

**Ministry of Health
and Long-Term Care****Executive Director's Office**

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**Ministère de la Santé
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November 8, 2013

MEMORANDUM TO:

**Chairs, Boards of Health
Medical Officers of Health
Associate Medical Officers of Health
Chief Executive Officers
Business Administrators**

RE:

**2012 Physician Services Agreement
2013-14 MOH/AMOH Compensation Initiative**

I am writing to inform you about the application process for the 2013-14 Medical Officer of Health (MOH)/Associate Medical Officer of Health (AMOH) Compensation Initiative under the 2012 Physician Services Agreement ["2012 Agreement"] between the province and the Ontario Medical Association (OMA).

As you know, a side letter to the previous 2008 Agreement directed that a salary grid and funding be established to "top-up" MOH and AMOH salaries to levels stated in the side letter and effective from April 1, 2009 to March 31, 2012.

This Initiative was continued under the 2012 Physician Services Agreement with provisions that established decreases to physician payment programs — a 2.59 % decrease to the MOH and AMOH salary grid and associated benefits effective January 1, 2013 and a further payment decrease of 0.5% effective April 1, 2013.

The roll-out for the 2012-13 funding year was completed in late August 2013 and we are now ready to proceed with the 2013-14 MOH/AMOH compensation application process with a few minor changes.

The current 75%/25% cost shared arrangement between the province and boards of health remains unchanged, with the Ministry of Health and Long-Term Care ("the ministry") paying 75% of MOH/AMOH base salaries and benefits as part of the grants that support mandatory public health programs and services under the *Health Protection and Promotion Act* (HPPA). This means that individual MOH/AMOH base salaries and benefits funded from board of health mandatory program base budgets are not affected by the provisions in the 2012 Agreement.

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The additional funding through this initiative will assist boards of health in recruiting and retaining MOHs and AMOHs and will continue to be subject to the Public Health Accountability Agreement. Boards of health will add the additional funding to the eligible physician's current board of health annual base salary and benefits. This will enable the regular process of MOH/AMOH salaries and benefits to be managed by the employer, with any additional costs identified through the application of the salary grid (and incremental benefits) to be borne by the ministry.

All boards of health that wish to continue to receive funding or to be considered for 2013/14 funding under the 2012 Agreement must, with the consent of the eligible physician(s), complete and sign the *2013-14 Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* (attached) and submit it to the ministry by **November 26, 2013**.

As in previous years, these physicians must also complete and sign and submit a physician consent form renamed the *2013-14 Physician Authorization and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* (attached) and submit it separately to the ministry by **November 26, 2013**. This form is considerably shorter than the former *Physician Application and Consent Form*. Rather than asking all physicians to reiterate on the Physician Form information about their past experience and professional activities outside of the health unit, we may require that physicians that did not participate in this Initiative in 2012-13 or who have changed positions or full-time equivalency in the last year, provide the ministry with an up-to-date curriculum vitae and/or other supporting documentation.

Once the ministry receives the required Forms, it will review the Forms to determine eligibility and calculate the proposed amount of additional funding to be allocated to each eligible physician in accordance with the salary grid and the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*. These guidelines describe the principles for determining additional MOH/AMOH compensation under this initiative.

The Technical Working Group, formed with representatives from the ministry and the Public Health Physician Section of the OMA, will review allocation decisions and work through any issues related to unique situations on a case by case basis.

The ministry will then provide the board of health with a letter (copied to the individual physician) that indicates the proposed allocation and outlines the terms and conditions of the funding. The board will be asked to review the proposed allocation and sign-back the letter to the ministry. Upon receipt of the signed letter, the ministry will process the payments accordingly. As noted earlier, the funding for this Initiative will be retroactive to April 1, 2013 and a decrease will be applied to the MOH/AMOH salary grid effective April 1, 2013. Once the funding is reconciled, the "top-up" funding will continue at 2013-14 levels until the next application cycle or the physician is no longer eligible to receive these funds.

It is important to note that participation in this Initiative is voluntary; however, to be considered for additional MOH/AMOH compensation boards of health and eligible physicians must complete and submit the required Forms by **November 26, 2013** and e-mail the Forms to Sheila Rennie, Public Health Practice Advisor at sheila.rennie@ontario.ca or by fax: 416-314-7078.

If you have any questions about these Forms or this Initiative in general, please refer to the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Years April 1, 2013 to March 31, 2014* and the *Frequently Asked Questions* (attached) or feel free to contact Sheila Rennie at 416-314-1739 or by e-mail.

Thank you for your attention to this matter.

Yours truly,

Original Signed by

Roselle Martino
Executive Director

Attachments:

1. *2013-14 Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*
 2. *2013-14 Physician Authorization and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*
 3. *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Years April 1, 2013 to March 31, 2014 (includes Salary Grid)*
 4. *Frequently Asked Questions*
 5. *2013-14 Supervision Stipend Application Form* (Note: Deadline for Supervision Stipend Form is March 4, 2014)
 6. *What's New in the Guidelines for the Allocation of Additional Compensation for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) for Funding Years April 1, 2013 to March 31, 2014*
- c: Dr. Howard Shapiro, Co-Chair, Technical Working Group
Dr. Arlene King, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Sylvia Shedden, Director, Public Health Standards Practice and Accountability Branch, Public Health Division, Ministry of Health and Long-Term Care

**2013-14 BOARD OF HEALTH APPLICATION AND CONSENT FORM FOR MEDICAL
OFFICER OF HEALTH AND ASSOCIATE MEDICAL OFFICER OF HEALTH
COMPENSATION**

Form to be completed by the Business Administrator of Board of Health with Physician's
Signed Consent

To:	The Minister of Health and Long-Term Care for Ontario ("Minister")
And to: ("MOH/AMOH/Acting MOH/Acting AMOH")	Dr.
Of ("Board of Health"):	
And to:	Ontario Medical Association ("OMA") on Behalf of Ontario Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs)

Section 1.0 – Physician Name

Last Name:	
First and Second Name:	

Section 1.1 – Physician Position at Board of Health (Mark "X" Beside Current Position)

<input type="checkbox"/>	Medical Officer of Health (MOH) and Chief Executive Officer (CEO)
<input type="checkbox"/>	Medical Officer of Health (MOH)
<input type="checkbox"/>	Acting Medical Officer of Health (Acting MOH) ¹ and CEO
<input type="checkbox"/>	Acting Medical Officer of Health (Acting MOH) ¹
<input type="checkbox"/>	Associate Medical Officer of Health (AMOH)
<input type="checkbox"/>	Acting Associate Medical Officer of Health (Acting AMOH) ^{1 2}
<input type="checkbox"/>	Other (please specify):

¹ Please note only Acting MOHs and Acting AMOHs currently undergoing training and/or supervision are eligible.

