



Quality Improvement & Innovation Partnership

Advancing Improvement in Primary Healthcare in Ontario



RECRUITMENT OF HEALTH PROFESSIONALS RESOURCE GUIDE

January 2011

ACKNOWLEDGEMENTS

The Quality Improvement and Innovation Partnership (QIIP), formerly the Quality Management Collaborative (QMC), was established and funded by the Ministry of Health and Long-Term Care in January of 2007 to help FHTs recruit staff and build teams, implement programs, develop links with community partners, introduce improvements into their practice, and put in place structures required to support these new directions. QIIP will achieve this in four ways:

1. By linking FHTs and their staff with colleagues from other primary healthcare teams. This is being accomplished through regional workshops that bring FHTs together to learn with and from each other.
2. By providing practical resources and tools for FHTs to help them with their work
3. By supporting the introduction of an improvement agenda. This includes the establishment of a series of Learning Collaboratives for Family Health Teams and Community Health Centres and the recruitment of facilitators to provide on-site support to improve care and build teams.
4. By building a learning community where primary healthcare teams can recruit staff and build teams, implement programs, develop links with community partners, introduce Quality Improvements into their practice, and put in place structures required to support these new directions. QIIP will achieve this in three ways:

1. Active Learning Cycles based on the Model for Improvement and PDSA Cycles of Change which includes an integration of frameworks and knowledge translation of clinical practice and evidence based guidelines.

2. Support from a Quality Improvement Coach

3. Infrastructure: Web-based real-time workspace in the form of our online Learning Community Gateway.

These activities have been summarized in the [QIIP Framework](#), which visually depicts the six characteristics of the new model of care and the ways in which QIIP will assist FHTs to make this transition.

QIIP would like to thank the following Family Health Teams for their contribution of sample documentation that forms an integral part of this Resource Guide:

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Information Services

The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of the Ontario Ministry of Health and Long-Term Care.

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SECTION 1 - INTRODUCTION

BACKGROUND

Family Health Teams (FHTs) represent a move towards comprehensive primary health care, with an emphasis on prevention, health promotion and better management of individuals with chronic conditions. To assist in the delivery of these new programs, FHTs have been provided with resources to hire additional staff who will bring skills and experience that will complement and enhance those possessed by staff already working in the FHT.

Some FHTs have already had extensive experience in integrating health professionals and developing teams. For many, however, this is a relatively new opportunity requiring important decisions on issues such as the role that health professionals can play in the FHT, the best process to recruit health professionals such as mental health counselors, dietitians and the steps to be taken to ensure that the new recruit is effectively integrated into the team.

The mandate of the Quality Improvement & Innovation Partnership (QIIP) is to assist FHTs in integrating health professionals, building teams, developing local partnerships and implementing and evaluating new programs and services. This will be achieved through a variety of ways, including the development of a series of resource guides to assist FHTs in implementing their business plans and building effective primary health care teams. These resource guides will be characterized by:

- Practical, ready-to-use information including checklists, tips, sample documents and references/links to other helpful materials
- Information sharing so that lessons learned and materials already developed by FHTs can be made available to others

In consultation with the Ministry of Health and Long-Term Care (MOHLTC) and members of the FHT community, QIIP has thus far identified a need for an initial set of six guides that will deal with:

- Community Partnerships
- Governance and Accountability
- Logic Models
- Needs Assessment
- Recruitment of Health Professionals
- Team Development

This resource guide assists with the recruitment of health professionals, a task that is central to the implementation of FHT business plans and the development of integrated primary health care teams.

ORGANIZATION OF GUIDE

The guide is divided into two sections, General Recruitment and Practical Recruitment

Section 2 - General Recruitment provides information and advice about human resource recruitment that may be helpful to FHTs, regardless of their stage of development or the type of health professionals to be recruited. This material is grouped under three headings:

- Planning for Recruitment
- Recruitment
- Orientation and Preparation for Practice

Section 3 - Practical Recruitment provides information with respect to registration, scope of practice, and role in primary health care specific to the recruitment of the following health professionals:

- Registered Nurse
- Registered Practical Nurse
- Nurse Practitioner
- Pharmacist
- Clinical Educator - Diabetes
- Clinical Educator – Asthma
- Chiropodist
- Registered Dietitian
- Medical Office Assistant/Receptionist/Secretary
- Mental Health Worker
- IT Professional
- Finance Manager
- Psychiatrist
- Social Worker
- Health Educator / Promoter
- Occupational Therapist
- Interdisciplinary Clinical Lead
- Administrator/Manager/Executive Director

This section also details the professional associations and regulatory colleges of the above disciplines if applicable.

SOURCES OF INFORMATION

Both sections of the document draw heavily on the work and experience of existing FHTs. QIIP has collected a variety of tools and materials developed by FHTs to support the recruitment and management of health professionals. Selected examples of this material are included in both sections of this guide.

Reference is also made throughout the guide to resource materials available electronically or in printed form from government departments, professional associations and other organizations.

SECTION 2 - GENERAL RECRUITMENT

BACKGROUND

Since 2005, the MOHLTC has created over 200 FHTs across Ontario. These new organizations represent a substantially different way of delivering primary health care with a stronger emphasis on prevention and health promotion and improvements in the way individuals with chronic health problems are managed. A key feature of this model is the development of interdisciplinary teams that allow the FHT to offer a broader range of services.

This will involve the recruitment of additional health professionals to provide services that complement and reinforce those offered such as:

- Increasing access to more specialized services such as nutrition, pharmacy and mental health
- Broadening the range of services or interventions a FHT can offer to include chronic disease prevention and management (CDPM), health promotion and illness prevention programs
- Improving access to services for which there may be lengthy waiting times in other community services thereby enabling these resources to be used more efficiently
- Enhancing the skills of other primary health care providers
- Offering an effective way to integrate evidence-based guidelines into the FHT

To take full advantage of the potential of these professionals, FHTs need to build teams in which providers from different backgrounds or disciplines work together to deliver comprehensive services with clear roles, expectations and accountabilities in an atmosphere of collaboration and trust. Team members must be open to insights, knowledge and perspectives of other professionals, and there must be a willingness to share team-based functions that may cross professional boundaries. Building effective interdisciplinary teams is one of the key challenges for a FHT.

In addition to creating the conditions necessary to support productive, interdisciplinary practice, a FHT must recruit and integrate a variety of health professionals into a shared work setting. This guide orients FHTs to the tasks involved in recruiting, integrating and supporting a range of health professionals, including the policies that need to be in place and organizational changes that may need to be made.

As noted, the majority of this document is devoted to assisting FHTs with recruitment of health professionals, their orientation and preparation for practice. These processes are much more likely to be successful if based on a plan for the development of programs and services within the FHT.

Accordingly, this guide begins with a brief discussion of planning for recruitment to provide a context for the more detailed material on recruitment, orientation and preparation for practice.

PLANNING FOR RECRUITMENT

The types of staff a FHT chooses to recruit will be influenced by a number of factors including the demographics of the patient population, the prevalence of specific issues, the skills and interests of existing staff, the needs of the local community, the priorities and strategic directions of the FHT and the availability (or lack) of specialized resources. Selecting the appropriate mix of providers for your FHT will, therefore, be based upon an assessment of the needs of your patients and the current skills and resources your FHT possesses to meet these needs.

Before embarking on a recruitment process

- Be clear about strategic directions and priorities
- Conduct a needs assessment
- Identify the resources needed
- Ascertain whether current staff can meet these needs
- Assess the impact of the proposed new programs and recruitments on the FHT as a whole
- Prepare for the hiring process

Be clear about strategic directions and priorities

The addition of new staff to a FHT should enable the FHT to move towards its vision or implement the areas identified as strategic priorities. Ideally these discussions, addressed in the resource guide on team development need to take place before new staff are recruited, as they will determine the kinds of programs the FHT wishes to develop, as well as its short and medium term priorities. These will need to be reflected in any hiring decision the FHT makes.

QUICK TIP

See the Team Development Resource Guide on the QIIP website at:

<http://www.qiip.ca/tbrg.php>

Conduct a Needs Assessment

Before hiring a new staff member, you need to identify the gaps in services currently provided, and ways in which the new position will address these. Even if this is just a replacement for an existing position, it is worth reviewing how the duties of the incumbent had met the changing needs of the FHT, and whether the position had evolved because of the skills and interests of the individual involved, rather than because of the needs of the FHT.

The identification of new positions that may be required should follow a review of the current caseload, specific populations being seen and their major presenting issues or needs. This should also include an assessment of the problems for which services are not currently available in the FHT or the community. Make sure the FHT is not going to be duplicating resources that are already available elsewhere in the community, or whether a new staff member could work in conjunction with another community program or agency.

Knowing what these gaps and unmet needs are will enable the FHT to identify priorities, short-term as well as long-term, that will guide the hiring process, as a new recruit may also be expected to participate in other programs to be developed at a future date. All new hires, even if working in a specific program

such as a social worker in the mental health program, should also be considered as potential resources for other programs that a FHT is developing, particularly its chronic disease prevention and management programs.

Identify the Resources Needed

It is now possible to determine what additional staff or clinical roles are required. Look at these both by function and by discipline, as there are a number of tasks that could potentially be taken on by a number of different disciplines. Examples of these might include diabetes education (nurse, nurse practitioner, registered dietitian or pharmacist) or well-baby care (family physician, nurse, nurse practitioner). This may involve a discussion within the team as to how these tasks are to be apportioned, and who is going to do what. At this point in time, a FHT should have a fairly clear idea of the specific skills and expertise it is looking for and the health professional best positioned to offer these.

Think about both the scope of the role and the extent to which this realistically can be filled by one individual. Asking one health professional to get involved in health promotion, treatment, care coordination, proactive follow-up and surveillance may not only exceed the skill set of any single individual but may be too complex for a FHT at its current stage of development. You may choose to focus on specific, more limited tasks initially and then expand the role. Your FHT may benefit from contacting or consulting with other FHTs who have already implemented a similar program or have recruited someone from the same discipline to learn from their experiences and advice.

One other question to consider is whether a position should be filled by one individual or shared between two people. A split position may be considered if there are different skill sets required for a role, some of which may be possessed by one person and some by another. Sometimes you may be aware of a potential candidate who may only wish to work part-time or who is working part-time in another agency with whom it may be advantageous for the FHT to form a partnership. While job sharing can sometimes lead to problems with co-ordination and continuity of care, or may make it difficult for both parties to participate fully in team activities, it may sometimes be worth thinking about.

Ask if Current Staff Can Meet These Needs

Once you have a clear idea of the required roles, look at the extent to which these might be met by staff already working in the practice. Make an inventory of staff expertise, including not only the current skill set of staff working in the FHT but also areas where they may wish to expand their expertise or take on additional responsibilities. It is useful to discuss the plan with all team members so they may consider what role they could play. Staff may also have valuable input as to how their expertise could contribute to the proposed programs.

As mentioned, when considering the role of staff to be hired, it is helpful to think about other programs that are likely to be implemented over the next two years. Assess the potential role of a new hire in these programs and incorporate this into the recruitment process and job description.

Some FHTs have chosen to hire individuals who will spend at least part of their time in system related roles such as assisting with coordination of care for a particular population within the FHT, system navigation or linkages with community resources and programs. The scope of these roles and what they could entail needs to be thought out before hiring begins.

