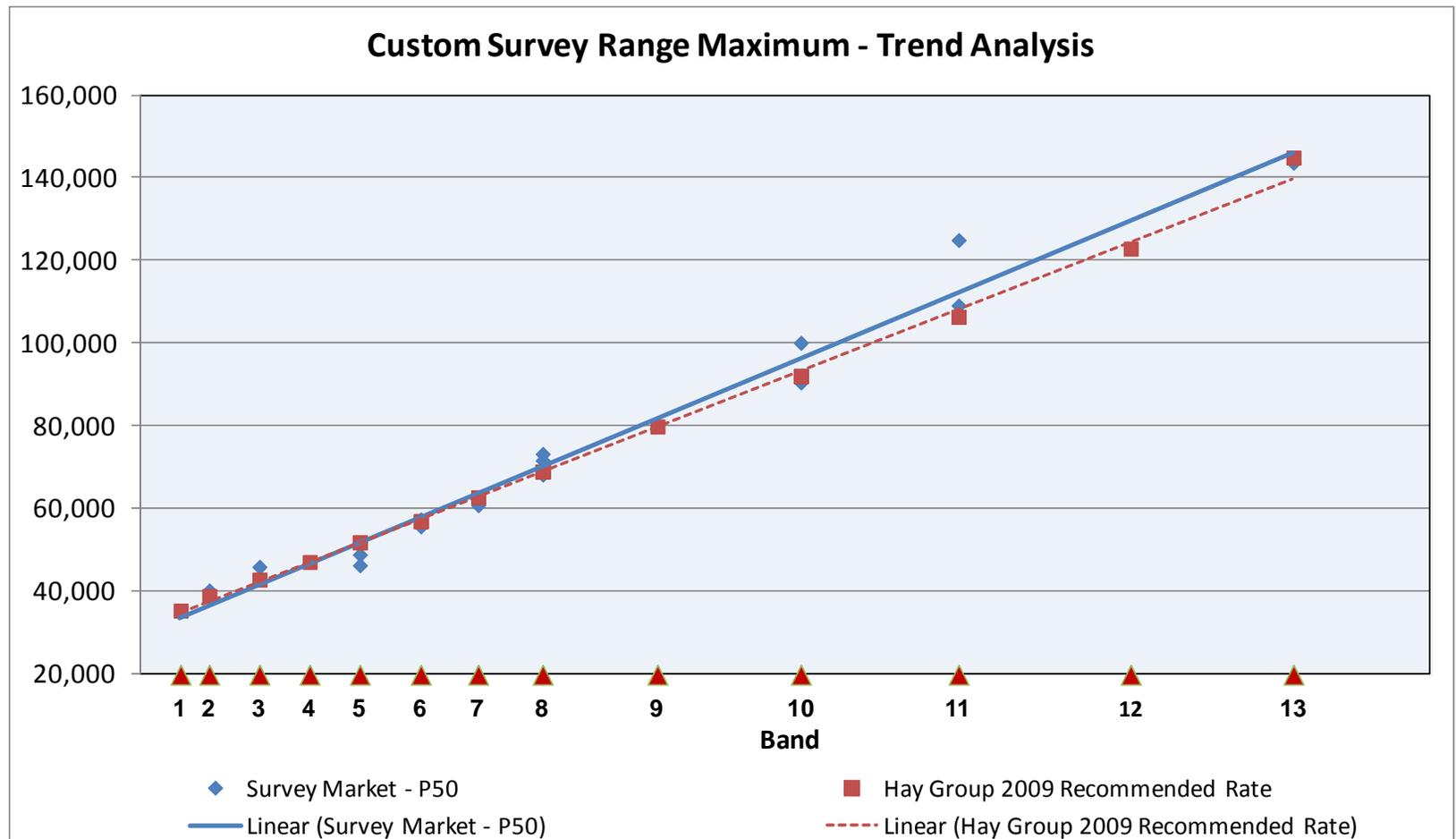
Position Code	Benchmark Position Title (1)	Your Position Title (2)	Title of Position Reporting to (3)	Level of Match (H,S,L) (4)	Salary Range		Average Job Rate (7)	Actual Base Salary (8)	Annual Bonus (Y/N) (9)	Annual Bonus Target (% or \$) (10)	Annual Bonus (\$) (11)	Other Information (12)
					Minimum (5)	Maximum (6)						
1	Administrative Assistant											
2	Clinical Director											
3	Counsellor / Outreach Worker											
4	Dietitian											
5	Executive Assistant											
6	Executive Director											
7	Finance Manager											
8	Health Educator / Promoter											
9	IT Coordinator											
10	Nurse Practitioner											
11	Registered Nurse											
12	Program Director											
13	Program Manager											
14	Psychologist (Clinical)											
15	Receptionist / Secretary											
16	Registered Practical Nurse											
17	Secretary											
18	Social Worker (Therapist)											