² Please note that an Acting AMOH has no statutory authority under the *Health Protection and Promotion Act*. The Technical Working Group will review eligibility for additional compensation for Acting AMOH positions on a case by case basis.

Section 1.2 – Appointment to Current Position of MOH or AMOH or Acting MOH

Start date at board of health: _____ (month/year).
Effective date appointed by the board of health: _____ (month/year).
Approved by the Minister of Health and Long-Term Care on: _____ (month/year).

Section 1.3 – Service with Board(s) of Health in Ontario and/or Equivalent Role

Effective April 1, 2013, the physician has worked for this board of health, in this position, for _____ year(s) and _____ months.
This physician has been working in Ontario (include years in current position) as: <input type="checkbox"/> MOH for _____ year(s) and _____ month(s) <input type="checkbox"/> AMOH for _____ year(s) and _____ month(s) <input type="checkbox"/> Acting MOH for _____ year(s) and _____ month(s) <input type="checkbox"/> Other equivalent role for _____ year(s) and _____ month(s) Please briefly describe "other" role (if applicable) _____.
This physician has worked in the equivalent role of a MOH and/or AMOH outside of Ontario (please specify jurisdiction) _____ for _____ year(s) (if known).

Section 1.4 – Physician Qualifications

The above-named physician holds a Royal College of Physicians and Surgeons of Canada (RCPSC) Specialty Certification in: <input type="checkbox"/> Community Medicine / Public Health & Preventive Medicine <input type="checkbox"/> Another RCPSC Specialty (please specify): _____
The above-named physician is: <input type="checkbox"/> Certified by the American Board of Preventive Medicine <input type="checkbox"/> Certified with equivalent qualifications from the United Kingdom <input type="checkbox"/> Other (please specify): _____
The above-named physician is also a: <input type="checkbox"/> Certificatant of the College of Family Physicians of Canada (CCFP) <input type="checkbox"/> Other (please specify): _____

Section 2.0 – Physician’s Board of Health Employment Information and Documents

Please review the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) for Funding Year April 1, 2013 to March 31, 2014* (“2013-14 Guidelines”) to assist in completing section 2 of this form.

Please attach all of the following:

- i. Physician’s Employment Contract/Offer Letter (for 2013) (If the 2013 employment contract is not available, please provide the last signed contract).
- ii. Physician’s Job Description.
- iii. Physician’s current curriculum vitae (if a new applicant or new hire since April 1, 2013).
- iv. Where applicable, any additional documentation requested in Section 2 of this Form.

Please note the following:

- i. To receive funding under this Initiative, this form (the *2013-14 Board of Health Form*) and the *2013-14 Physician Authorization and Consent Form* must be completed.
- ii. To be considered eligible, MOHs, AMOHs, or Acting MOHs must be currently appointed by a board of health or have held an appointment at a board of health at some time since April 1, 2013.
- iii. Applications for Acting AMOH positions will be reviewed and considered on a case by case basis. Please refer to Section 2 – Eligibility of the *2013-14 Guidelines* for eligibility criteria and required documentation for submission.
- iv. Applications for vacant **unfilled** positions will not be considered.
- v. Applications for additional compensation for new physician hires will be considered once the position is filled and the candidate has been appointed by a board of health.
- vi. Please notify the Ministry of Health and Long-Term Care immediately and provide the date when a MOH or AMOH leaves his/her position, changes or starts a new position.

Section 2.1 – Leave of Absence (if applicable)

If the above-named physician was, or is planning, a leave of absence (e.g. maternity, parental, adoption leave, sick leave, education leave, etc.) between April 1, 2013 and March 31, 2014, the following supporting information and documentation are required:

- Letter from the employer to the Ministry of Health and Long-Term Care confirming the following details of the leave of absence: the type of leave; start and end date of the leave; percentage of the physician’s salary being funded by the employer during the leave period; and number of weeks of the leave being funded by the employer.
- Any relevant contractual and other documentation between the employer and the physician related to the leave of absence.
- Any relevant documentation related to the employer’s human resources and/or benefits policies with regard to leave of absence.

Please refer to Section 7 –Leaves of the *2013-14 Guidelines* for eligibility parameters of funded leave and temporary replacement employee positions under this initiative.

2013-14 Board of Health Application and Consent Form

Please Specify the Following:	Funded Leave of Absence	Non-Funded Leave of Absence
Type of Leave: (e.g. maternity, parental, adoption leave, sick leave, education leave, sabbaticals, self-funded leaves, etc.)		
Expected start date of leave: (day/month/year)		
Expected return date from leave: (day/month/year)		
Number of weeks of leave:		
Percentage of salary funded by employer during leave period:		

Section 2.3 – Full-time equivalency (FTE) as a MOH/AMOH/Acting MOH/Acting AMOH for the above-named Board of Health for the period of April 1, 2013 to March 31, 2014 for the purpose of this initiative is defined as 35-40 hours per week (excluding on-call and over-time).

	Amount	Description <i>(if FTE has changed or will change in 2013-14, indicate the effective date and the date of return to their regular FTE amount)</i>
Current FTE		
Hours per week		

Section 2.4 – Compensation at Home Board of Health

Please see Section 1 – Definitions of the 2013-14 *Guidelines* for the definition of Base Health Unit Compensation and other definitions to assist in completing this part of the form.

Table A – 2013 Regular Annual Base Salary and Other Compensation included in Base Health Unit Compensation (BHUC) (this excludes benefits) for January 1, 2013 to December 31, 2013

Item	Dollar Amount (\$) for 2013 (at 1.0 FTE)	Description of Compensation Arrangement and Comments
Base Salary (<i>includes both Provincial and Municipal funding. If base salary has increased since 2012 and as reported in the 2012-13 BOH Application Form, please indicate percentage increase and effective date of increase</i>)		
FRPC Stipend		
Market Adjustments to Salary (<i>if applicable</i>)		
Other stipends / salaries if flowed through health unit (<i>e.g. academic appointment stipend</i>)		
Bonuses (<i>e.g. earnable performance bonuses</i>)		
Total Base Health Unit Compensation		

Table C – 2013 Annual Benefits (Excludes Employer Health Tax)

Please refer to Section 6.1 to 6.3 - Benefits of the 2013-14 *Guidelines* for additional information in completing Table C of this form.

Total Dollar Amount (\$) for 2013 (<i>includes Medical/Dental, Life Insurance, Disability Insurance, Employer Contribution amount to Pension, and any other applicable benefits</i>)	Total Percentage of Benefits based on the BHUC (%) (see Table A)	If benefits have changed since 2012 and as reported in the 2012-13 BOH Application Form, please describe the change in benefits since 2012
\$		

Table D – Other Compensation via Board of Health

Please refer to Section 3 – Calculating Additional Compensation for MOHs, AMOHs and Acting MOHs of the *2013-14 Guidelines* for details on after hours availability.