Assess the Impact on the FHT as a Whole

Before starting the recruitment process, consider the administrative and support needs for the new position(s) and the impact this could have on the current administrative resources and budget.

Consider:

- Additional demands on reception and secretarial time
- Waiting room space and patient flow
- Use of examining rooms. Can this be accommodated within existing space, possibly sharing space with another provider or will they require additional space? Ideally this should be within the FHT, but if not, is there an adjacent, convenient site? If a satellite location is the only option, how will you ensure that staff working off-site is in regular contact with the rest of the FHT and have access to (electronic) medical records, waiting room, telephones, computers, printers and other office supplies?
- Common areas – lunch room/meeting room
- Telephone – is there a need for an additional line(s)?
- Computer(s), software needs (including internet access), EMR licensing agreements and training
- Travel costs (if working in multiple locations or conducting home visits)
- Parking

Prepare for the Hiring Process

Consider who will be directly involved in the recruitment. Possibilities include board members, physicians, administrators, administrative and front-line staff, especially those who will be working with the new recruit on a day-to-day basis. Each will bring different perspectives to the interview. Ensure there are no potential conflicts of interest. If possible, a staff member who may have a previous professional or personal relationship with any candidate should not be involved in the interview itself, although their thoughts on the individual may be solicited.

Ensure that the rest of the team is aware that hiring is taking place even if they will not be part of the interviewing team and outline the responsibilities of the new position.

Other tasks, such as developing human resource policies and deciding on the remuneration and hiring arrangements are discussed in more detail under Recruitment.

RECRUITMENT

Critical to the success of a FHT is the recruitment of staff with the skills to work collaboratively in primary health care and preparing them adequately for what may be a new style of practice.

In addition to identifying the competencies and expertise required, you need to consider the desired qualities in any new health professional. Flexibility, excellent communication skills and the ability to function well as a team member are of key importance.

Qualities which are generally applicable across disciplines include the following:

Clinical skills

- Ability to implement health promotion and educational approaches
- Assessment and management of common health problems
- Group and educational intervention skills
- Ability to work with a range of populations and problems
- Ability and willingness to implement clinical guidelines/best practices
- Ability to look at all factors affecting an individual, including biological, psychological, social and environmental
- Case co-ordination skills
- Teaching skills
- Ability to work collaboratively with patients, family members and/or caregivers
- Ability to implement self-management strategies
- Awareness of and ability to utilize community resources

Knowledge

- Demands and expectations of primary health care and its role in the health care system
- Roles, skills, priorities, values and cultures of different health professionals providing care in the primary health care setting
- A general understanding of commonly used activities and interventions relevant to the position
- Professional, ethical and legal issues related to primary health care
- Familiarity with local health and community resources
- Planning and evaluation skills
- Research skills
- Understanding of scope and responsibilities of professional designation

Interpersonal qualities

- Respectfulness
- Sensitivity to cultural, race, sexual preference, religion, class, age and economic differences
- Good communications skills
- Flexibility
- Ability to work independently
- Ability to work as part of a team
- Ability to use time efficiently and effectively
- Conflict resolution/negotiation skills
- Openness to participation in knowledge exchange activities
- Good organizational skills
- Ability to use an EMR and other computer-based resources

Determine which skills are the most important for the proposed position and prioritize these before the interviews begin.

With an understanding of the knowledge, clinical skills and interpersonal qualities needed for the role, a FHT is in a position to begin the recruitment process.

RECRUITMENT PROCESS CHECKLIST

Following are the basic steps in the recruitment process:

1. Develop a Job Description

Job descriptions are communication tools. They describe the duties, responsibilities, required qualifications and reporting relationships of a particular job. They should also offer information about working conditions, equipment used, additional necessary knowledge and skills and relationships with other positions.

A well written job description will inform the applicant and the team about:

- The needs of the FHT and its patients
- Expectations of the employee
- The boundaries of the person's responsibilities
- Relationships with other team members (if relevant)
- Reporting relationships and accountabilities

In an organization such as a FHT that is patient-centered and rapidly changing, job descriptions can become dated very quickly. To reduce the potential for this, treat a job description like a living document. Provide the incumbent with regularly scheduled opportunities to review the role and its evolution, preferably within the context of what else is happening within the team.

Make sure that job descriptions have enough flexibility so that individuals can “work outside the box.” The job description must be flexible enough to allow employees to help each other accomplish a task and cross-train, where appropriate.

Poorly written job descriptions can serve as evidence of wrong-doing in a wrongful dismissal suit. Make sure you are clear about the expectations of the position as well as how the individual's performance will be evaluated or monitored. If written well and reviewed regularly, a job description should provide the foundation for a realistic evaluation of a staff member's performance.

Appendix A provides an outline to assist in the creation of a well written job description together with an explanation of what to include in each category.

QUICK TIP

Job Descriptions developed by various FHTs may be found on the QIIP website at <http://qiip.ca/recruitment.php>.

2. Develop a Recruitment Strategy

The most effective method of recruitment is through personal contacts. Speak to colleagues working in other services in your community or other FHTs to see if they can suggest potential candidates. Other avenues for recruitment include:

- Advertisements in local newspapers (advertising in a national newspaper can be expensive, but may be necessary if other routes prove unsuccessful)
- Advertisements on professional discipline-specific web sites or e-mail groups (see below)
- Advertisements on employment web sites such as Workopolis or HRDC Job Bank

- Place the advertisement on your FHT's website
- Word-of-mouth (i.e. get the word out that your FHT has a specific position open)
- Contact local educational institutions for recent or soon-to-be graduates

See Appendix B for a list of specific sites on which to advertise health professional positions.

QUICK TIP

The availability of specialized staff interested in working in primary health care can be affected by the size and location of the community and the proximity to specialized services. Keep track of potential candidates and keep in touch with them, even if you don't currently have a vacancy. Many FHTs in rural and northern areas have successfully recruited needed human resources by partnering with community-based groups that also want to attract qualified health professionals and sharing a position.

A recruitment ad should include:

- Job Purpose
- Roles and Responsibilities
- Minimum Qualifications
- Selection Criteria
- Application Deadline
- Request for References
- Start Date
- Salary Range
- Format for Submission
- Contact Information

QUICK TIP

Sample job ads may be obtained by contacting QIIP at info@qiip.ca

Ensure that the job announcement complies with the Canadian Human Rights Act.

QUICK TIP

A copy of the Canadian Human Rights Act may be found on the Government of Canada website at: <http://laws.justice.gc.ca/en/h-6/index.html>.

3. Determine Hiring Arrangements

There are three possible hiring arrangements for the proposed recruit:

1. Become a salaried employee of the FHT
2. Work on contract as an independent practitioner
3. Be seconded to the program from another service on a purchase of service arrangement. For example, a FHT may contract with an external counseling agency to provide staff or may even contract with an agency to staff and manage an entire program. An example of this may be contracting with a local health unit to second a public health nurse to run a FHT's health promotion program.

There are pros and cons to each arrangement and each may have different implications for accountability, reporting relationships, liability and possibly for team functioning. If someone is hired on a contract, rather than as an employee, the total available remuneration (salary plus benefits) may be converted into the amount to be paid on a per diem or per session rate. In these situations, check carefully that employees meet the Canada Revenue Agency definition of being self-employed. A self-employed professional will be responsible for arranging their own benefits.

Employee benefits amount to approximately 20% of the salary. Mandatory contributions are Canada Pension Plan contributions, Employment Insurance, WSIB contributions and Employer Health Tax, which usually amount to 9 - 10% of the salary. The remainder of the benefit package can cover items such as a health and dental plan, long term disability, vacation pay, sick leave and statutory holidays, as well as contributions towards continuing education or reimbursement for professional dues.

4. Develop Human Resources Manual

If the FHT has not already done so, it will need to develop the policies and procedures that will govern the management of human resources. These policies should be compiled into a manual or handbook to be given to each new recruit.

Following is a list of the topics which should be included in the handbook.

Attendance, Absenteeism and Tardiness Bereavement Leave Continuing Education and Professional Development Employee Conduct Employee Discipline Employee Privacy Employee Review and Selection Process Equal Opportunity Statement Expense Reimbursement Group Insurance Benefits Harassment/Violence Health, Safety and Security in the Workplace Hours of Work Inclement Weather Job Postings Jury Duty Leave Leave of Absence Without Pay Organizational Chart Overtime and Lieu Time	Parking Performance Evaluation Personal, Privileged and Confidential Information Personnel File Pregnancy and Parental Leave Privacy Policy Statement Probationary Period Property Rights Representing the Organization Resignation and Termination Sick and Personal Emergency Days Standards of Conduct Statutory and Other Paid Holidays Telephones Use of Computer Hardware and Software Use of Personal Vehicle Use of Rental Vehicle Use of Services and Equipment (including Email) Vacation
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5. Interviewing Candidates and Checking References

Develop several standardized interview questions to allow for comparison among the applicants to be interviewed for a position. Ideally, more than one interviewer should be present, with representation from more than one discipline, including someone from the same discipline as the applicant. The interview questions should broadly assess:

- Profession-or discipline-specific skills relevant to the program(s) in which the applicant may be working

- The ability to work in a primary health care setting
- The ability to work effectively within an interdisciplinary team
- Knowledge of relevant community resources and programs
- Applicant's understanding of professional role/scope

Questions should also:

- Confirm the candidate's education, training, and experience as listed in the resume
- Provide details about the candidate's past performance and accomplishments
- Help to determine the candidate's likely compatibility with the culture of the FHT (e.g. work pace, work style)
- Offer insights into the reasons behind the candidate's desire to change jobs

Responses to key questions can be confirmed through subsequent reference checks.

6. Interview Questions

Avoid asking discriminatory questions as outlined in Human Rights legislation. Questions to avoid include, but are not limited to:

- What year did you graduate from high school or post-secondary school?
- Where were you born?
- What are your child care arrangements?
- What are your religious practices?
- How many days did you miss last year because of illness?
- Do you have any disabilities?
- Have you ever been arrested?
- Are you planning to have children anytime soon?
- Are you responsible for parental care?
- Do you have senior parents or another family member who depends on you?

An interview should include different types of questions such as:

- Behavioural
- Situational
- Neutral
- Yes/No
- Open-ended
- Follow-up

See Appendix C for further details on the above types of interview questions.

QUICK TIP

For behavioral or situational questions, prepare sample answers in advance of the interview. Identify the types of responses that you are looking for and rank them from excellent to fair.

See Appendix D for sample interview questions.

7. Checking References

- Check references after the interview
- Request the candidate sign a Reference Consent Form before leaving the interview

- Suggest the candidate give the names and contact information of individuals who are knowledgeable about his/her work performance i.e. current/former supervisors or managers
- A minimum of two reference checks is recommended
- Information gathered should be objective and clear and collected in the same manner for all candidates
- Develop a Reference Check Form to keep a written record of the reference and sign and date the information received
- Ask the candidate to provide you with proof of registration with the appropriate college

QUICK TIP

Sample Reference Checklists and Rejections Letters developed by various FHTs may be found on the QIIP website at <http://qiip.ca/recruitment.php>.