2012 Compensation Survey
Sponsored by Interprofessional Primary Care Organizations of Ontario
Data Element Definitions

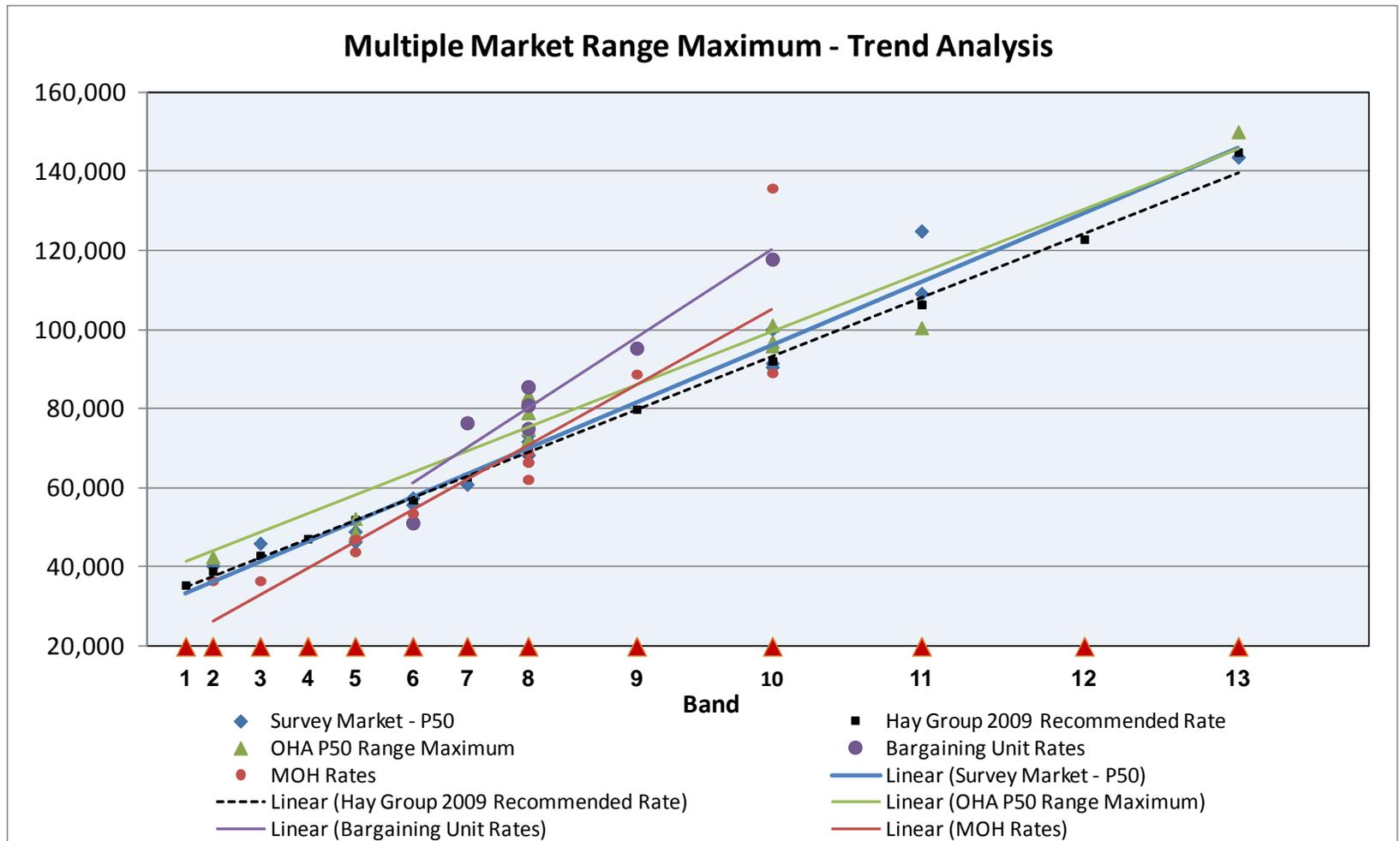
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	Position Code	The code for the survey position to which your job is matched
1	Benchmark Position Title	The title of the survey position
2	Your Position Title	Your Organization's job title for the position being matched
3	Title of Position Reporting to	Your Organization's job title to which the matched position reports
4	Level of Match (H, S, L)	Match the benchmark job as closely as possible with similar jobs within your organization. Where jobs appear to be similar in content but differ in some aspects, treat as a match and indicate the degree to which your position matches the benchmark position: (H) High Match = the job content of your position matches at least 85% of the job content of the survey benchmark position but your position is substantially <i>bigger</i> . (S) Solid Match = the job content of your position matches at least 85% of the job content of the survey benchmark position and is essentially the <i>same</i> . (L) Low Match = the job content of your position matches at least 70% of the job content of the survey benchmark position but your position is somewhat <i>similar</i> .
5	Salary Range Minimum	The minimum annual amount of base salary which could be received by the incumbent
6	Salary Range Maximum	The maximum annual amount of base salary which could be received by the incumbent
7	Average Job Rate	Typically the rate paid to a trained, experienced individual - or the 'solid' performer/competent performer. It may be the point of a range (e.g. midpoint), where pay rates above this point are reserved for well-above average performance. <i>In a seniority or tenure driven system, "job rate" is defined as the salary range maximum.</i>
8	Actual Base Salary	Indicate the actual base salary paid to an incumbent. This does not include overtime or shift premium pay. If there is more than one incumbent in a benchmark position, report the average actual annual salary for all incumbents. <i>Should there be a single incumbent, please report the data. We guarantee complete confidentiality. The client will receive aggregate data only — no individual company data will be disclosed</i>
9	Annual Bonus	If the position has an annual incentive which can be earned, please indicate Y
10	Annual Bonus Target	The annual dollar amount, or % of salary, for any bonus program earned in the previous Fiscal Year. This is an objective based incentive. Lump sum merit payments should <u>not</u> be reported. If there is more than one incumbent report the average actual bonus for all incumbents in the position.
11	Annual Bonus	Report the bonus paid out to the incumbent in the most recently completed fiscal year. If there was no bonus received, \$0 should be entered. If the incumbent has yet to complete a fiscal year and is not yet eligible for a bonus, but there is a bonus program, indicate N/A.
12	Other	Any other information you would like to provide regarding the job.