Item	Dollar Amount (\$) for 2013	Included in annual base compensation (Yes/No)?	Description of Compensation Arrangement and Comments
Allowances (e.g. car, books)			
After Hours Availability (On-Call or Stand-by Pay) (Please indicate if physician receives compensation from the board of health for after hours availability and provide amount received separately for 2011 <u>and</u> 2012 if amount or value is not available for 2013)			
Clinical Service Income (if 2013 estimate is unknown, please indicate 2012 amount)			
Dues (e.g. CPSO, OMA, other memberships)			
Overtime (Please provide actual amount for 2013 up to the date of submission of this form and total actual amount for 2012)			
Public Health Ontario Responsibilities*			
Non-home Board of Health (e.g. for temporary MOH coverage, consulting, etc.)*			
Other comments/ explanations about compensation:			

*Please provide employment contracts, relevant human resources policies, letters, etc. for these employment arrangements.

3.0. Consent (to be completed by Physician)

I understand that the OMA and the Minister have established a process to implement additional compensation for MOHs and AMOHs that are subject to provisions in the 2012 Physician Services Agreement ("2012 PSA").

I understand that it is essential for the OMA and the Minister to fully and properly identify the services and sources of my income related to my MOH/AMOH/Acting MOH/Acting AMOH position and other related activities for the purpose of determining my eligibility for additional compensation under this Initiative, and, if eligible, for determining the amount of any additional compensation I may receive.

I hereby authorize the Minister and my Board of Health and the OMA to collect, use and provide/release to each other the information described below:

- my sources of income related to my MOH/AMOH compensation and benefits, stipends and allowances;
- where applicable, my sources of income related to other municipal/regional/city responsibilities;
- where applicable, responsibilities and employment information with regard to Public Health Ontario;
- income from other health units (e.g. for coverage);
- where applicable, stipends or payments e.g. for clinical services / teaching and / or administrative activities which may flow through the health unit; and,
- the information collected on this form.

I understand that this information will only be used by the Minister and the OMA to the extent necessary and appropriate for the purposes of implementing and administering this Initiative.

I understand that I will only be eligible for a possible payment pursuant to this Initiative if:

- The completed authorization and consent form is returned to the Ministry by the required date.
- I meet the eligibility criteria for additional MOH/AMOH compensation (see the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*).

I agree that the Board of Health may deduct from monies owing to me under this Initiative, the amount of my OMA dues and assessments if I do not pay them.

I understand and agree that if there is a discrepancy in the actual amount of annual base health unit compensation and/or benefits and the estimated amount of base health unit compensation and/or benefits on this application, the Minister will reconcile and pay any under payment or recover any over payment in regard to this Initiative.

I agree to ongoing participation in the provision of the above-mentioned information as requested by the Minister and the OMA as part of this Initiative.

2013-14 Board of Health Application and Consent Form

I shall abide by the timelines for submission of such information as required by the Minister and the OMA to implement and administer this Initiative.

I understand that if I have any questions about why the Minister is collecting and using the Information, I may contact the Manager, System Capacity and Practice Unit, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care, at 416-327-7391.

I agree to the above and attest that the information provided on this Form is accurate to the best of my knowledge:

Name (Please Print):	
Signature of Physician:	
Date:	

4.0. Accuracy of Information (to be completed by Business Administrator and Board Chair)

I agree that the information provided on this Application is accurate to the best of my knowledge.

I agree to submit this Application by the deadline of **November 26, 2013**:

Name Business Administrator (Please Print):	
Signature Business Administrator:	
Date:	
Name Chair, Board of Health (Please Print):	
Signature Chair, Board of Health:	
Date:	

The personal information collected on this Application is collected for the purposes of determining the physician's eligibility for payment under the Agreement. It is collected by the Minister pursuant to s. 4.1(1) of the Health Insurance Act, R.S.O., 1990 c.H.6, and s.6(1) of the Ministry of Health and Long-Term Care Act, R.S.O. 1990, c. M. 26.

Please provide a completed and signed electronic copy of this Form by **November 26, 2013**. The scanned version can be emailed to **Sheila.Rennie@ontario.ca**.

OR

You can fax a completed and signed Form to 416-314-7078.

If you have any questions, please contact Sheila Rennie via e-mail at **Sheila.Rennie@ontario.ca** or by telephone at 416-314-1739.



**2013-14 PHYSICIAN AUTHORIZATION AND CONSENT FORM FOR MEDICAL
OFFICER OF HEALTH AND ASSOCIATE MEDICAL OFFICER OF HEALTH
COMPENSATION**

To: The Minister of Health and Long-Term Care for Ontario ("Minister")

And to: (Enter Full Name of Physician) _____

Of: (Enter Name of Board of Health) _____

And to: Ontario Medical Association ("OMA")

Section 1.0 – Consent (To be completed by ALL Physician applicants)

I understand that the OMA and the Minister have established a process to implement the compensation provisions for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) under the MOH/AMOH Compensation Initiative.

I understand that it is essential for the OMA and the Minister to fully and properly identify the services and sources of my income related to my MOH/AMOH/Acting MOH/Acting AMOH position, clinical and academic activities for the purposes of implementing and administering this Initiative.

I hereby authorize the Minister and the OMA to collect, use and provide/release to each other the information described below:

- my sources of income related to my MOH compensation and benefits, stipends and allowances;
 - where applicable, my sources of income related to other municipal / regional / city responsibilities;
 - income from other health units;
 - where applicable, academic stipends or payments from a university for teaching and / or administrative activities;
 - where applicable, responsibilities and employment information with regard to Public Health Ontario and/or other organizations;
 - income information about my clinical activities, alternate payment arrangements;
 - my fee-for-service and shadow billing information, including but not limited to the dates of services, the fee codes billed and the amounts paid by the Ontario Health Insurance Plan for the service period of April 1, 2011 to March 31, 2014; and
 - the information collected on this form.
-
- My OHIP billing number: _____
 - My CPSO number: _____
 - My OMA number: _____
 - If you are not an OMA member ☐ (Please mark with X)

2013-14 Physician Authorization and Consent Form

I agree that the board of health may deduct from monies owing to me under this initiative the amount of my OMA dues and assessments if I do not pay them.

I understand that this information will only be used by the Minister and the OMA to the extent necessary for the purposes of implementing and administering the Initiative.