8. Prepare a Contract or Offer of Employment

A contract should clearly outline:

- The amount and method(s) of remuneration, including benefits, if applicable
- Time to be spent in clinical and other activities
- Accountability and responsibilities
- Reporting relationships
- Clear descriptions of the roles and functions of all parties
- Professional development opportunities within the FHT
- Time available for education outside the FHT
- Responsibilities for participation in program planning and evaluation
- Requirements regarding registration in an appropriate learning institution
- Requirements regarding malpractice insurance
- Termination clause stating the length of time needed for notification of termination by either party
- Any other terms specific to your FHT which you wish to include
- Probation period /terms of probation

QUICK TIP

Sample Letters of Offer developed by various FHTs may be found on the QIIP website at <http://qiip.ca/recruitment.php>.

Sample Hiring Contracts may be obtained by contacting QIIP at info@qiip.ca.

9. Communicate the decision to other FHT staff

All FHT staff needs to feel a sense of ownership for programs being developed. Although they need not be actively involved in planning meetings, communicating the intent of the new position or program and the changes that are likely to follow is an important part of preparing the practice for managing any ensuing changes.

Staff should be fully informed about the goals and directions of any new program and the role of the incoming health professionals and have an opportunity to comment on the design of the initiative or practical issues in its implementation. Issues to be discussed may include:

- The type of health professionals and the roles they will play
- The goals of the new program/role

- The limitations of the role/program i.e., what cannot be done due to resources or time
- How the activities will be monitored
- Any space requirements or adjustments
- Impact on workloads including telephone and message-taking requirements
- Sharing responsibility for care
- Potential scope of practice; “who does what” issues

10. Consider any Risk Management Issues

The primary goal of risk management is the prevention of any harm or damage befalling a patient of the FHT, a staff member or the FHT itself. There are four basic steps in the risk management process:

1. Identification of any potential risk
2. Assessment of risk and the potential for loss and injury from actual and potential events
3. Implementation of risk control and mitigation strategies
4. Evaluation of the effectiveness of the risk management program

Information on professional, legal and regulatory guidelines and standards for each of the health professions should be reviewed as part of the preparation for practice. This process might include¹:

- Examining federal and provincial regulations and guidelines
- Consulting regulatory and professional bodies for educational requirements, licensing requirements, standards of practice and guidelines for collaboration, supervision and independent practice
- Consulting practice-setting lawyer and liability insurers about the implications of the IHP role implementation
- Examining the practice setting’s capacity to ensure compliance with professional and regulatory standards. Examples include:
 - Availability of peer review process and quality assurance program to ensure periodic assessments of clinical competency
 - Development of a policy and procedures committee
 - A review of any potential physical hazards to staff or patients – in larger FHTs this may entail a health and safety representative or committee.
 - Ensuring there is a mechanism in place to obtain updates on guidelines and standards
 - Developing a plan to disseminate information about regulations, guidelines and standards as required

11. Criminal Background Check

In order to ensure safeguards for patients and clients a criminal background check for all prospective employees, contracted services personnel, students and volunteers may be required.

Criminal background checking is a precautionary measure designed to ascertain whether an individual has a record of criminal conviction.

¹ This information was modified from the “Canadian Nurse Practitioner Initiative: Implementation and Evaluation Toolkit for Nurse Practitioners in Canada”.

All prospective employees, contracted services personnel, students and volunteers should be informed during the interview process that a criminal background check is mandatory and to contact their local police department for information regarding the process.

Successful candidates will be required to provide the FHT with a Canadian Police Information Computer (CPIC) system report prior to commencing employment.

If it is necessary to make a job offer before the criminal background check has been conducted, the following sentence should be included in the offer of employment letter: *This offer of employment is subject to the successful outcome of a criminal background check.*

Purchase of Service contracts will contain a clause regarding the requirement for a criminal background check.

If the criminal background check is negative, the information should be noted in the individual's human resources file and the criminal background check document be returned to the individual.

If the criminal background check is positive (indicating criminal offenses and/or charges) the FHT will determine the individual's suitability for employment taking the following into consideration:

- Nature of the offense for which the individual was convicted
- Length of time since conviction
- Rehabilitative efforts subsequently made by the individual
- Overall qualifications the applicant brings to the position
- Specific duties, responsibilities and risks associated with the position and relevance of the particular conviction to the position.

ORIENTATION AND PREPARATION FOR PRACTICE

Once a new staff member has been hired, various activities need to be undertaken to orient them and prepare them for practice. If they have never worked in a primary care setting, you may need to provide some additional background on primary care, its demands and its role in the local health care system. You also need to make sure that current staff and patients are fully informed about new recruit(s) and their intended role in your FHT.

ORIENTATION OF NEW STAFF

The emphasis of orientation is on ensuring that newly recruited staff is adequately prepared for what they are likely to encounter, especially if they have little prior experience working in primary health care. Issues to cover include:

- What is a FHT
- The vision, mission, values and strategic directions of the FHT
- The pace, demands and sometimes unpredictable nature of primary health care
- Roles of other staff in the FHT
- The most common problems seen in primary health care

- Scope of practice issues
- How clinical information is transmitted or shared
- The specific expectations of the new position
- Limitations of the new position

Set up a brief review meeting at the end of the first week and the first month to assess progress and address any questions that may have arisen.

New team members should meet with the existing team members to get to know one another and to clarify their respective roles and what each individual is looking for from the other. This can be done on a one-to-one basis or at a staff/team meeting. A social event, like a welcoming lunch, can also be a good way for a new staff member to get to know the team. Information to cover at these meetings could include:

- Respective professional backgrounds and roles
- Experiences working in the practice
- How their role might fit with the new staff member
- Common clinical issues encountered
- Tips on getting the most out of working in the FHT
- Discussions on how to refer cases internally and externally
- The culture of the FHT and some of the informal things that happen

A new team member may require some extra training to help them develop the skills that the FHT will require. If the FHT is already established, spending a day or two “shadowing” the person currently in the position may assist with this. If this is not possible, or if the position is a new one, it can be instructive for the candidate to visit another FHT to spend a day observing someone who is filling a similar role and who can answer any questions they may have.

Other training options could include:

- reviewing materials or orientation manuals
- attending orientation sessions
- developing an individual learning plan

QUICK TIP

Sample Orientation Checklists developed by various FHTs may be found on the QIIP website at <http://qiip.ca/recruitment.php>.

INFORMING PATIENTS

Patients need to be informed about any new service or program using printed pamphlets, letters, posters, or a combination of all three. The material should clearly outline the services provided, including specific examples and how to gain access to these resources. The names of the providers and type of service provided can also be posted on the front entrance or in the reception/waiting area of your FHT.

A letter to all patients in the FHT, signed by all the staff in the practice, introducing and welcoming the new team member(s) can be very helpful. If several staff are being hired, prepare one letter introducing them all at the same time.

Reception staff should be given the information they need to answer questions from patients or referring agencies about new health professionals and the services they offer, including the procedures for referrals and booking appointments.

Consider producing a one page brochure or flyer on the various programs of the FHT. These should outline the nature of the service, the referral process, expectations (if any) of the patient and other relevant background information. These may be given to the patient when a referral is being made. Alternatively, if they are available in the waiting or examination rooms, they may encourage patients to ask for a referral to a particular program.

SECTION 3 - PRACTICAL RECRUITMENT

BACKGROUND

The following table provides information and tools to assist FHTs with the recruitment of each of the following health professionals:

- Registered Nurses
- Registered Practical Nurses
- Nurse Practitioners
- Pharmacist
- Clinical Educator-Diabetes
- Clinical Educator - Asthma
- Chiropracist
- Registered Dietitian
- Medical Office Assistant
- IT Professional
- Finance Manager
- Mental Health Worker
- Psychiatrist
- Social Worker
- Health Educator/Promoter
- Occupational Therapist
- Interdisciplinary Clinical Lead
- Administrator/Manager/Executive Director

For each of the selected disciplines, the material provided concerns:

- Scope of practice
- Role and responsibilities in primary health care
- Discipline-specific considerations (if any) related to integrating the health professional into a primary health care team
- Other helpful resources or materials

The information on the roles and responsibilities was primarily extracted from the document Guide to Interdisciplinary Team Roles and Responsibilities, July 4, 2005, published by the MOHLTC and available on: http://www.health.gov.on.ca/transformation/fht/guides/fht_inter_team.pdf.

POSITION TITLE	REGISTERED NURSE / REGISTERED PRACTICAL NURSE
SCOPE OF PRACTICE	<p>The practice of nursing is the promotion of health and the assessment of the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.</p> <p>All nursing practice is grounded on the principles of primary health care. Although both RNs and RPNs take similarly titled foundation courses, there is a difference in both the depth and breadth of knowledge covered in the competencies that are developed, and the expectation for clinical performance. RNs are able to autonomously meet the nursing care needs of patients whose needs are not well defined/established or are changing whereas the RPN can independently care for patients whose care needs are well defined and the health condition is well controlled. Both RNs and RPNs are accountable for their own professional practice.</p>

<p>ROLE & RESPONSIBILITIES</p>	<p>Depending on the population health needs and the mix of other providers, the Family Health Team may choose to integrate an RN, RPN, or both into the interdisciplinary team.</p> <p>Assessment</p> <ul style="list-style-type: none"> • Assessment of patient health care needs (physical, emotional, psychological, and spiritual) • Analysis of the findings of a health assessment • Interpret patient health records • Observe and record outcomes • Collect data through a therapeutic relationship with a patient <p>Treatment/Management</p> <ul style="list-style-type: none"> • Determine the appropriate service or treatment, the appropriate care provider or the appropriate equipment • Provide nursing care and treatment (including complementary therapies and/or counseling) for health problems <p>Education/Advocacy</p> <ul style="list-style-type: none"> • Help patients to identify and use health resources • Involve patients in decisions about their own health • Encourage patients to take action for their own health • Initiate health education and other activities that assist, promote and support patients as they strive to achieve the highest possible level of health • Develop learning resources for nurses and other health care providers • Develop and deliver health education programs for patients or communities <p>Referrals/Collaboration</p> <ul style="list-style-type: none"> • Collaborate with other health care providers • Coordinate patient care <p>RNs with appropriate experience and training may also be recruited into positions such as Diabetes or Asthma Educator.</p>
<p>ADDITIONAL RESOURCE MATERIAL</p>	<p>Utilization of RNs and RPNs http://www.cno.org/Global/docs/prac/41062_UtilizeRnRpn.pdf</p> <p>Professional Standards http://www.cno.org/docs/prac/41006_ProfStds.pdf</p> <p>Compendium of Standards of Practice for Nurses in Ontario http://www.cno.org/pubs/compendium.html</p> <p>Registered Practical Nurses Association of Ontario 5025 Orbitor Drive, Building 4, Suite 200</p>

