

RECEIVED

OCT 19 2016

# Planning Document for 2016-17 Recruitment and Retention Funding

Ministry of Health and Long-Term Care

July 2016



## Table of Contents

Preamble .....	3
Policy Objective.....	3
Principles .....	4
Methodology .....	4
Application.....	5
Terms and Conditions.....	5
Further Information .....	6
Appendix A: 2016-17 Allocation Methodology Salary Guide.....	7

## Preamble

The Ontario Budget 2016 commits to providing a strategic investment of \$85 million over three years to improve recruitment and retention in interprofessional primary care teams. This supports on-going efforts in Ontario's health care system to strengthen primary health care to ensure Ontarians receive the right care, at the right time and in the right place.

The Ministry has worked closely with sector associations to develop an implementation plan to distribute the announced funding. Funding specific to recruitment and retention is now included as part of the Human Resources budget for the following recipients:

- Family Health Teams;
- Nurse Practitioner-Led Clinics;
- Aboriginal Health Access Centres;
- Community Health Centres;
- Interprofessional health providers funded through the 2012 Physician Services Agreement;
- Group Health Centre;
- Nursing Stations; and,
- Nurses funded in primary care settings.

The purpose of this document is to illustrate the methodology applied to arrive at your organization's budgetary increase for the purpose of improving recruitment and retention in 2016-17. As a funding recipient, you are encouraged to review this methodology when approving a revised compensation plan for your organization in addition to other factors that may be impacting the ability of your organization to recruit and retain skilled health and administrative professionals. Organizations will be required to report on how the increase is allocated within the organization.

## Policy Objective

The policy objective associated with the funding increase is articulated in the 2016 Ontario Budget: "Ontario will invest an additional \$85 million over three years to ensure primary care teams can effectively recruit and retain qualified interprofessional staff".

The ministry is looking to provide employers with the flexibility to approve a compensation plan that best addresses the need of the recipient to deliver on its mandate and address recruitment and retention.

## Principles

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

### a. Removal of Barriers

- A global increase to the benefits rate in order to remove barriers in attracting skilled professionals from the acute care and other settings that offer benefit and pension packages above those provided in interprofessional primary health care settings.

### b. Enhanced Equity in Compensation:

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

### c. Broad Application

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

### d. Accountability and Transparency

- Recipients must implement a revised compensation plan that addresses the principles outlined above.
- Recipients must report back in Q3 of 2016/17 on how recruitment and retention funding has been implemented in the organization.
- If a recipient's revised compensation plan does not address the priorities outlined above, including adjustments to Nurse Practitioners, Registered Dietitians and Health Promoters, they must provide compelling rationale as part of their report back in Q3 of 2016/17.

## Methodology

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

- Benefits increases (including pensions) of 2.5% for all positions, up to a maximum of 22.5%.
- Adjustments to Nurse Practitioners, Registered Dietitians and Health Promoters to address particular recruitment challenges identified by sector associations.
- Adjustments which allow compensation increases for most positions.

See Appendix A for a salary grid that was used for the 2016-17 organizational allocation methodology, which may be used to guide your organization's compensation plan.

The recruitment and retention funding increase is retroactive to April 1, 2016.

## Application

The guidance and details captured in this document apply for 2016-17 as year one of the recruitment and retention initiative. Appendix A includes planning assumptions for year two of the initiative to provide transparency and planning guidance to organizations. It should be noted however that funding for year two will be forthcoming in 2017-18, and as such has not been approved. The 2017-18 figures are for planning purposes only.

## Terms and Conditions

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

- a. The amount showing represents an increase to the base budget which may only be applied by the recipient for the sole purpose of compensation (salaries and benefits) increases for existing ministry/LHIN-funded positions with the goal of addressing challenges associated with or otherwise improving recruitment and retention.
- b. The recipient must make best efforts to prioritize salary increases for ministry/LHIN-funded Nurse Practitioners, Registered Dietitians, and Health Promoters. If these positions are not prioritized, the recipient must report back to the ministry the rationale for why they were not prioritized.
- c. The recipient must ensure that the level of benefits (including pensions) provided to existing ministry/LHIN-funded positions supports improved recruitment and retention by narrowing the gap between compensation for non-physician health professionals and support staff in team-based primary care settings with equivalent professions in other health care settings.
- d. The recipient must be transparent in defining its method of allocating funding and must avoid any conflicts of interest (perceived or actual) in arriving at decisions.
- e. The recipient must submit a report to the ministry by end of Q3 of 2016/17 identifying how the funds were applied to each ministry/LHIN-funded position and/or benefits, as directed by the ministry.

## Further Information

For further information regarding the methodology in determining the recruitment and retention funding amount, please send inquiries to [PCOInquiries@ontario.ca](mailto:PCOInquiries@ontario.ca).