I understand that I may be required to submit an up to date curriculum vitae outlining my professional experience and/or other supporting documentation, particularly if one or more of the following conditions apply or have applied since April 1, 2013: (Please check one or more boxes, if applicable)

- ☐ I am a new applicant and am not currently funded through this initiative;
- ☐ I am newly hired as a MOH or AMOH;
- ☐ I have changed my position within the board of health;
- ☐ I have changed my hours of work/full-time equivalency (FTE) within the board of health;
- ☐ I am currently on a board of health-funded leave (e.g. parental leave);
- ☐ I have returned from a leave or secondment and am not currently funded through this initiative;
- ☐ I currently serve in a position as an Acting MOH or Acting AMOH.

I understand that if I am serving in a position as an **Acting MOH** or **Acting AMOH**, I may also be required to submit documentation relevant to my educational plans, qualifications and experience as they relate to my appointment as an Acting MOH or Acting AMOH of the board of health.

I understand that if I am serving as a **supervisor/mentor for an Acting MOH**, I may also be required to submit documentation relevant to this role.

I understand that I will only be eligible for a possible payment pursuant to the Initiative if:

- The completed authorization and consent form is returned to the Ministry by the required date.
- I meet the eligibility criteria for additional MOH/AMOH compensation (see the Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014).
- I agree to ongoing participation in the provision of the above-mentioned information.

Name (Please Print):	
Signature of Physician:	
Date:	

The personal information collected on this Application is collected for the purposes of calculating your eligibility for payment under this Initiative. It is collected by the Minister pursuant to s. 4.1(1) of the Health Insurance Act, R.S.O., 1990 c.H.6, and s.6(1) of the Ministry of Health and Long-Term Care Act, R.S.O. 1990, c. M. 26.

2013-14 Physician Authorization and Consent Form

For questions about why the Minister is collecting and using the Information, please contact the Manager, System Capacity and Practice Unit, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care, at 416-327-7391.

Please provide a completed and signed electronic copy of this Form by **November 26, 2013**. The scanned version can be emailed to **Sheila.Rennie@ontario.ca**

OR You can fax a completed and signed Form to 416-314-7078.

If you have any questions, please contact Sheila Rennie via e-mail at: **Sheila.Rennie@ontario.ca** or by telephone at 416-314-1739.

Guidelines for the Allocation of Additional Compensation for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) for Funding Year April 1, 2013 to March 31, 2014

These guidelines have been updated by the Technical Working Group (TWG) that is comprised of members from the Public Health Physicians' Section of the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care ("ministry"). This document was developed to guide the allocation and payment of additional compensation to MOHs, AMOHs and Acting MOHs eligible for funding under this Initiative.

Introduction

Currently, 75% of the base salary and benefits of MOHs, AMOHs and Acting MOHs are paid by the ministry as part of the grants that support mandatory public health programs and services under the *Health Protection and Promotion Act*. 25% of the costs are paid by obligated municipalities. MOH and AMOH compensation costs funded as part of mandatory public health programs and services will continue to be cost shared on the basis noted above.

Based on the process outlined in these guidelines and the provisions stated in the 2012 *Physician Services Agreement* ("the Agreement"), the ministry will provide boards of health with 100% of the additional funding required to fund eligible physicians within established salary ranges (see Appendix A of these Guidelines), including costs associated with additional benefits.

Eligible MOHs and AMOHs are currently receiving additional funding for salaries and associated benefits via their boards of health based on levels established under the Agreement and effective January 1, 2013 that incorporate a 2.59% decrease to the MOH/AMOH salary grid and associated benefits (as per Appendix C of the Agreement). Please note that effective April 1, 2013, the "payment discount of 0.5%" described in sections 1.1 and 1.2 of the Agreement will be applied to the MOH/AMOH salary (and benefit) grid levels established effective January 1, 2013 (see Appendix A of these Guidelines). As before, this decrease will not be applied to the ministry-funded stipends for MOHs and AMOHs or cost-shared base health unit salaries.

Further information regarding the application of the potential savings, described in section 1.4 of the Agreement, will be provided when information is available.

Please note that the "Guidelines" document describes the criteria, policies and process used to determine additional compensation for MOHs and AMOHs for the period of April 1, 2013 to March 31, 2014.

Section 1 – Definitions

1. **Additional Compensation** – means funds paid from the ministry to eligible physicians via boards of health as a result of provisions for additional MOH/AMOH compensation negotiated under the previous 2008 Physician Services Agreement between the ministry and the OMA, as well as provisions under the current 2012 Physician Services Agreement. These funds will be paid to boards of health, and will flow through boards of health directly to eligible physicians. The method of calculating additional compensation for each eligible physician is described in Section 3 of these guidelines (see also Appendix A – MOH/AMOH Salary Grid).
2. **Base Health Unit Compensation** – means funds paid for specified purposes from the board of health to eligible physicians from the cost-shared board of health budget, as determined by the employment contract. Specific elements of compensation considered as part of base health unit compensation for the purposes of this initiative are described in Section 3 of these guidelines – Calculating Additional Compensation for MOHs, AMOHs and Acting MOHs.
3. **After Hours Availability (AHA) Stipend** – is payment/compensation that is an element of the “additional compensation” for availability in addition to regular business hours for eligible physicians who do not currently receive compensation for this service from their board of health.
4. **CPSO Supervision Stipend** – is payment/compensation that is an element of the “additional compensation” for a physician who is supervising or mentoring an Acting MOH undergoing a period of supervision/mentorship mandated by the College of Physicians and Surgeons of Ontario (CPSO). See Section 11 of these guidelines for details related to this stipend.
5. **Fellowship Certification Stipend** – is payment/compensation that is an element of the “additional compensation” for a physician who has a Community Medicine/Public Health and Preventive Medicine fellowship from the Royal College of Physicians and Surgeons of Canada (RCPSC) or the equivalent of a community medicine fellowship or specialty certification from a jurisdiction deemed acceptable by the Technical Working Group.
6. **Eligible Physicians** – refers to physicians who meet the criteria for eligibility (described in Section 2 of these guidelines) for additional compensation under this Initiative.
7. **Funding Letter** – a letter written by the ministry and provided to each board of health that submits an application form (as described in Section 2) that details the amount of 100% additional compensation approved for an individual eligible physician.