	<p>Mississauga, ON L4W 4Y5 Tel: 905-602-4664 E-mail: info@rpnao.org Website: www.rpnao.org</p> <p>Registered Nurses Association of Ontario 438 University Ave, Suite 1600 Toronto, ON M5G 2K8 Tel: 1-800-268-7199 or 416-599-1925 Fax: 416-599-1926 Website http://www.rnao.org</p> <p>Canadian Nurses Association 50 Driveway Ottawa ON K2P 1E2 Tel: 1-800-361-8404 or 613-237-2133 Fax: 613-237-3520 E-mail: info@cna-aiic.ca Website: http://www.cna-nurses.ca</p> <p>College of Nurses of Ontario 101 Davenport Road Toronto, ON M5R 3P1 Tel: 416 928-0900 or 1 800 387-5526 Fax: 416 928-6507 Website: http://www.cno.org</p>
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POSITION TITLE	NURSE PRACTITIONER
SCOPE OF PRACTICE	<p>Nurse practitioners, as autonomous health professionals with advanced education, provide essential health services grounded in professional, ethical and legal standards. Nurse practitioners integrate their in-depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. Nurse practitioners work in collaboration with their clients and other health-care providers in the provision of high-quality patient-centered care. They work with diverse client populations in a variety of contexts and practice settings.</p> <p>Nurse practitioners have the competence to provide comprehensive health assessment, to diagnose health/ illness conditions, and to treat and manage acute and chronic illness within a holistic model of care. Nurse practitioners order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy.</p> <p>Nurse practitioners are accountable for their own practice and communicate with clients about health assessment findings and diagnoses, further required testing and referral to other health-care professionals; they are also responsible for client follow-up. Nurse practitioners counsel clients on symptom management, health maintenance, pharmacotherapy, alternative therapies, rehabilitation strategies and other health programs.</p> <p>Nurse practitioners have the knowledge to assess population health trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work with inter-professional teams, other health-care providers and sectors and community members. Nurse practitioners collaborate in the development of policy to influence health services and healthy public policy. (Canadian Nurse Practitioner Core Competency Framework. Canadian Nurses Association, May 2010)</p>
ROLE & RESPONSIBILITIES	<p>Professional Role, Responsibility and Accountability</p> <p>This nurse practitioner competency category encompasses the core competencies for the following four categories of advanced nursing practice:</p> <ul style="list-style-type: none"> • clinical practice • collaboration • consultation and referral • research • leadership <p>Nurse practitioner practice is characterized by the simultaneous interaction and blending of competencies at a level of complexity that reflects the nurse</p>

	<p>practitioner’s highly developed critical thinking skills, clinical nursing experience, and advanced education that incorporates a substantial clinical component. These core competencies embedded within the three other competency categories in this framework: Health Assessment and Diagnosis, Therapeutic Management, and Health Promotion and Prevention of Illness and Injury.</p> <p>Health Assessment and Diagnosis</p> <p>The nurse practitioner integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the nurse practitioner works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.</p> <p>Therapeutic Management</p> <p>Nurse practitioners collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The nurse practitioner selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health.</p> <p>Health Promotion and Prevention of Illness and Injury</p> <p>Nurse practitioners in all practice settings focus on improving and restoring health. The nurse practitioner leads or collaborates with other health-care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.</p>
<p>SPECIAL CONSIDERATIONS</p>	<p>Since PHC NPs practice both independently and interdependently, the NP role is a highly collaborative one – communicating, consulting, and collaborating with family physicians (FPs) and all FHT members. The NP role overlaps with that of the RN and the FP but must not be seen as a replacement role, nor be confused with the role of a physician-assistant.</p> <p><u>Role clarity</u>: understanding of the role, core competencies and scope of practice of the NP, and enabling the NP to practice to their fullest scope, are critical to successful integration of this IHP into a FHT</p> <p>The NP role may vary from one FHT practice to another but an evidence-based plan allows for variation in NP practice models, based on community needs and adequate resources.</p> <p><u>NP-FP Collaboration</u>: NPs must function both autonomously and collaboratively, with the NP driving the amount of collaboration and consultation based on patient needs and practitioner knowledge. This is based on the underlying assumption that collaborative partners desire and are willing</p>

	<p>to collaborate. While the NP is expected to work with all providers in the FHT, it is generally recognized that the working relationship with the FP is of particular significance. Highly effective and collaborative FP-NP teams are not based on a hierarchical model.</p> <p><u>Support:</u> It is also critical that NPs are supported by administration, in terms of resources and infrastructure necessary to effectively carry out the role. This includes, time, space, office administrative support, medical equipment and office equipment including IT.</p> <p><u>Liability:</u> The NP is responsible for securing his/her own liability protection. This is most easily secured through membership in the RNAO where a benefit is \$5 million in liability protection through the CNPS.</p>
<p>ADDITIONAL RESOURCE MATERIAL</p>	<p>Canadian Nurse Practitioner Core Competency Framework http://www.rnantnu.ca/Portals/0/Documents/Registration%202007/NP%20Application/CNPE_Core_Competency_Framework_e.pdf</p> <p>Standards of Practice for the RN (EC) clearly articulate the role and the scope of practice for the Primary Health Care NP in Ontario. http://www.cno.org/Global/docs/prac/41038_StrdRnec.pdf</p> <p>Joint Position Statement Scope of Practice CAN/CPA/CMA: http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS66_Scopes_of_practice_June_2003_e.pdf</p> <p>Implementation and Evaluation Toolkit for Nurse Practitioners in Canada: http://206.191.29.104/documents/pdf/Toolkit_Implementation_Evaluation_NP_e.pdf</p> <p>Practice and Evaluation Literature Review Report: Nurse Practitioners and Physicians in Collaboration: http://206.191.29.104/documents/pdf/Models_of_Collaboration_Literature_Review_e.pdf</p> <p>CMPA/CNPS Joint Statement On Liability Protection For Nurse Practitioners And Physicians In Collaborative Practice (March 2005): http://www.cnps.ca/joint_statement/joint_statement_e.html</p> <p>College of Nurses Response to: <i>A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitioners)</i> http://www.cno.org/Global/docs/policy/hprac_NP_Response_Jan302009.pdf</p>

	<p>Nurse Practitioners' Association of Ontario 180 Dundas St. West, Suite 1008, Toronto, ON M5G 1Z8 Tel: 416-593-9779 Website: http://www.npao.org</p> <p>Registered Nurses Association of Ontario 438 University Ave, Suite 1600 Toronto, ON M5G 2K8 Tel: 1-800-268-7199 or 416-599-1925 Fax: 416-599-1926 Website: http://www.rnao.org</p> <p>Canadian Nurses Association 50 Driveway Ottawa ON K2P 1E2 Tel: 1-800-361-8404 or 613-237-2133 Fax: 613-237-3520 E-mail: info@cna-aiic.ca Website: http://www.cna-nurses.ca</p> <p>College of Nurses of Ontario 101 Davenport Road Toronto, ON M5R 3P1 Tel: 416 928-0900 or 1 800 387-5526 Fax: 416 928-6507 Website: http://www.cno.org</p> <p>Canadian Nurses Protective Society 110 - 865 Carling Ave Ottawa ON K1S 5S8 Tel: 613-237-2092 or 1-800-267-3390 Fax: 613-237-6300 Website: http://www.cnps.ca</p>
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QUICK TIP

A reference document- *Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model*, which is available from the College of Nurses, defines the controlled acts that can be performed by a Nurse Practitioner (RN-EC/NP), Registered Nurse (RN) and Registered Practical Nurse (RPN), and the circumstances under which they are authorized to perform these acts.

http://www.cno.org/docs/policy/41052_RHPAscope.pdf

POSITION TITLE	PHARMACIST
SCOPE OF PRACTICE	<p>The practice of pharmacy is the custody, compounding and dispensing of drugs, the provision of non-prescription drugs, health care aids and devices and the provision of information related to drug use (Pharmacy Act, 1991, c.36, s.3). Pharmacists are health care professionals who are medication experts. With family physicians facing increasingly complex drug-related needs, pharmacists integrated into multidisciplinary collaborative teams can help meet the challenge of optimizing drug therapy (<i>Dolovich et al., 2004</i>). For additional information on a pharmacist's scope of practice, contact the College of Pharmacists of Ontario.</p>
ROLE & RESPONSIBILITIES	<p>Assessment</p> <ul style="list-style-type: none"> • Ensure appropriate patient information is gathered and recorded • Review patient profile including known patient risk factors for adverse drug reactions, drug allergies, known contraindications to prescription drugs, nonprescription drugs, natural health products, and complementary or alternative medicines • Evaluate patient drug therapy and identify potential and actual drug-related problems and determine appropriate therapeutic options to resolve or prevent them • Conduct patient assessments for medication problems <p>Treatment/Management</p> <ul style="list-style-type: none"> • Manage medication • Monitor patient compliance • Home follow-up <p>Education/Advocacy</p> <ul style="list-style-type: none"> • Patient education to facilitate patient's understanding of her/his drug therapy and ability to comply with the therapy regimen <p>Referrals/Collaboration</p> <ul style="list-style-type: none"> • Refer the patient to appropriate health care providers within the Family Health Team if necessary • Communicate with physicians to help the patient achieve maximum benefit from drug therapy and to prevent medication errors or potential significant adverse reactions
SPECIAL CONSIDERATIONS	<p>The pharmacist needs to be aware that shared documentation/medical records is central to the effective provision of interdisciplinary care to the patient, and s/he is expected to document the care provided to patients in a way that is easily retrievable by all members of the team.</p> <p>To facilitate integration into the team, the pharmacist should be able to access the support services of the health team for purposes of patient appointment booking as well as necessary secretarial services. The pharmacist will require support with the</p>

	<p>following allocations and resources:</p> <ul style="list-style-type: none">• work space for documentation and research into therapeutic problems• access to a printer and a computer with internet access, telephone• reasonable funding for continuing education• adequate access to patient interview rooms• membership of an accredited Drug Information Centre
ADDITIONAL RESOURCE MATERIAL	<p>IMPACT: Integrating family Medicine and Pharmacy to Advance Primary health care Therapeutics. Information available at http://www.impactteam.info includes: Lead physician and site manager tool kit; pharmacist tool kit; and physician information pamphlet.</p> <p>Information on the role of a pharmacist: http://www.opatoday.com</p>

POSITION TITLE	CLINICAL EDUCATOR – DIABETES
SCOPE OF PRACTICE	<p>Plan, implement and evaluate a diabetes education program.</p> <p>To improve the quality of life for people whose lives are affected by diabetes and increase awareness of the risk factors for diabetes in the community at large.</p> <p>To provide people affected by diabetes the knowledge, understanding and skills necessary to live with and manage the disease within their own lifestyles.</p> <p>Through health promotion activities increase awareness of risk factors for diabetes in the community at large.</p>
ROLE & RESPONSIBILITIES	<p>A CDE can develop, implement and evaluate a diabetes education program. This work may be an adjunct to their other duties and responsibilities as a member of primary health care team.</p> <ul style="list-style-type: none"> • Plan, develop and evaluate a Diabetes Education Program including tools/materials to meet the patients' needs • Conduct individual assessments of patients to determine physical status, previous management and control, compliance with treatment and learning needs • Provides individual and group classes to meet learning needs of patients and their families <p>Specific to the diabetes educator role, responsibilities may include:</p> <ul style="list-style-type: none"> • To develop, implement and evaluate nursing care plans for people with diabetes. • To teach and counsel people whose lives are affected by diabetes by providing information about: the signs, symptoms, control, and management of diabetes and complications; community resources; and related technical aids such as glucose monitors, insulin injection systems, etc. • To function as a member of a multi-disciplinary team • To make appropriate referrals to other providers or other services • To act as a resource person on diabetes for other professionals services and community • To evaluate and apply new information or research in the management of the care of the person with diabetes; awareness of risk factors; and prevention of diabetes in the community • To develop and evaluate educational resources, presentations, workshops, etc. • To assist in the facilitation of self-management support groups for people whose lives are affected by diabetes • To maintain a recording, reporting system for program documentation, planning and evaluation.