Appendix D Pay Trend Line Comparison: Custom Survey



Graph 2



Appendix E Pay Equity Guidelines

PAY EQUITY Q&A

Q	Can one pay equity plan be prepared to represent all Primary Care Organizations?
A	No, each organization is considered a separate employer under the Act and as such must achieve pay equity compliance on an individual basis.
Q	If a Primary Care Organization were to implement the provincial grading structure, would it be Pay Equity compliant?
A	<p>No, each organization needs to be examined as a separate employer. There are several reasons for this:</p> <ul style="list-style-type: none"> • There are specific rules for determining the gender of a job class (or group of jobs), and gender must be determined by each agency. For example, based on the rules, a Human Resources manager might be a female job in one organization and a male job in another. • Some organizations do not employ all of the jobs in the provincial compensation structure. Therefore, some male and female jobs may not exist in a particular organization, so the pay equity plan would be different as compared to an organization that employed all of the jobs in the structure. • Similarly, some organizations have jobs that are outside of the provincial structure due to funding from other sources. In this case, all non-union and management jobs must be evaluated using the same job evaluation plan and a single pay equity plan must be prepared. • Some organizations have unionized employees. In these cases, separate pay equity plans must be developed for union and non-union staff. • Actual pay equity obligations are determined on the basis of each individual organization's plan. • Other specific issues may apply within individual member organizations.

Q	If a Primary Care Organization has no male employees, does it still have to prepare a pay equity plan?
A	In the event it is established that the organization does not have male comparator job classes, the organization is required to notify the Pay Equity Commission of the circumstances. The Pay Equity Commission will then assign a Review Officer to the organization to validate the lack of male comparators and hence the inability to achieve Pay Equity. If the Pay Equity Commission establishes there are no male comparators, the organization will only be obligated to conduct comparisons between male and female jobs classes if male job classes are introduced in the future.
Q	Can the Proxy Method be used as a method of comparison?
A	Only Public Sector employers who cannot achieve pay equity for all female job classes with either job to job or proportional value comparisons and who had employees on July 1, 1993 may use the proxy method. Otherwise, proxy is no longer available.