8. **Funding Year** – means the period from April 1 in any year to the following March 31 per this Initiative.
9. **Ministry** – means the Ministry of Health and Long-Term Care.
10. **Permanent employee** – for the purpose of these guidelines, is a physician hired on a permanent basis by a board of health to fill an established MOH, AMOH, Acting MOH, or Acting AMOH position for a continuing period of time.
11. **Technical Working Group (TWG)** – means the body composed of two members appointed by the OMA Section of Public Health Physicians, and two members appointed by the ministry.
12. **Temporary replacement employee** – for the purpose of these guidelines, is a physician newly hired on a temporary basis by a board of health to fill an established MOH, AMOH, or Acting MOH position for a permanent employee who is on an employer-approved leave.
13. **Term of the 2012 Physician Services Agreement** – the term of the Agreement is from October 1, 2012 to March 31, 2014.
14. **Years of Service** – the number of complete years of service fulfilled by a MOH or AMOH in Ontario approved by the Minister of Health and Long-Term Care, or an Acting MOH appointed by a board of health. A complete year of service is determined based on the number of months in the position from the effective date of appointment approval by the Minister and previous years of equivalent experience as of April 1st of any year. Examples related to determination of years of experience include:
 - a. If a physician has less than one year of experience effective April 1, 2013, he/she will not move up the MOH salary grid (see Appendix A) until the next April 1 date under the Initiative.
 - b. If a physician is an Acting MOH or AMOH and has more than one year of service in the Acting MOH or AMOH role and is appointed as the full-time MOH of a board of health; he/she would be placed at year one (rather than 0) on the MOH salary grid on the effective date of his/her MOH appointment. He /she will move up the grid after serving a minimum of one year in the MOH position and effective April 1 following that year of service.
 - c. Public health experience outside that of a MOH/AMOH in Ontario will be considered on a case by case basis by the Technical Working Group.
15. **Salary Grid** – means the MOH/AMOH Salary Grid as appended to these guidelines.

Section 2 – Eligibility Criteria (See Appendix B)

1. **MOHs and AMOHs** are eligible to receive additional compensation if they are physicians who meet **ALL** of the following criteria:

- a. hold a current registration certificate for independent practice from the College of Physicians and Surgeons of Ontario (CPSO);
 - b. are a permanent employee working currently in a health unit in Ontario;
 - c. are appointed by a board of health to the position of MOH or AMOH as per section 62 (1) (a) of the *Health Protection and Promotion Act* (HPPA);
 - d. are a member of the OMA for the 2012-13 funding year covered in this document;
 - e. are approved by the Minister of Health and Long-Term Care;
 - f. possess MOH qualifications as set out in section 64 of the HPPA and in section 1 of Ontario Regulation 566 under the HPPA;
 - g. have signed the *2013-14 Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* ("2013-14 Board of Health Form"), and
 - h. have completed and signed the *2013-14 Physician Authorization and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* ("2013-14 Physician Form").
2. **Acting MOHs** are eligible to receive additional compensation if they are physicians who meet **ALL** of the following criteria:
- a. hold a current registration certificate for independent practice from the CPSO, or hold a certificate of registration for restricted practice from the CPSO deemed acceptable by the ministry for practice as an Acting MOH;
 - b. are a permanent employee working currently in a health unit in Ontario;
 - c. are appointed by a board of health to the position of Acting MOH;
 - d. are approved by the Minister of Health and Long-Term Care and Chief Medical Officer of Health (CMOH) as required per section 69 (3) of the HPPA and are making every effort to meet any conditions on the approval set by the Minister and the CMOH per section 69 (7) of the HPPA;
 - e. are a member of the OMA for the 2013-14 funding year covered in this document;
 - f. possess Acting MOH qualifications as per section 69 (1) of the HPPA and Ontario Regulation 566;
 - g. have submitted and had approved, an education plan (including timelines) to the ministry and CPSO and commenced additional courses or graduate education to obtain their MOH qualifications, or are undergoing a period of supervision mandated by the CPSO;
 - h. have signed the 2013-14 Board of Health Form, and
 - i. have completed and signed the 2013-14 Physician Form.
3. **Acting AMOHs*** for the purposes of this Initiative are physicians who meet **ALL** of the following criteria, and in so doing are eligible to receive additional compensation:
- a. hold a current registration certificate for independent practice from the CPSO, or hold a certificate of registration for restricted practice from the CPSO deemed acceptable by the ministry for practice as an Acting MOH;

- b. are a permanent employee working currently in a funded AMOH position in a health unit in Ontario;
 - c. are a member of the OMA for the 2013-14 funding year covered in this document;
 - d. have submitted and had approved, an education plan (including timelines) to the ministry and CPSO and commenced additional courses or graduate education to obtain their AMOH qualifications, or are undergoing a period of supervision mandated by the CPSO;
 - e. have signed the 2013-14 Board of Health Form, and
 - f. have completed and signed the 2013-14 Physician Form..
- * NB: A board of health may appoint a physician as an Acting AMOH. However an Acting AMOH has no statutory authority under the HPPA (see section 69 of the *Health Protection and Promotion Act*, which refers only to Acting MOHs).

The TWG will review eligibility for additional compensation for **Acting AMOH** positions on a case by case basis on the condition that the board of health provides the following documentation:

- i. the terms of the Acting AMOH's employment contract;
 - ii. written confirmation that the physician is filling a funded AMOH position; and
 - iii. written commitment from the board of health to further develop the physician for the AMOH position (e.g., letter signed by board of health chair, resolution by board of health to support physician's training).
4. In the case of **temporary replacement physicians**, the TWG may review, on a case by case basis, applications from boards of health for additional AMOH compensation for temporary replacement physicians on the condition that:
- a. the temporary replacement physician is replacing a specific eligible physician on an employer-approved leave;
 - b. the temporary replacement physician works a minimum of six (6) consecutive months at the health unit; and
 - c. the temporary replacement physician meets the eligibility criteria stated above for a AMOH position with the exception that he/she is not a permanent employee of a health unit in Ontario.
5. In the case of AMOH physicians serving as Acting MOH physicians, the TWG will review on a case by case basis, applications from boards of health for additional compensation for the AMOH of a board of health serving as the Acting MOH of the board of health in cases where the MOH position is vacant or where the MOH is absent or unable to act as per section 69(1)(a) of the HPPA and provided that:
- a. the AMOH serving as the Acting MOH is currently an appointed/approved AMOH of the board of health;
 - b. written confirmation that the AMOH physician is serving for an extended period as the Acting MOH (e.g. six months);

- c. written confirmation that the board recognizes the role with a relevant increase to the current AMOH's base salary (e.g. a copy of the new contract/employment letter); and
 - d. written confirmation that the former MOH of the board of health is no longer eligible to receive the top-up.
- 6. In cases where the Acting MOH physician is not the current appointed/approved AMOH of the board of health and is not on a training track to become the appointed/approved full-time MOH of the board of health, the physician is not eligible for funding under this Initiative regardless of their qualifications.
- 7. Public Health and Preventive Medicine residents are **not** eligible for additional compensation under this Initiative.
- 8. In cases where a physician has been appointed by the board of health as a MOH or AMOH and is awaiting approval by the Minister of Health and Long-Term Care, payments may be retroactive to the effective date of the appointment and will be initiated once the ministry's approval process is complete, and the board of health and physician have submitted all required documentation and are considered eligible for funding under this initiative.