SPECIAL CONSIDERATIONS	<ul style="list-style-type: none">• Must hold a degree or diploma in a recognized health care profession.• CDE must have completed the Canadian Diabetes Educator Certification <p>A Diabetes Educator will need:</p> <ul style="list-style-type: none">• An office large enough to seat three people comfortably for consultation• Clerical support to book appointments for patients, make reminder calls
ADDITIONAL RESOURCE MATERIAL	Canadian Diabetes Educator Certification Board – http://cdec.ca/ Diabetes Ontario – http://www.diabetesontario.org/ Northern Diabetes Health Network – http://ndhn.com/index.html Canadian Diabetes Association – http://www.diabetes.ca/

POSITION TITLE	CLINICAL EDUCATOR – ASTHMA (CERTIFIED ASTHMA EDUCATOR - CAE)
SCOPE OF PRACTICE	<p>Scope of practice includes counseling patients on the following topics:</p> <ul style="list-style-type: none"> • Review of patient and family history • Assessment of asthma triggers and provision of recommendations for avoidance/management • Assessment of proper use of medications and devices and provision of needed correction or recommendations for change • Teaching and monitoring use of peak-flow meters • Teaching and assessing use of action plan • Spirometry assessment and interpretation • Collaboration with members of the health care team and community resources <p>Principles of the CAE Scope of providing asthma education include:</p> <ul style="list-style-type: none"> • Asthma Control • Self-Management • Environmental Control • Pharmacotherapy • Immunotherapy • Alternative Therapies • Acute Asthma
ROLE & RESPONSIBILITIES	<p>As part of a chronic disease prevention and management program, a CAE may:</p> <ul style="list-style-type: none"> • Provide asthma education and counseling to patients, families and care providers • Apply the latest research and best practices to improve the health of patients with asthma, based on the Primary Care Asthma Program (PCAP) • Teach FHT members to support and promote self-management among patients with asthma • Establish good communication between patients, primary care teams and community resources • Monitor asthma care and education programs to improve quality and effectiveness.
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • The CAE must first complete a CNRC (Canadian Network of Respiratory Care)-approved asthma educator program to be eligible to write the CAE exam and be certified. • Must hold a degree or diploma in a recognized health care profession. <p>An Asthma Educator will need:</p> <ul style="list-style-type: none"> • An office large enough to seat three people comfortably for consultation • Clerical support to book appointments for patients, make reminder calls • Teaching supplies (books, posters, diagrams, videos, placebo inhalers, peak flow meters, etc.) to support teaching in role. Many of these resources can be acquired through the Lung Association. <p>*Note: This position could include a Certified Respiratory Educator (CRE) designation. The CRE is an individual certified as an educator in both asthma and</p>

	<p>COPD. For more information see Canadian Network for Respiratory Care website: http://cnrhome.net/whatitis.html</p>
ADDITIONAL RESOURCE MATERIAL	<p>Information for asthma educators and opportunity to network http://www.AsthmaEducators.ca</p> <p>Canadian Network for Respiratory Care (CNRC) – http://cnrhome.net/ Canadian Thoracic Society (includes asthma guidelines) – http://www.respiratoryguidelines.ca/ Ontario Lung Association – http://www.on.lung.ca</p>

POSITION TITLE	CHIROPODIST
SCOPE OF PRACTICE	<p>As a key member of the Family Health Team, and an integral part of an Interprofessional health care team, the chiroprapist will provide a full range of quality foot care to all patients. The range of service includes active treatment of acute pathological foot conditions, surgical procedures, and preventive & palliative foot care.</p> <p>An ongoing emphasis will be placed on the promotion of foot health. Patient will be encouraged to participate at all times, within their capabilities to accept the utmost responsibility for their own care.</p> <p>The Chiropody Clinic is committed to highest standards of patient care.</p>
ROLE & RESPONSIBILITY	<p>Clinical Duties</p> <ol style="list-style-type: none"> 1. Assessment of foot disorders or dysfunctions and treatment of same therapeutic, orthotic or palliative means; 2. Differentiating between disorders of the foot arising from systemic or general disease and those arising from local, structural and/or functional disorders; 3. Recognizing patients having conditions beyond their scope of practice and refers to other appropriate health care professionals (e.g. primary care provider); 4. Accurately taking, recording and utilizing a complete chiropody history form; 5. Designing and implementing a management plan based no presenting conditions and the patient's individual needs. The Chiroprapist will reinforce and encourage patient responsibility and participation in the management plan; 6. Use of proper casting techniques for orthotic and off-loading devices - gives footwear education and/or refers patients for footwear modification as required; 7. Communicating foot health education in a variety of settings to patients, Interprofessional health care professionals (IHPs) or other concerned individuals; 8. Ensuring appropriate antiseptic techniques, safe procedures and isolation practices are maintained in the clinical and/or surgical setting; and 9. Providing a safe environment for patients, practitioners and others in the clinic and/or surgical setting. <p>Administrative Duties</p> <ol style="list-style-type: none"> 1. Plans for future clinic needs to ensure that SETFHT clinical goals and objectives are met; 2. Ensures safe working practices and that all clinical equipment is in satisfactory operating condition; 3. Collaborates with the Executive Director and Site Administrator to develop a quality assurance program; 4. Maintains and upgrades knowledge and skills regarding new procedures,

	<p>methods and equipment through attendance at relevant seminars and educational programs, prepares quarterly reports, and monitors daily statistical data;</p> <p>5. Prepares work schedules that ensure efficient use of time;</p> <p>6. Prepares, monitors and controls supplies necessary for clinic operation;</p> <p>7. Requisitions necessary medications;</p> <p>8. Requisitions necessary repairs/maintenance services; and</p> <p>9. Develops, revises and implements policies and procedures as appropriate.</p>
<p>SPECIAL CONSIDERATIONS</p>	<p>Qualifications</p> <ul style="list-style-type: none"> • Preferred completion of Bachelor of Science and Graduate Advanced Diploma of Health Sciences (Chiropractic) with two or three years of clinical experience. • Must possess a license with the College of Chiropractors of Ontario as a chiropractor. • Experience working in primary care an asset. • Knowledge of and working experience with computer systems and applications. • Honed patient assessment and triage skills. • Excellent verbal and written communication skills. • Able to work co-operatively as member of the FHT and within a team setting.
<p>ADDITIONAL RESOURCE MATERIAL</p>	<p>College of Chiropractors of Ontario</p> <p>http://www.cocoo.on.ca/</p>

POSITION TITLE	REGISTERED DIETITIAN
SCOPE OF PRACTICE	<p>The practice of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means (Dietetics Act, 1991, S.O. 1991, c. 26).</p> <p>Dietitians are health care professionals, who apply their unique body of knowledge and expertise to support people in understanding and applying the principles of healthy eating throughout the entire lifecycle. Dietitians are educated in the science and management of nutrition and dietetics. As members of an interdisciplinary team, dietitians can contribute to health promotion and illness prevention strategies, and develop specialized nutrition therapy and rehabilitation/support strategies to address specific nutrition-related illnesses (Dietitians of Canada, 2001).</p> <p>Dietitians are the only nutrition experts held accountable by law for providing quality nutrition services.</p> <p>At this time, Dietitians are not authorized to perform any of the 13 controlled acts defined in the Regulated Health Professions Act unless an act is delegated to the dietitian by a health professional with authority to do it. The controlled acts that are most likely to affect the practice of an RD are:</p> <ul style="list-style-type: none"> • Performing a procedure on tissue below the dermis (pin pricking for capillary blood testing) • Communicating a diagnosis to a patient/client • Prescribing, dispensing, selling or compounding a drug. <p>As a result of the general nature of the scope of practice statement and the system of controlled acts, the College of Dietitians receives many inquiries from dietitians and others about what dietitians can and cannot do within their scope of practice. The College has prepared several articles to set the limits on the scope of practice and support dietitians to practice to their full scope.</p> <p>In addition, the College is currently building a case for having the prescription of therapeutic diets and enteral/parenteral feeding designated as controlled acts under the Regulated Health Professions Act.</p>
ROLE & RESPONSIBILITY	<p>Assessment</p> <ul style="list-style-type: none"> • Work with individual patients to determine nutritional needs • Conduct nutritional and weight assessments <p>Treatment/Management</p> <ul style="list-style-type: none"> • Develop nutritional plans based on comprehensive needs assessments • Provide nutritional counseling • Provide weight management counseling

	<p>Education/Advocacy</p> <ul style="list-style-type: none"> • Promote behaviour change related to food choices, eating behaviour and preparation methods to optimize health • Promote patient independence and autonomy in decision-making for patient to achieve health • Conduct patient workshops and seminars • Identify community capacities and facilitate community skill-building, health advocacy, and social action <p>Referrals/Collaboration</p> <ul style="list-style-type: none"> • Work with physicians and IHPs on medication monitoring plans as they relate to nutrition • Communicate relevant nutritional information to other health care providers
SPECIAL CONSIDERATIONS	<p>A dietitian will require:</p> <ul style="list-style-type: none"> • An office large enough to seat three people comfortably for consultation • Clerical support to book appointments for patients, make reminder calls and enter 3 day food records into a database for individual intake analysis by the dietitian. These activities may take 1-2 days per week for 1 FTE dietitian. • Most dietitians book their own follow-up appointments. Cancellation/no show rates can be as high as 20%. This problem can be helped by reminder calls and penalties for non-appearance to appointments. <p>Currently, EMRs are not completely inclusive of RD needs and do not interface with other dietetic software. The dietitian may need to work with IT personnel to ensure that the EHR has a separate location for entry of nutrition services and care.</p>
ADDITIONAL RESOURCE MATERIAL	<p>Professional Standards for Dietitians in Canada: http://www.cdo.on.ca/en/pdf/publications/ProfessionalStandardsforDietitians.pdf</p> <p>The Jurisprudence Handbook for Dietitians in Ontario: http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook%20Web%20FINALOCTOBER%202010.pdf</p> <p>The Role of the Registered Dietitian in Primary Health Care: A National Perspective. May 2001. http://www.qiip.ca/user_files/role%20paper.pdf</p> <p>Cliska D., Thomas H., Catallo C., Gauld M., Kingston D., Cantwell B. et al. The Effectiveness of Nutrition Interventions for Prevention and Treatment of Chronic Disease in Primary Care Settings: A Systematic Literature Review. Toronto: Dietitians of Canada 2006. At http://www.dietitians.ca</p>