PRIMARY CARE ORGANIZATIONS GUIDELINES FOR IMPLEMENTING PAY EQUITY

Context	<p>Pay equity, at its simplest, is <i>equal pay for work of equal or comparable value</i>, i.e. if jobs are of comparable value, as determined through job evaluation, then female jobs must be paid at least the same as male jobs.</p> <p>The Ontario <i>Pay Equity Act</i> addresses the issue of pay discrimination resulting from systemic undervaluation of work performed by women. The Act sets out a regulatory scheme to ensure that employers implement the principle of equal pay for work of equal/comparable value, and puts the onus on the employer to achieve and maintain pay equity.</p> <p>Employers are required to:</p> <ul style="list-style-type: none"> • determine whether discriminatory practices in compensation exist in the organization and, if so, to take action necessary to eliminate them and adjust compensation for female dominated jobs that have been disadvantaged; and • to maintain compliance through self-monitoring and periodic updating of the self-assessment.
Applicability	<p>All Public Sector employers All Private Sector employers with 10 or more employees All employees, whether full time, part time or seasonal, are covered by the legislation. Therefore, all primary care organizations are required to prepare a pay equity plan.</p>
Compliance Dates	<p>Phased in over four year period based on size of organization, with largest employers effective 1/1/1990 and smallest required to comply by 1/1/1993. New employers, including merged organizations, after 1/1/1993 are required to establish compliance immediately.</p>
Posting Requirements	<p>All Public Sector employers are required to prepare and post a Pay Equity Plan.</p>
Key Steps in Achieving Pay Equity	<ol style="list-style-type: none"> 1. Define “establishment”. (For each establishment, there must be 1 pay equity plan covering all non-union employees and 1 PE plan for each bargaining unit.). Based on the definition in the Act, It is likely that each Primary Care Organization is a single “establishment.” 2. Identify job classes and determine gender predominance (i.e. female, male or neutral) for each job class. 3. Evaluate each job class using a gender-neutral evaluation system. 4. Compare total compensation of female job classes to male comparators to identify pay gaps (if any).

	5. Prepare and post a Pay Equity Plan; pay out adjustments as identified in the Pay Equity Plan.
Determining Gender Predominance of Job Class	<p>If 60% incumbents are female → “female dominated” job If 70% incumbents are male (i.e. less than 30% are female) → “male dominated” job Where neither male nor female incumbents predominate (i.e. neither condition above applies), → gender “neutral”.</p> <p>Historical incumbency should also be considered, especially where current incumbency is “neutral” or where current incumbency is inconsistent with historical patterns.</p> <p>Gender stereotypes of Field of Work should be considered for those jobs almost always performed by women (e.g. nurse, secretary)</p>
Job Evaluation System	<p>Must be gender neutral in design and application (including tools, processes and even training provided to evaluators).</p> <p>Must include the following factors: skill, effort, responsibility and working conditions.</p> <p>The Primary Care Compensation Structure is underpinned by the Hay Group Guide Chart-Profile Method of Job EvaluationSM, which meets all pay equity legislated requirements.</p>
Basis for comparison	<p>To determine whether there is a pay equity gap, comparison is made between “job classes” not on an individual incumbent basis.</p> <p>A job class is one or more jobs with similar roles/responsibilities, qualifications and the same compensation schedule</p>
Comparison Methods	<p>The following comparison methods may be used:</p> <ul style="list-style-type: none"> • Job to Job • Proportional Value (if no comparable male job class for a female job class) • Proxy – only Public Sector employers who cannot achieve pay equity for all female job classes with either job to job or proportional value comparisons and who had employees on July 1, 1993 may use the proxy method. Otherwise, proxy is no longer available.
Compensation Definition	<p>Base salary + Variable pay Plus benefits if not the same for all jobs</p>
Maintaining Pay Equity	<p>A requirement under the Act, although the process is not explicitly defined.</p> <p>In general, employers are required to ensure that wage gaps are not re-opened or new gaps created.</p>

	<p>Typically, this requires monitoring for changes:</p> <ul style="list-style-type: none"> i. to incumbency (gender predominance) of job classes; ii. to jobs (i.e., creation of, elimination of, or significant changes to job content) which could affect comparator job classes in terms of evaluation or job rate; iii. to compensation systems, i.e., new job evaluation and/or compensation structure; and/or iv. to the organization, including: sale of all or part of a business, organization restructuring, merger, etc. <p>Any of these situations/events should lead to an internal review to determine impact on pay equity status and potentially a revised pay equity plan. Any adjustments required under an updated pay equity plan are to be effective retroactive to the last date that pay equity had been achieved (which should be the date of the triggering event).</p>
Enforcement	<p>The Pay Equity Commission is responsible for enforcing and monitoring compliance with the Pay Equity Act. Through the Pay Equity Office, the Commission investigates and addresses pay equity complaints and objections to pay equity plans. The Pay Equity Office also undertakes various proactive monitoring initiatives to assess compliance with the Act (typically on an industry by industry basis).</p>
Implementation	<p>Based on our experience working with numerous health care organizations, we have found that the implementation of pay equity can be complicated due to the typically small number of male comparator roles. We therefore recommend that Primary Care Organizations seek expert advice for implementing pay equity.</p>