In a situation where a physician possesses MOH/AMOH qualifications and works in the MOH/AMOH role while awaiting appointment by the board of health, the physician may be retroactively eligible for funding for a maximum period of three (3) months prior to the date the appointment is made by the board of health.

Section 3 – Calculating Additional Compensation for MOHs, AMOHs and Acting MOHs

- 1. **Under this Initiative Base Health Unit Compensation includes ALL of the following:**
 - a. base salary paid to eligible physicians in 2013, including any increase to this base salary in 2013;
 - b. stipends paid to eligible physicians by boards of health to recognize Royal College of Physicians and Surgeons of Canada (RCPSC) certification in any specialty;
 - c. market adjustments to base salary paid by boards of health to eligible physicians, including any increase to this adjustment in 2013;
 - d. compensation from universities or other sources that flows through the board of health and is paid to eligible physicians, and
 - e. bonuses (e.g., performance bonuses) paid in addition to base salary.
- 2. **Base Health Unit Compensation – does NOT include the following:**
 - a. stipends or compensation for continuing medical education and professional development;
 - b. clinical earnings;

- c. overtime payments for work done in addition to regular business hours;
 - d. on-call/after hours availability compensation currently paid by boards of health (e.g., money, lieu-time, pager credits) to physicians to be available to provide MOH services in addition to regular business hours;
 - e. stipends or compensation that include, but are not limited to, transportation, car allowance, travel and accommodations, and
 - f. reimbursement or direct payment by the board of health of dues (e.g., RCPSC, OMA, CPSO).
3. **Additional Compensation** is calculated as the total of the following components:
- a. The difference between the amount specified in the MOH/AMOH Salary Grid (**Appendix A**) for the level determined by the TWG and the base health unit compensation reported by the board of health on the 2013-14 Board of Health Form. **(NB: If the board of health base salary is equal to or greater than the MOH/AMOH Salary Grid level determined by the TWG, no additional compensation is payable for this component).**
 - b. The incremental costs of benefits that result from any additional compensation as calculated in Section 3.a (See Section 6 for details).
 - c. Up to \$5,000 for MOHs, AMOHs and Acting MOHs who hold a current certification in Community Medicine/Public Health and Preventive Medicine (CM/PH & PM) granted by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the equivalent of CM/PH & PM certification from a jurisdiction deemed acceptable by the TWG.
 - d. Up to \$12,000 per year for eligible MOHs or Acting MOHs who do not receive compensation for after hours availability and who have no AMOH appointed in their health unit (NB: See Section 3.4c).
 - e. Up to \$6,000 per year for eligible MOHs or Acting MOHs who do not receive compensation for after hours availability and who have at least one AMOH appointed in their health unit (NB: See Section 3.4c).
 - f. Up to \$5,000 per year for eligible AMOHs who do not receive compensation for after hours availability (NB: See Section 3.4c).
4. Please note the following:
- a. Only additional compensation calculated in Section 3.3a-b is impacted by the adjustment to the salary grid described in Section 10.2. The stipend components of the additional compensation listed in sections 3.3c-f will remain at the same levels.
 - b. Any under or over payments made by the ministry to an eligible physician will be taken into consideration when calculating additional compensation. Under or over payments may occur due to changes in base salary, FTE status, and leave periods reported by the board of health in the 2013-14 Board of Health Form.
 - c. The status of a MOH or AMOH as a probationary employee has no impact on his/her eligibility for additional compensation under this Initiative. As a result, retroactive to the effective date of a recently hired AMOH's

appointment, the eligible AMOH will receive an after hours availability stipend of up to \$5,000 annually and the eligible MOH's full after hours availability stipend of \$12,000 will be reduced to a stipend of up to \$6,000 annually (see Section 3.3d-e above).

- d. Acting AMOHs are **not** eligible to receive compensation for after hours availability under this initiative.
 - e. Eligible physicians on employer funded leave for any reason are **not** eligible for the after hours availability stipend for the period of that leave.
 - f. Temporary replacement physicians may be eligible for an after hours availability stipend if the MOH/AMOH on leave was eligible for this stipend, the replacement physician is contracted to provide specific hours of after hours availability coverage, and the board of health does not provide compensation for after hours availability.
 - g. Individual eligibility for an after hours availability stipend in 2013-14 will remain unchanged from the 2012-13 determination of eligibility for this stipend, unless the solo status of a MOH changes, the eligible physician is a new hire or the physician's contract has been renegotiated in accordance with the terms of the employment contract in effect as of January 1, 2012.
 - h. The after hours availability stipend is limited to one stipend per eligible MOH or AMOH.
5. An eligible MOH may also qualify for a supervision stipend if he/she performs supervisory/mentorship duties overseeing an Acting MOH(s). Please see Section 11 of these guidelines for eligibility criteria and other details related to the funding of this stipend.

Section 4 – Full Time Equivalent (FTE) and Board of Health Obligation regarding Receipt of Additional Physician Funding

- 1. Boards of health shall ensure that the funds received due to participation in this Initiative are used solely to pay for additional compensation to eligible physicians and the additional costs of benefits as a result of the additional compensation. Funds will be paid to boards of health based on the details provided in the funding letters from the ministry, unless a board of health disagrees with the amounts.
- 2. Funding under this Initiative is subject to the terms and conditions of the Public Health Accountability Agreement (PHAA) for January 1, 2011 to December 31, 2013 and, when signed, any subsequent PHAAs, as well as any other conditions articulated in the funding letters to be provided to boards of health.
- 3. Upon receipt of a payment from the ministry for additional compensation as per this Initiative, the board of health shall distribute all of the additional compensation directly to each eligible physician listed in the funding letter. The board of health shall not make any deductions or reductions in the amount to be paid to each eligible physician except for any incremental employer and

employee related statutory deductions and any other deductions in regard to agreed upon employment benefits (pensions, etc.).

4. Full-time equivalency (FTE) will be derived from information confirmed by the board of health for each eligible physician in the 2013-14 Board of Health Form. The FTE status reported by the board of health may not be completely reflected in the calculation of additional compensation. If the FTE considered appropriate for 100% funding is different than the FTE reported by the board, it will be reviewed by the Technical Working Group.
5. Only the MOH or AMOH component of the physician's position with the board of health, and the appropriate FTE portion, is eligible for calculation of the base health unit compensation.
6. In the event that there is a question about the FTE portion noted in the 2013-14 Board of Health Form, the issue will be referred to the Technical Working Group for review on a case by case basis.
7. The additional compensation for a specific MOH/AMOH/Acting MOH will be calculated by the ministry annually. Changes that occur to the employment status of an eligible physician (e.g., changes to FTE status during the year, physicians entering a new position) will be considered by the Technical Working Group on a case by case basis.
8. All eligible physicians qualify for the equivalent of a maximum of one (1) FTE of additional compensation. Eligible physicians, providing "coverage" for another health unit (that has no appointed MOH or Acting MOH) can apply for a maximum of an additional 0.1 FTE additional compensation using the calculations in Section 3.
9. If an eligible physician is compensated separately by an educational institution or other agency for program administration, teaching, academic, and/or research activities, the time spent (in hours per week) by the eligible physician on these activities must be reported. Time spent on these activities will be used for verifying the total FTE time spent as an MOH, AMOH, Acting MOH or Acting AMOH for calculation of additional compensation.