	<p>Dietitians Of Canada 480 University Avenue, Suite 604 Toronto, ON M5G 1V2 Tel: (416)596-0857 Fax: (416)596-0603 Website: http://www.dietitians.ca</p> <p>The College of Dietitians of Ontario 5775 Yonge Street Suite 1810, Box 30 Toronto ON M2M 4J1 Tel: (416) 598-1725 or 1-800-668-4990 Fax: (416) 598-0274 Website: http://www.cdo.on.ca</p>
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<p>POSITION TITLE</p>	<p>MEDICAL OFFICE ASSISTANT</p>
<p>SCOPE OF PRACTICE</p>	<p>The Medical Office Staff is part of a team which enables the organization to meet its goals in the provision of equally-accessible, high-quality, client-centered care to all citizens who require it, recognizing and responding to cultural and ethnic differences and to the special needs of individuals by: Providing clerical, reception and/or administrative support to the organization; assisting in the quality of care through the management of accurate records; ensuring the accurate recording and retrieval of electronic data; assisting with the communication of information.</p>
<p>ROLES & RESPONSIBILITIES</p>	<p>Maintains or assists in the maintenance of administrative schedules to ensure accurate and accessible information by:</p> <ul style="list-style-type: none"> • Maintaining master schedules for Family Health Network Physicians (MHU, THAS , Clinic) • Posting data to records and logs; creating/maintaining files • Generating caseload lists, reports, etc., as necessary • Support Family Health Team financials for payroll, accounts payable, deposits and other projects • Assist in development of guidelines, checklists, procedures and training documentation • Establish new measurement systems if/where possible • Exchange knowledge and information with others to ensure best practices are shared throughout the organization • Comply and follow all procedures within the organization security policy • Ability to work effectively under pressure with constantly changing priorities and deadlines • Maintain discretion and confidentiality in all areas pertaining to data and proprietary information, whether internal or customer specific • To be proficient and knowledgeable in all areas related to the IT department functions <p>IT Support</p> <ul style="list-style-type: none"> • Assist in providing leadership in the implementation, administration and maintenance of an Electronic Health System • Assist in maintaining availability of system including assisting at service site, providing support to current users, monitoring the system and troubleshooting issues • Assist in training and support for all sites coordination and installation teams <p>Communication</p> <ul style="list-style-type: none"> • Performing reception and reception-related duties, responding to routine inquiries from telephone calls, visitors, staff; redirection of calls or providing routine information requiring a detailed knowledge of the organization’s

	<p>functions; sharing acquired relevant information with other team members.</p> <ul style="list-style-type: none"> • Demonstrating strong organizational skills with the ability to prioritize and maintain a variety of activities including: transcription of machine-recorded dictation involving general business vocabulary and specialized medical terminology, producing correspondence, minutes, statistical reports, tables, financial schedules, forms, mass mailings, up-to-date caseloads, wait lists, etc. using a variety of software applications • Photocopying and distributing materials; handling incoming and outgoing mail and faxes and arranging for courier as required • Maintaining filing systems for the administration of the program so they are easily accessible • Arranging appointments, interviews, scheduling, as required, meetings, conferences and travel as requested • Maintaining and distributing resource information • Providing input as requested for the development of organizational strategy (setting of goals, systems, structures, etc.), operational plans and policy • Maintaining a current knowledge of policy manuals, reading minutes of meetings, and keeping up to date with organizational happenings • Adhering to the freedom of information and protection of privacy act by exercising reasonable care and caution in protecting confidential and sensitive information of clients, their families, personnel, and the organization <p>Provides general program maintenance by:</p> <ul style="list-style-type: none"> • Ordering, receiving, distributing and maintaining administrative as well as supplies/equipment/petty cash; • Maintaining a sufficient inventory of office supplies, forms, resource material; • Ensuring that office equipment is maintained and in good operating condition.
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • College Diploma in Office/Business Administration/Accounting (1 or 2 years minimum) • Experience with switchboard/multi-line telephone system • Two to five year's office experience; preferably in health setting • Proficiency in keyboarding and in the use of computers and various software applications • Fluency in English and French is an asset
ADDITIONAL RESOURCE MATERIAL	<p>Impact BC http://old.impactbc.ca/files/impact.doc</p> <p>Medical Office Assistants Association of BC http://www.medicalofficeassistantsofbc.com/page/page/1821867.htm</p>

POSITION TITLE	IT Support
SCOPE OF PRACTICE	To provide technical support to service providers and administrative staff of primary care practices .
ROLE & RESPONSIBILITIES	<ul style="list-style-type: none"> • Assist staff in selecting the most appropriate electronic medical records (EMR) software for their particular setting of all IHP and administrative staff • Establish smooth connections between billing, scheduling and patient records applications • Based on the advice of the EMR vendor, purchase, install and troubleshoot servers and computers to support selected software and operating system • Set up connections to local laboratories, hospitals and other facilities to download patient results • Evaluate and explain the benefits of acquiring any peripheral devices such as scanners and printers • Assess and advise staff on the value of purchasing additional EMR modules (faxing, reporting, etc.) • Ensure appropriate backup mechanisms are in place • Ensure privacy standards to safeguard patient data are met • In collaboration with staff, direct the implementation of the software • Establish good communication with software vendor such that updates are implemented in a smooth and timely manner • Research efficient use of EMR components and ensure consistent use among staff • Educate staff about emerging technical issues affecting them such as patient portals, secure mail, online patient resources • Assist practices by connecting staff with external agencies such as OntarioMD • Provide training to clinical and administrative staff on an on-going basis in the optimum use of their computers • Support staff with data analysis when they participate in special projects
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • A degree or diploma in Computer Sciences • Experience in a health care environment or formal health-related education will be an asset.

POSITION TITLE	Finance Manager
SCOPE OF PRACTICE	Manages the development and delivery of business and management of operations in the areas of finance, payroll, information technology and the procurement of goods/services.
ROLE & RESPONSIBILITIES	<p>Administration</p> <ul style="list-style-type: none"> • Acts as the primary contact with property management around lease and property maintenance issues/concerns • Coordinates space utilization to ensure optimal use of existing space • Oversees records management activities, including filing systems and archiving requirements <p>Finance</p> <ul style="list-style-type: none"> • Exercises financial controllership by developing, implementing and maintaining financial procedures, standards and tracking/monitoring mechanisms and practices • Implements processes and procedures to verify that all financial records are in place and complete • Coordinates the development, implementation and control of the clinic's operating budget; monitors and reports current year expenditures • Provides financial advice and guidance • Manages daily accounting activities including preparation of cheques, bank deposits, bank reconciliations and accounts payable/receivable • Coordinates all aspects of revenue collection including OHIP, WSIB, third party and any other income • Prepares monthly, year-end financial and ad-hoc financial reports for review by physicians and accountant • Calculates and processes payroll, makes recommendations and ensures the effective implementation of employee benefits programs • Coordinates the application and reporting for various MOHLTC and other funding programs, including ISP and FHT RN/NP funding. <p>Procurement</p> <ul style="list-style-type: none"> • Develops and implements purchasing procedures that include appropriate levels of approval and control of expenditures • Ensures the cost-effective purchase of equipment, goods and services • Ensures vendor invoices are reviewed for accuracy and adherence to contract terms and conditions • Ensures appropriate levels of medical and office supplies are in place to avoid disruption to patient care or clinic operations
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • Post –secondary education/training in accounting finance or business • Knowledge of organizational design, policies, procedures, systems, health administrative practices, computer systems and applications.

POSITION TITLE	MENTAL HEALTH WORKER
SCOPE OF PRACTICE	<p>A Mental Health Worker promotes and supports individual rights and responsibilities enabling individuals to take responsibility for their own personal well-being while promoting the health, safety and wellbeing of individuals in the community. These mental health professionals tend to work with the most vulnerable /at risk and most severely mentally ill patients.</p> <p>There are no standard job classifications with the community mental health sector. Mental health organizations may use different job titles for similar positions or use a general job title such as 'mental health worker'.²</p>
ROLES & RESPONSIBILITIES	<ul style="list-style-type: none"> • Counsel clients concerning identified problems • Provide short-term, goal-oriented therapy to clients and family members where indicated • Monitor individuals as they recover from an episode of stress or illness • Provide crisis intervention or problem solving associated with high risk indicators endangering clients' mental and physical health • Identify opportunities to develop and implement programs aimed at prevention, health promotion, and chronic disease management • Advocate on behalf of clients and client groups where gaps in service have been identified • Provide consultation to physicians and other members of the interdisciplinary health professional team • Help ensure coordinated delivery of care through ongoing communication with all members of the client's team, including physicians and other interdisciplinary health professionals • Document all assessment findings, treatment plans, progress and discharge summaries of interventions as required • In collaboration with the client, identify the need for and assist in planning and arranging community resources as required and wanted by the client • Ensure that services provided are best practice, evidence based and evaluated through the routine use of valid and reliable outcome measurement • Adhere to the code of ethics of the profession in maintaining standards of practice for the profession as defined by the Ontario College of Social Workers and Social Service Workers • Prepare statistical records of client care and related activities as required by SAFHT, the Ministry of Health, and other agencies • Support client self-care by facilitating assistance with: <ul style="list-style-type: none"> -Financial management: budgeting, banking -Nutrition: menu planning, grocery shopping, food preparation -Personal effectiveness: problem-solving, decision making, communication and interpersonal skills, goal-setting, time structuring and management

² See Working in Community Mental Health Government of Ontario
<http://www.workinginmentalhealth.ca/forms/career.aspx>

	<p>-Community integration: use of transit, social/recreational, peer support and other services</p> <ul style="list-style-type: none"> • Ensure confidentiality of client information is maintained at all times
SPECIAL CONSIDERATIONS	<p>Education/Advocacy</p> <ul style="list-style-type: none"> • Advocacy: support appropriate use of available community public services and programs • Advocate for patient's civil and legal rights <p>Referrals/Collaboration</p> <ul style="list-style-type: none"> • Collaborate with other professionals regarding after-care plan and follow-up activities • Refer to community programs and mental health services
ADDITIONAL RESOURCE MATERIAL	<p>Working in Mental Health in Ontario http://www.workinginmentalhealth.ca/default.aspx Ontario College of Social Workers and Social Service Workers MOHLTC - Strengthening Ontario's Mental Health System http://www.health.gov.on.ca/english/public/pub/mental/mentalreform.html</p>

POSITION TITLE	PSYCHIATRIST
SCOPE OF PRACTICE	<p>The psychiatrist serves as a consultant to the primary care team. In this role they will provide direct clinical care, mainly consultations regarding medication or a diagnosis, but sometimes with 1 or 2 follow up visits to complete an assessment or assist with stabilizing a problem. They will also be available to discuss cases including people not previously seen, offer advice on management or the use of community resources, and provide support to the family physician and counselor.</p> <p>They will usually be available by phone in between visits, and will assist with the completion of necessary forms or reports as well as offering (as requested) case based educational presentations to the primary care team. They will also participate in planning for improvements to mental health services offered in the practice, including the care of individuals with co-existing general medical conditions.</p>
ROLES & RESPONSIBILITIES	<ul style="list-style-type: none"> • Direct and indirect psychiatric assessment and treatment to patients of the program • Provision of case consultation including telephone consultation • Participation in case conferences • Provision of educational services • Assistance with referrals to other local mental health and addiction services • Completion of relevant reports and paperwork
SPECIAL CONSIDERATIONS	<p>The psychiatrist shall provide on an annual basis:</p> <ul style="list-style-type: none"> • Verification of renewal in good standing with CPSO • Verification of insurance coverage with CMPA • OHIP billing number
ADDITIONAL RESOURCE MATERIAL	<p>Canadian Mental Health Association http://www.cmha.ca/bins/index.asp College of Physicians and Surgeons of Ontario http://www.cpso.on.ca/ Canadian Medical Protective Association http://www.cmpa-acpm.ca/cmpapd04/index.cfm?index=1 <u>Psychosocial Rehabilitation Canada /Réadaptation Psychosociale Canada Association.</u></p>