## Appendix A: 2016-17 Allocation Methodology Guide re Salary

Position	Previous Maximum Salary	2016/17 Maximum Salary	2017/18 Maximum Salary*
<b>Administrative Staff</b>			
Executive Director – level 3	\$104,550	\$106,388	\$108,549
Executive Director – level 2	\$88,868	\$90,706	\$92,867
Executive Director – level 1	\$77,367	\$79,205	\$81,366
Administrative Lead	\$77,367	\$79,072	\$81,078
Director	\$77,562	\$78,972	\$80,629
Quality Improvement Decision Support Specialist	\$75,000	\$75,357	\$75,777
Manager	\$67,290	\$68,522	\$69,972
Program Coordinator	\$67,290	\$68,522	\$69,972
Finance Manager	\$66,912	\$68,160	\$69,627
Data Management Coordinator	\$65,000	\$65,420	\$65,914
IT specialist	\$58,485	\$58,842	\$59,261
Office Administrator	\$50,184	\$50,605	\$51,099
Executive Assistant	\$50,184	\$50,605	\$51,099
Volunteer Coordinator	\$50,184	\$50,605	\$51,099
Bookkeeper	\$44,231	\$44,638	\$45,116
Administrative Assistant	\$43,911	\$44,331	\$44,824
Medical Secretary	\$36,593	\$36,889	\$37,238
Clinical Assistant	\$36,593	\$36,889	\$37,238
Secretary	\$36,593	\$36,889	\$37,238
Receptionist	\$36,593	\$36,713	\$36,855
Medical Record Clerk	\$36,593	\$36,713	\$36,855
<b>Clinical Staff</b>			
Psychologist	\$135,916	\$135,916	\$135,916
Nurse Practitioner	\$89,203	\$94,048	\$98,001
Pharmacist	\$88,869	\$89,054	\$89,272

Position	Previous Maximum Salary	2016/17 Maximum Salary	2017/18 Maximum Salary*
Chiropractor	\$78,000	\$78,357	\$78,777
Physiotherapist	\$75,000	\$75,020	\$75,044
Social Worker – Masters level	\$69,003	\$69,263	\$69,568
Traditional Healer	\$65,000	\$66,324	\$67,881
Chiropodist	\$66,568	\$66,925	\$67,345
Health Promoter / Educator	\$62,219	\$64,838	\$67,345
Occupational Therapist	\$66,568	\$66,925	\$67,345
Registered Dietitian	\$62,219	\$64,838	\$67,345
Registered Nurse	\$66,568	\$66,925	\$67,345
Social Worker/Mental Health Worker	\$66,568	\$66,925	\$67,345
Speech Pathologist	\$66,568	\$66,925	\$67,345
Community Health Planner	\$65,000	\$65,812	\$66,767
Supervisor / Lead	\$65,000	\$65,812	\$66,767
Respiratory Therapist	\$66,568	\$66,601	\$66,640
Community Health Worker	\$53,633	\$53,916	\$54,248
Case Worker/Manager	\$59,137	\$59,792	\$60,561
Counsellor	\$53,633	\$53,916	\$54,248
Early Childhood Develop't Worker 2	\$53,633	\$53,916	\$54,248
Early Childhood Develop't Worker 1	\$47,054	\$47,600	\$48,242
RPN	\$47,117	\$47,408	\$47,751

\*Planning numbers that are subject to funding approval in 2017-18. Salary Maximums are exclusive of benefits.



# Primary Care Recruitment and Retention Funding

## Implementation Qs and As

Ministry of Health and Long-Term Care

July 2016

## Background

### 1. Why is recruitment and retention funding being implemented?

A. As per the *Broader Public Sector Accountability Act, 2010*, compensation restraint measures in Ontario did not allow for additional funding to primary care organizations to increase compensation levels. Since that time, key primary care stakeholders have been urging the ministry to improve salaries and benefits for interprofessional health providers (IHPs) working in team-based primary care models such as FHTs, NPLCs, and CHCs. The sector associations have claimed that inequities in compensation in comparison with the Community Care Access Centres, Long-Term Care Homes and hospitals are significantly impacting recruitment and retention in primary care. The recruitment and retention funding is being implemented to help ensure that primary care teams can effectively recruit and retain qualified interprofessional staff.

### 2. Is this recruitment and retention funding tied to the Ontario Budget 2016?

A. Yes. The Ontario Budget 2016 committed an investment of \$85 million over three years to ensure primary care teams can effectively recruit and retain qualified interprofessional staff. This is an \$85 million cumulative, three-year commitment, which is reflected in the budgets of recipients as increased base funding specific to recruitment and retention.