Section 5 – Vacant Positions

1. Additional funds will only be made available when vacant positions are filled and the MOH or AMOH is deemed eligible for additional compensation by the ministry.

Please note: The board of health must have sufficient funding within its current base budget to support the cost-shared portion of the MOH/AMOH's FTE salary. (See Section 7.3 and 7.4 of these guidelines for information on determining base health unit compensation for vacant positions).

Section 6 – Benefits

1. The **incremental** costs of benefits that result from additional compensation paid to eligible physicians will be funded by the ministry under this initiative as part of the funds flowed to the boards of health.
2. Each board of health must report to the ministry the total annual value of benefits (this includes medical/dental, life insurance, disability insurance, amount of employer contribution only to pension, and any other applicable benefits) in dollar value and as a percentage of the base health unit compensation, using the forms specified in Section 2.
3. The incremental costs of benefits will be calculated based on the reported total annual value of benefits as a percentage of the base health unit compensation and the portion of additional or “top up” salary calculated as per section 3a.
4. Boards of health that reduce benefits to eligible physicians participating in this Initiative may not be eligible for additional compensation.

Section 7 – Leaves

1. Eligible physicians who are taking maternity, parental or adoption leave during the length of the Agreement are eligible for additional compensation in proportion to the “top up” provided by their employment benefits in place on April 1, 2013 and for the same number of weeks paid by the employer or up to the maximum number of weeks for the relevant leave under the *Employment Standards Act*, whichever is less. For example, if an eligible physician is paid a benefit to bring his/her maternity/parental leave salary up to 70% of pre-maternity/parental leave salary for 50 weeks then the level in Appendix A used to calculate additional compensation will be adjusted to 70% and will be paid for the 50 weeks of leave.
2. Eligible physicians who are taking other employer funded leave such as short-term-sick leave or short-term education leave to complete MOH qualifications may be eligible for additional compensation in proportion to the “top up” (see Section 6.4 above) and up to the number of weeks of leave funded by the employer that are set out in the terms and conditions of the employment contract and/or relevant human resources policies of the board of health. These leave arrangements will be reviewed by the Technical Working Group on a case by case basis. Physicians on long-term sick leave are **not** eligible for funding under this initiative.
3. Funding applications for physicians who are temporarily replacing eligible MOH or AMOH physicians on employer-approved leave will be reviewed on a case by case basis by the Technical Working Group. Applications must meet the eligibility criteria established in Section 2.4 above. Funding will not exceed:
 - a. the funded FTE of the physician on leave; or
 - b. the annualized allocation of the physician on leave; or

- c. the period of the physician's approved leave, up to a maximum of a year, whichever is less.
4. For eligible physicians taking funded leave from their employer, the board of health must provide a letter to the ministry confirming the type of leave, the start date, end date and length of the leave, the portion of the physician's salary paid by the employer, and include a copy of the board of health letter to the physician approving the leave and any documentation or human resources policies related to the applicable leave, preferably 6 to 8 weeks in advance of the leave.

Section 8 – Minimum Salaries

1. To remain eligible for additional compensation, boards of health may not reduce the base salaries of currently appointed eligible MOHs, AMOHs, Acting MOHs or Acting AMOHs participating in this Initiative unless management staff or similar positions in the health unit are also being reduced, or the individual's FTE status has been reduced.
2. To remain eligible for additional compensation, the board of health may not reduce the value of the salary band(s) that include the MOH, AMOH or Acting MOH participating in this Initiative or move these positions to a lower band unless this is part of a broader change in management compensation that does not solely affect MOH or AMOH positions. The salary band(s) that apply to eligible physicians must benefit from any increases that would regularly apply to this band.
3. Where there are no salary bands for MOHs or AMOHs and a previously filled MOH or AMOH position becomes vacant, it is expected that the board of health will provide salary (and benefits) to any incoming MOH, AMOH or Acting MOH that is no more than 10% below the compensation provided to the previous incumbent (if that position was filled within three years) to be eligible for additional compensation. The board is responsible for paying this base health unit compensation from cost-shared funds.
4. Where no previous incumbent existed in the past three years, it is expected that the **median** of all relevant base health unit compensation (MOH salaries for MOHs and Acting MOHs, and AMOH salaries for AMOHs) will be used to determine the minimum salary necessary for a board of health to be eligible for additional compensation under this Agreement. The board is responsible for paying this base health unit compensation from cost-shared funds.
5. The Technical Working Group will review any deviations from Section 8 of these guidelines if there is a unique situation that needs to be considered.

Section 9 – Initiation and Maintenance of Additional Compensation

1. Information submitted in the 2012 Board of Health and Physician Forms has been used to adjust current top-up payments, and physicians eligible to receive

funding under this Initiative in the April 1, 2012 to March 31, 2013 funding year will continue to receive the payment at the 2012-13 level until further adjustments are made based on the 2013 forms.

2. However, to receive or continue to receive funding under this Initiative, boards of health and eligible physicians must submit the forms specified in Section 2 by **November 26, 2013**. Boards of health must apply annually or as required by the ministry to continue to receive additional compensation.
3. All applications will be reviewed and screened for eligibility. Boards of health may be contacted for clarification or additional supporting documentation, if required.
4. Funding for individual eligible physicians is then calculated for the 2013-2014 funding year per Section 3. Funds may be retroactive to April 1, 2013 for eligible physicians moving up the salary grid. Funds may be retroactive to date of hire for eligible physicians hired since March 31, 2013. The calculation will include the 0.5% "payment discount" or decrease to the Salary Grid effective April 1, 2013 described in sections 1.1 and 1.2 of the 2012 Physician Services Agreement and may be adjusted due to changes in the eligible physicians' base health unit compensation.
5. In cases where the top up funding for the physician(s) is lower due to the decrease to the salary grid and/or an increase to the physician's base salary, the Ministry may decrease the regular twice monthly transfer payment to the health unit. It is the responsibility of the Board of Health / Health Unit to then process the payment and compensate its eligible physicians accordingly. Physicians may be advised to speak to the business administrator or payroll personnel of their health unit to determine how this payment may be structured.
6. Further information regarding the application of the potential savings, described in section 1.4 of the Agreement, will be provided when information is available.
7. Funding is subject to the existing terms and conditions of the Public Health Accountability Agreement (PHAA) for January 1, 2011 to December 31, 2013 and, when signed, the subsequent PHAAs, as well as any other conditions articulated in the funding letters to be provided to boards of health.
8. The Technical Working Group will review the proposed allocations and discuss any areas of concern, discrepancies or unique arrangements. The ministry will write to the board of health, and copy the eligible MOH, AMOH, Acting MOH or Acting AMOH, with the details of the proposed allocation based on the approved salary grid, eligibility for additional stipends and the terms and conditions for funding.
9. The board of health will sign-back the letter agreeing to the proposed allocation and the terms and conditions for funding. The ministry will then provide the funds to the board of health via transfer payment for the eligible physician(s).