POSITION TITLE	SOCIAL WORKER
SCOPE OF PRACTICE	<p>The goal of social work practice is to restore, maintain and enhance emotional and social functioning by:</p> <ul style="list-style-type: none"> • mobilizing strengths, supporting coping capacities, modifying ineffective patterns of relating and behaving • linking people to necessary resources, alleviating environmental stressors and providing psychosocial education related to wellness and subjective well-being <p>The scope of practice of social workers entails “the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal problems through the use of social work knowledge, skills, interventions and strategies to assist individuals, families, groups, communities and organizations to achieve optimum psychosocial and social functioning” (<i>Ontario College of Social Workers and Social Service Workers, Code of Ethics and Standards of Practice, 2000</i>).</p>
ROLE & RESPONSIBILITIES	<p>The role of social workers in an interdisciplinary team is to provide the psychosocial perspective to complement the biomedical perspective.</p> <p>Assessment</p> <ul style="list-style-type: none"> • Assessment and social work diagnosis of psychosocial problems <p>Treatment/Management</p> <ul style="list-style-type: none"> • Individual, couple, family and group counseling and psychotherapy • Case Management, including linkages to community resources <p>Education/Advocacy</p> <ul style="list-style-type: none"> • Health Promotion • Psycho-education related to the prevention of mental health problems • Assistance in navigating service delivery networks to find required resources • Advocacy to establish and access needed resources <p>Referrals/Collaboration</p> <ul style="list-style-type: none"> • Development, management and delivery of programs alone or in collaboration with other professionals • Consultation with other professionals related to patient needs
SPECIAL CONSIDERATIONS	<p>To deal with the wide range of problems that are encountered in a family practice, a social worker should have an advanced theoretical knowledge of developmental human psychology along with a grasp/understanding of the social and community factors which affect the individual and family systems. In addition, a social worker in this role should have:</p> <ul style="list-style-type: none"> • Advanced training in empirically validated mental health treatment models (e.g. IPT or CBT) • Formal preparation in marital and family therapy (couples therapy is a major demand in family practice settings) • Knowledge of psychiatric diagnoses • Familiarity with formal mental health status examination

	<ul style="list-style-type: none"> • Some familiarity with psychotropic treatment of mental disorders • Knowledge of how primary healthcare teams function <p>The social worker should carry liability insurance.</p> <p>Designated work space, sufficient to accommodate at least three people (and preferably a family) is essential.</p> <p>The social worker may prefer to schedule their appointments or may require support from reception for this.</p>
ADDITIONAL RESOURCE MATERIAL	<p>Social Work, Primary Care and Family Health Teams in Ontario: Delivering Comprehensive Family-Centered Care by Jan Kasperski (College of Family Physicians), Kate Power (OASW), Susan VanderBent (Ontario Home Care Association), March 2005.</p> <ul style="list-style-type: none"> • <u>Ontario Association of Social Workers.</u> • <u>Canadian Association of Schools of Social Work.</u> • <u>Canadian Association of Social Workers.</u> • <u>Ontario College of Social Workers and Social Service Workers.</u> • <u>Regroupement des intervenants et intervenantes francophones en sant?et en services sociaux de l'Ontario (RIFSSSO).</u>

POSITION TITLE	HEALTH PROMOTER
ROLE & RESPONSIBILITIES	<p>A Health Promoter, working collaboratively with peers within the FHT and the community, may take a lead role in:</p> <ul style="list-style-type: none"> • Conducting needs assessment for the purpose of planning, implementation and evaluation of programs to enhance health and prevent disease among patients of a FHT • Lifestyle and exercise assessment and education for patients, in conjunction with treatment plans (must be Certified Kinesiologist to create treatment plans) • Provision of motivational support to patients and families to achieve long-term behavior modification • Identification of relevant educational resources for patients and FHT staff • Coordinate continuing education for FHT (Ontario Telemedicine Network, Lung Association, Heart and Stroke etc.) • Work with Community organizations and committees that enhance health and prevent disease as well as improve the flow-process for chronic disease management
SCOPE OF PRACTICE	<ul style="list-style-type: none"> • Familiar with Adult Learning Theories • Group Facilitation skills • Behaviour Change Models & Motivational Interviewing Techniques • Computer skills
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • Space and access to specialized equipment for assessment in rehabilitation, prevention, and management of disorders to maintain, rehabilitate, or enhance movement, function or performance in the areas of sport, recreation, work, and exercise • Board room for group appointments, group education sessions <p>Support for continuing education</p> <ul style="list-style-type: none"> • see page 56 - Health Promoter
ADDITIONAL RESOURCE MATERIAL	<p>Ontario Kinesiologist Association – https://www.oka.on.ca Ontario Public Health Association – http://opha.on.ca/index.shtml Ontario Health Promotion Resource System – http://www.ohprs.ca Ontario Ministry of Health Promotion – http://www.mhp.gov.on.ca/en Ontario Health Promotion E-Bulletin – http://www.ohpe.ca Health Promotion Ontario – http://hpo.squarespace.com Centre for Health Promotion, University of Toronto - http://www.utoronto.ca/chp/index.html Health Nexus (Formerly Ontario Prevention Clearinghouse) – http://healthnexus.ca/index_eng.php</p>

POSITION TITLE	OCCUPATIONAL THERAPIST
SCOPE OF PRACTICE	<p>Occupational therapists are regulated health professionals who work with people of all ages who are experiencing, or are at risk of experiencing, barriers to managing day to day occupations that are part of their daily living roles and responsibilities and that give meaning to their life. OTs work with their clients to first identify the barriers to their meaningful occupation (self-care, paid and unpaid work and leisure) and then help them to change or remove these barriers. Barriers may result from injury, illness, chronic disease, disability, mental health problems, learning disabilities, aging, social isolation, etc. Working with people or groups of people to maintain, assume or reassume the skills they need for their job of living, occupational therapists will assume a variety of roles – therapist, educator, counselor, case manager, coach, resource developer and advocate.</p>
ROLE & RESPONSIBILITIES	<p>Each FHT will have differing needs for occupational therapy services depending on the population it serves and the existing team membership.</p> <p>Chronic Disease Management:</p> <ul style="list-style-type: none"> • Interdisciplinary chronic disease management workshops (both disease specific e.g., arthritis, diabetes and generic) • Energy conservation education • Chronic pain workshops • Living with depression or anxiety workshops • Self-monitoring education on physical function <p>Injury and Disease Prevention:</p> <ul style="list-style-type: none"> • Falls prevention clinics and education • Caregiver education (transfer techniques, environmental and task modifications) • Living while Losing (a group for people with obesity) • Preventing injuries at home • Identifying and addressing the needs of people at risk for functional decline <p>Health promotion:</p> <ul style="list-style-type: none"> • Developmental assessments with children and families • Healthy and active aging groups • Staying healthy and active in mid-life <p>Direct Health Care Services:</p> <ul style="list-style-type: none"> • Direct service delivery and consultation to team members for clients with complex health concerns. • Functional and home safety assessments for frail older clients with complex health concerns. • Functional assessment for return to work
SPECIAL CONSIDERATIONS	<p>Occupational therapists are skilled team members and value the quality patient care that results when inter-professional teams work well together. Although occupational therapists may work in models where clients access OT services directly, it is the profession’s position that in the context of a FHT, team determined policies and procedures relating to client access, screening or referral would apply well to integration of new occupational therapy services. OTs would expect to be</p>

	<p>able to receive referrals from any team member, to see clients on the basis of a triage or screening process or to accept patients into defined programs (such as group programs) as per FHT policies for its service provision. It is expected that the role will require a strong generalist practitioner, however, in larger FHTs the allocation of OT resources may be apportioned in such a way as to engage a range of OTs that bring focused experience to a segment of the FHT roster (e.g. pediatrics, patients with cognitive impairments, etc.).</p> <p>An Occupational Therapist will need:</p> <ul style="list-style-type: none"> • An office large enough to seat three people comfortably for consultation • Clerical support to book appointments for patients, make reminder calls • Teaching supplies and assessment tool/materials • Space and Access to specialized equipment for assessment and provision of treatment • Room for group appointments, group education sessions³
ADDITIONAL RESOURCE MATERIAL	<p><u>Ontario Society of Occupational Therapists (OSOT)</u> <u>Canadian Association of Occupational Therapists (CAOT)</u> <u>Canadian Occupational Therapy Foundation (COTF)</u> <u>College of Occupational Therapists of Ontario (COTO)</u> <u>OT Works</u></p>

³ Integrating Occupational Therapists into Ontario's Family Health Teams – Recommendations from the Profession January 2010:

<http://www.osot.on.ca/eng/PDFs/OSOTsubmissionOTinFHTsFeb2010.pdf>

<p>POSITION TITLE</p>	<p>IHP CLINICAL LEAD/ MANAGER</p>
<p>SCOPE OF PRACTICE</p>	<p>To act in a clinical leadership capacity for overall quality patient care as reflected in the philosophy, vision, and policies of the FHT.</p>
<p>ROLE & RESPONSIBILITIES</p>	<ul style="list-style-type: none"> • Develops and implements clinical programming to meet health promotion/disease prevention goals in collaboration with other team members • Coordinates individual and group patient education programs in response to the health care needs of the population served • Utilizes clinical research and information systems appropriately to develop evidence-based patient-care delivery systems that focus on comprehensive, holistic care that meets community needs and is health promotion/disease prevention focused • Evaluates the quality of patient care and makes recommendations for improvement • Provides leadership in developing a culture of patient-centered care. • Provides education and leadership for the development of culturally sensitive care • Develops and oversees all orientation programs for new clinical team members. • In collaboration with clinical preceptors, helps to coordinate student placement and research activities • Reports to the Executive Director unresolved issues related to individual work performance or professional standards • Assists in problem solving and conflict resolution with staff, physicians, patients, visitors and families – ensuring positive public relations • Investigates and completes follow-up of incidents as required • Possesses overall knowledge of FHT activity and patient care issues. • Communicates concerns or incidents to the Executive Director • Maintains current knowledge of organizational policies and procedures, as well as organizational development and happenings • Contributes to the efficient functioning of the organization and the attainment of the organizational goals • Arranges priorities as necessary to manage organizational tasks/responsibilities • Oversee day-to-day clinical operations of the FHT including program delivery and evaluation • Assist with the development and review of administrative policies and procedures and assist in their communication throughout the organization • Links with professional associations and participates in ongoing learning opportunities
<p>SPECIAL CONSIDERATIONS</p>	<p>The IHP clinical lead needs understanding of the various scope of practice and roles and responsibilities of the IHP team. If the IHP clinical lead is also a practicing clinician, the IHP will then require designated time to function in this role (dependent upon FHT funding and resource allocation).</p>