### 3. Why is recruitment and retention funding a separate line item in our budget?

A. After consulting with the Association of Family Health Teams of Ontario (AFHTO), the Association of Ontario Health Centres (AOHC) and the Nurse Practitioners Association of Ontario (NPAO), it was determined that by providing a new recruitment and retention funding line that is not specific to any position, funding recipients would be given greater flexibility to address recruitment and retention concerns throughout their organization based on their unique situation.

### 4. How were recruitment and retention funding levels determined?

A. Funding levels were determined based on consultations with AFHTO, AOHC and NPAO who identified the priorities of a) benefits/pension increases and b) salary increases corresponding to the level of disparity between the primary care sector and equivalent professionals in other health sectors. Compensation increases were determined for each position type for the purposes of calculating a recruitment and retention funding amount, as per Appendix A. However, actual increases to the compensation level of any position will be at the discretion of the recipient.

## Compensation Planning

5. Will the ministry provide direction regarding a standard 'revised compensation plan' template for use by all primary care organizations?
  - A. No. The ministry used the salary grid found in the *Planning Document for 2016-17 Recruitment and Retention Funding* ("planning document") to calculate the total increase in funding, but does not require recipients to use the salary amounts in their revised compensation plan. The planning document explains the principles that should be addressed when determining compensation increases, including prioritizing increases for positions (e.g. nurse practitioners) identified by representative associations as having particular recruitment challenges.
6. Will the organizations have the flexibility to take a look at their overall compensation approach (i.e. for the entire HR budget) in making decisions about how to allocate the new funding or will they be limited to making decisions only about the new funding?
  - A. Employers are responsible for determining and implementing their compensation plan to ensure consistency with their HR policies, employment standards and other legal obligations to staff, and sound management practice. The plan must also align with the principles outlined in the planning document.
7. How will increases affect people hired on temporary contract (e.g. to cover maternity leave) that have a contracted salary already agreed to? How will it affect the staff on maternity leave?
  - A. Employers should use their organization's HR policies to guide decisions related contract employees and employees on leaves of absence, including maternity or parental leave.
8. Many FHTs are affiliated with FHOs that have structured the compensation of FHO-employed IHPs to match that of the FHT employees. FHOs will need to consider the feasibility and cost of preserving internal equity across similar positions. In these situations, can the FHT provide information to the FHO such as the approximate overall percentage increase to salaries (i.e. a percentage increase on total HR budget)?
  - A. Employers are responsible for deciding what compensation rate information should be shared with affiliated practices and in how much detail, with due regard for protecting the privacy of individual employees.

## Salary Levels

9. Will we have a sense of what the 'average' salaries are across the province (i.e. will this information be shared? Will it be publicly available?)
  - A. Recipients are required to report on how their revised compensation plan addresses recruitment and retention challenges in their community by the end of Q3 2016-17. While this information will allow the ministry to determine whether the priorities outlined in the planning document have been addressed, it may not provide the level of information necessary to determine average salaries for dissemination.
6. The previous maximum salary benchmarks from the planning document do not match the current compensation levels in our organization. How was the allocation methodology used to determine the recruitment and retention increase for our organization?
  - A. The allocation methodology assumed that all positions were funded at the previous maximum salary benchmark outlined in Appendix A of the planning document. Therefore recruitment and retention funding increases may not be based on actual salaries. Organizations with currently approved positions funded above the new maximum salary benchmark outlined in Appendix A were excluded from recruitment and retention funding calculations.
7. How are regional issues taken into consideration when implementing the compensation increases to ensure pay equity (e.g. northern areas?)
  - A. The allocation methodology was designed permit flexibility to address equity issues. Recruitment and retention funding increases were based on approved positions, and did not take into account the geographic location of the recipient.

## Benefits

8. How will this affect members who are already receiving benefits above 22.5%? Will this now be reduced to 22.5%?
  - A. The reduction of benefits would not be mandatory. Employers continue to be responsible for setting compensation levels, including benefits, within funding and accountability parameters. If current benefits are above 22.5%, then no increased funding was allotted based on benefits through the recruitment and retention calculation.

9. What happens if we currently pay in lieu of benefits? Would we be able to use the extra benefit money for this?

A. Yes.

10. Currently CPP, EI, WSIB and EHT take nearly 10% of salary or half of the current benefit level. What would this look like under HOOPP? Would we need to cut current benefit plans?

A. Employers are responsible for determining their compensation plan. The employer can choose whether or not to offer HOOPP, and how to structure their benefits program.

HOOPP is aware that employers may have questions about participation in HOOPP and is prepared to provide information to any employers who call them. Employers should contact HOOPP if they intend to pursue that option.

11. Will staff have the option of not joining HOOPP?

A. If an employer decides to make HOOPP available to staff, the employer should work with HOOPP to determine how it will be made available to staff.