ADDITIONAL RESOURCE MATERIAL	<p>Clinical Leadership in Health Care: a position statement Milward, LynneJ; Bryan, Karen <i>Leadership in Health Services</i>. VOI 18, no.2 pp. 13-25. 2005</p> <p>Clinical Leaders Network http://www.cln.nhs.uk/</p>
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POSITION TITLE	ADMINISTRATOR / MANAGER/EXECUTIVE DIRECTOR
SCOPE OF PRACTICE	<p>The Executive Director is responsible to the Board of Directors of the FHT to advise on matters of policy and risk, quality monitoring, evaluation and health human resources. He/she develops, manages and maintains the budget. The Executive Director is responsible to manage human resources issues and develop plans around recruitment and retention. Working with the Board, he/she develops strategic plans and acts as a liaison with the community and the Ministry of Health and Long-Term Care. The Executive Director supports clinical programs through actively developing team based, patient-centered practices that meet professional and best-practice standards of care.</p>
ROLE & RESPONSIBILITIES	<ul style="list-style-type: none"> • Implement the goals, objectives and operational and business plans approved by the executive/board • Oversee day-to-day operations of the FHT including program delivery, management of human and material resources in accordance with approved policies • Assist with the development and review of administrative policies and procedures and ensure their communication throughout the organization • Ensure provision of financial, statistical and management information needed by the executive/board, the MOHLTC and other funding bodies • Provide information and recommendations concerning financial planning and management, risk management, community and patient relations and assist with program evaluation • Ensure structures and systems for the development, review and recommendation of new programs, program expansion or changes • Fosters collaborative team practice and manages conflict • Effectively manages Occupational Health and Safety issues according to legislated practices • Communicate with related health care organizations to promote coordination and/or planning of local health care services • Represent the Family Health Team externally to the community, government, media and other organizations and agencies • Be responsible for the payment by the Corporation of all salaries and amounts due from and owing by the Corporation which fall within the purview and scope of the approved annual budget or otherwise as may be established from time to time by resolution of the Board
SPECIAL CONSIDERATIONS	<ul style="list-style-type: none"> • An Executive Director should have demonstrated experience in the area of senior management and a board reporting relationship and possess the skills necessary to manage a multi-site organization, have experience in community and/or primary care setting with inter-professional teams • This position requires Workplace Health and Safety certification • The position may involve occasional exposure to emotional or violent patients or staff.

ADDITIONAL RESOURCE MATERIAL	Institute for Healthcare Improvement http://www.ihl.org/IHI/Results/WhitePapers/LeadershipGuidetoPatientSafetyWhitePaper.htm FHT Guide to Governance and Accountability http://www.health.gov.on.ca/transformation/fht/guides/fht_guide_govern.pdf
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PROFESSIONAL ASSOCIATIONS AND REGULATORY COLLEGES

The majority of the aforementioned health professionals are regulated by health regulatory colleges. The colleges are responsible, under the *Regulated Health Professions Act 1991*, for defining the scope of practice of the health professionals whom they regulate and protecting the public's right to safe, effective and ethical care.

The scope of practice model set out in the *Regulated Health Professions Act* consists of two elements:

- Scope of practice statement
- Series of 13 controlled acts

QUICK TIP

A copy of the Regulated Health Professions Act is located on the following website:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

A regulated health professional is authorized to perform some or all of the controlled acts that are appropriate for that profession's scope of practice.

The following lists the regulatory associations for the health professionals that are the subject of this section as well as discipline-specific professional associations. A more detailed information on scopes of practice and controlled acts is available from these associations.

Additionally, a listing of all regulatory colleges can be found on the website of The Federation of Health Regulatory Colleges of Ontario: <http://www.regulatedhealthprofessions.on.ca/index.htm>.

DISCIPLINE	PROFESSIONAL ASSOCIATION	REGULATORY COLLEGE
Nurse Practitioners Registered Nurses Registered Practical Nurses	Canadian Nurses Association http://www.cna-nurses.ca Nurse Practitioners' Association http://www.npao.org/ Registered Nurses Association of Ontario http://www.rnao.org/ Registered Practical Nurses Association of Ontario http://www.rpnao.org Aboriginal Nurses Association of Canada http://anac.on.ca/	College of Nurses of Ontario http://www.cno.org
Pharmacist	Ontario Pharmacists' Association http://www.opatoday.com/	Ontario College of Pharmacy http://www.cpinfo.com
Dietitian	Dietitians of Canada http://www.dietitians.ca	College of Dietitians of Ontario http://www.cdo.on.ca

Clinical Educator (Diabetes)	Canadian Diabetes Association http://www.diabetes.ca Diabetes Ontario http://www.diabetesontario.org	
Clinical Educator (Asthma)	Canadian Network for Asthma Care http://www.cnac.net	
Community Mental Health Worker	Ontario Association of Social workers http://www.oasw.org Canadian Association of Social Workers http://www.casw-acts.ca	
Social Worker	Ontario Association of Social workers http://www.oasw.org Canadian Association of Social Workers http://www.casw-acts.ca	Ontario College of Social Workers and Social Service Workers http://ocswssw.org
Health Educator/Promoter	This is not a regulated profession. A Health Educator/Promoter is generally required to hold at least a Bachelor of Science Degree (such as kinesiology, nursing, physical education or a related health discipline) or a Master's Degree in Health Science Promotion. Depending upon the scope of services and programs offered by the FHT, a Health Educator may need to be knowledgeable about exercise physiology and cardiac rehabilitation.	

APPENDIX A – JOB DESCRIPTION OUTLINE

HEADING	DETAILS
Job Title	The formal title of the position
Reports To	The title of the position to whom the incumbent reports
Job Purpose	A brief description (usually no more than four sentences long) of the general nature of the position, why the job exists and what the job is to accomplish
Duties and Responsibilities	<p>List the primary job duties and responsibilities using headings and then give examples of the types of activities under each heading. Using headings and giving examples of the types of activities to be done allows you to develop a flexible job description that encourages the employee to work outside the box and within reason, discourages “that’s not my job” thinking.</p> <ul style="list-style-type: none"> • Identify between three and eight primary duties and responsibilities for the position • List the primary duties and responsibilities in order of importance. • Begin each statement with an action verb. • Use the present tense of verbs. • Use gender neutral language such as s/he • Use generic language such as photocopy instead of Xerox • Where appropriate use qualifiers to clarify the task – where, when, why or how often – for example instead of “greet visitor to the office” use “greet visitors to the office in a professional and friendly manner” • Avoid words that are open to interpretation, e.g., instead of “handle incoming mail” use “sort and distribute incoming mail”
Qualifications	<p>State the minimum qualifications required to successfully perform the job. These are the qualifications that are necessary for someone to be considered for the position.</p> <p>All qualifications must comply with provincial human rights legislation. Qualifications include:</p> <ul style="list-style-type: none"> • Education • Skills • Professional Certification • Other characteristics such as personal characteristics • Specialized knowledge • Abilities • Experience
Working Conditions	If the job requires a person to work in special working conditions, this should be stated in the job description. Special working conditions cover a range of circumstances such as evening and weekend work, shift work, working outdoors, working with challenging clients and the need to travel.
Physical Requirements	If the job has any specific physical demands, these should be stated in the job description. These might include having to stand for extended periods of time, lift heavy objects on a regular basis or perform repetitive tasks with few breaks.
Direct Reports	List by job title any positions to be supervised by the incumbent.
Approved By	Signature of the person with authority to approve the job description
Date Approved	Date on which the job description was approved
Reviewed	Date on which the job description was last reviewed

APPENDIX B – ADVERTISEMENT POSTING LOCATIONS BY DISCIPLINE

DISCIPLINE	RESOURCES
General	http://www.healthforceontario.ca http://www.workopolis.com http://www.jobbank.gc.ca/
Nurses	http://cno.org/Global/ms/gp/issue_print.html ; http://www.rnao.org/Page.asp?PageID=122&ContentID=1159 ;
Nurse Practitioners	http://www.npao.org/
Registered Dietitians	Dietitians of Canada provide a “Hire A Dietitian” classified service, which allows job ads to be posted on the member’s web site. Visit: www.dietitians.ca to post your employment opportunity. You may also search for Registered Dietitians in private practice under “Find a Nutrition Professional”.
Social workers	http://www.oasw.org
Clinical Educator (Diabetes)	http://www.diabetes.ca

APPENDIX C – TYPES OF INTERVIEW QUESTIONS

TYPE OF QUESTION	EXAMPLES
<p>Behavioural Behavioral interviewing questions look for more than just superficial answers. They require candidates to assess themselves and recall examples of behavior. Most behavioral questions are formed as either self-appraisal queries or situational queries.</p>	<ul style="list-style-type: none"> • Self-appraisal query: If you had the choice of working in a job with peaks and valleys in the workload or a job with a steady volume of work, which would you choose and why? • Past situational query: Tell me about a time when you had to make a critical decision in your supervisor's absence. How did you handle it?
<p>Situational questions A situational question presents a hypothetical situation to the interviewee and asks how s/he would respond to it.</p>	<ul style="list-style-type: none"> • Future situational query: Give the candidate a scenario of a current or past problem that your organization has had to address. (The problem should be related to the position being staffed.) Ask the candidate to describe how they would handle the situation or resolve the problem.
<p>Open-ended questions These questions require an explanation from the candidate. Open-ended questions begin with words such as "what," "why," "how," "describe," and "explain."</p>	<ul style="list-style-type: none"> • What is the greatest asset you will bring to this job? • What is the most important thing you do at your current job? • Describe the last time you had a short deadline and explain how you handled it. • How have you had to adapt to your job's changing needs?
<p>Neutral question Neutral questions do not reveal a bias toward an acceptable or correct answer. For example:</p>	<p>If you had to choose between one extreme or the other, would you want a supervisor who leaves you alone to get your work done and only wants to hear from you if there's a problem or would you prefer someone who meets with you regularly to help you focus on your goals for the day or week?</p>
<p>Yes or no questions Use questions that can be answered with a "yes" or "no" to confirm information you already have. In general, use these types of questions sparingly because they don't add new information.</p>	<p>Were you with XYZ organization 10 years before you relocated to XX?</p>
<p>Follow-up questions After a candidate answers a question, follow-up with another question that probes their attitude or delves further into the issue. For example:</p>	<p>You may start with a broad question: "What are your responsibilities as the administrative assistant?" A candidate may respond with a list of duties such as: answer phones, type, keep the calendar, arrange travel, and file documents. Although this confirms the resume, it does not tell you about the relationship with the supervisor, consequences of actions, or pride in work output. To get this kind of information, ask follow-up questions, such as: What aspects of your job are most crucial? How many hours a week do you find you need to work to get your job done?</p>

APPENDIX D – SAMPLE INTERVIEW QUESTIONS

- What challenges do you think you'll face in this job?
- What interests you most about this job?
- Do you have any concerns about this position?
- What is your long-term career goal?
- How do you see yourself contributing to this organization?
- Why are you seeking a new job at this point in time?
- If you are offered this job, what factors could influence whether you accept it or not?
- This position will require developing and implementing some changes to our way of doing things. How will you help make the transitions smooth?
- If I were to call up your previous boss, what would they tell me is your strongest quality and why?
- Describe a situation in the past where you had to resolve a difficult situation with a colleague and explain how you went about it?
- What do you like most your last/current job?
- What do you like least?
- Why do you wish to leave that position or why did you leave that position?

QUICK TIP

Additional Interview Questions may be obtained by contacting QIIP at info@qiip.ca.