10. The board of health must inform the ministry in writing if it disagrees with the proposed allocation. The ministry will then, in consultation with the Technical Working Group, discuss the matter with the board of health and address on a case by case basis.
11. Please note:
 - Payments will not be processed at the 2013-14 allocation if a board of health disagrees with the calculated allocation.
 - If a new Acting MOH on Training Track is hired after the roll-out of the 2013-14 funding and is deemed eligible, the payment will be retroactive to the effective date of his/her appointment by the board as the Acting MOH.
 - If a new MOH/AMOH is hired after the roll-out of the 2013-14 funding and is deemed eligible, the payment will be retroactive to the effective date of his/her appointment by the board of health as the MOH/AMOH. However, the payment will not be processed until the appointment is approved by the minister.
 - The physician may be retroactively eligible for funding for a maximum period of three (3) months prior to the date the appointment is made by the board of health, if the physician possessed MOH/AMOH qualifications and worked in the MOH/AMOH role at that time and the appointment date is communicated to the ministry in writing, under the signature of the board chair.
12. As a condition of payment and on-going funding, boards of health will report the distribution of the 100% additional compensation (not the cost-shared base health unit salary) by physician on a quarterly basis (as part of their regular quarterly reports to the ministry), annually as part of the settlement process, and complete any other reports requested by the ministry within reasonable timelines.

Section 10 – Adjustment to MOH/AMOH Salary Grid

1. Under the 2012 Physician Services Agreement a 2.59% decrease to the MOH and AMOH salary grid was implemented effective January 1, 2013 as per Appendix C of the Agreement. This percentage represents the “all physician average” negative changes to flow through for physicians arising from changes to the 2012 Schedule of Benefits and is based on a methodology agreed to by the OMA and the Ministry.
2. Please note that effective April 1, 2013, the “payment discount of 0.5%” described in sections 1.1 and 1.2 of the Agreement will be applied to the MOH/AMOH salary (and benefit) levels established effective January 1, 2013. As before, this decrease will not be applied to the ministry-funded stipends for MOHs and AMOHs or cost-shared base health unit salaries (see Appendix A for the salary grids applicable to the term of the 2012 Physician Services Agreement).
3. Further information regarding the application of the potential savings, described in section 1.4 of the Agreement, will be provided when information is available.

Section 11 – Funding for Supervision Stipends

1. An eligible MOH may qualify for a supervision stipend if, between April 1, 2013 and March 31, 2014, he/she performs supervisory/mentorship duties overseeing an Acting MOH(s) on Training Track who is participating in a College of Physicians and Surgeons of Ontario (CPSO) directed change of scope of practice training program or registration program. The following compensation is available for these eligible MOHs:
 - a. \$200 per month if the supervisory/mentorship time provided is between 1 to 2 hours per month ("light"); OR
 - b. \$500 per month if the supervisory/mentorship time provided is greater than 2 and less than 10 hours per month ("medium"); OR
 - c. \$1,000 per month if the supervisory/mentorship time provided is for 10 or more hours per month ("heavy").
2. MOHs are eligible to apply for a supervision stipend if they are physicians who meet the following criteria:
 - a. meet the eligibility criteria detailed in these guidelines;
 - b. have been approved as a supervisor/mentor by the Acting MOH¹ requiring CPSO mandated supervision;
 - c. have been approved as a supervisor/mentor by the CPSO;
 - d. have signed a supervision agreement with the Acting MOH that has been approved by the CPSO;
 - e. complete the *Supervision Stipend Application Form* indicating the time spent supervising/mentoring the Acting MOH; and
 - f. submit the application form to the ministry by **March 4th 2014** (or submit the form at the end of the supervision period, whichever is earliest).
3. Limitations and expectations for this stipend are as follows:
 - a. This stipend is to compensate the supervisor for the time spent with the supervisee.
 - b. The amount of supervision required by the supervisee will reflect the CPSO supervision agreement and the supervisee's educational plan, and it is expected this will decrease over time. Supervisors will be required to provide a rationale for their hours should claims for medium to heavy amounts of supervision continue in the months following the first year of the supervisee's educational plan.
 - c. There is an expectation that the supervisor applying to the ministry for the stipend is not or will not be receiving a supervision stipend from their supervisee(s).
 - d. It is the responsibility of the supervising MOH to obtain the supervisee's written permission to share a copy of the supervision agreement and supervisee's educational plan with the ministry, which in turn may share

¹ NB: The Acting MOH who is undergoing CPSO mandated supervision must also have consented to the disclosure of his/her signed supervision agreement and educational plan as these documents will be required to verify payment to his/her supervisor.

- this with the Technical Working Group (TWG) for the purposes of supporting this application.
- e. There is an expectation that the supervisor has obtained the written permission of the supervisee(s) to share the above-mentioned documents with the ministry prior to applying to the ministry for the stipend.
 - f. This stipend is not subject to the annual percentage increases or decreases provided for salaries.
 - g. MOHs who supervise Acting AMOHs, public health physicians, community medicine residents, graduate students etc., are not eligible for this stipend.
 - h. The supervision stipend is limited for the period of the Agreement.
4. The CPSO stipend application form and accompanying documents will be reviewed by the ministry and, if necessary, may be reviewed by the TWG.
 5. Funding for this stipend will be processed on an annual basis, and as a one-time lump-sum payment.

Section 12 – Referral to Technical Working Group (TWG)

1. Any physician may ask for a review of his/her additional compensation by the TWG by writing to the Chair of the OMA Section of Public Health Physicians.
2. Any board of health may ask for a review of the additional compensation provided by the ministry for an eligible physician appointed by their board by writing to the ministry representatives on the TWG.
3. Decisions made by the TWG regarding additional compensation for a MOH, AMOH, Acting MOH or Acting AMOH may be reconsidered if additional supporting documentation can be provided for review by the TWG.
4. Decisions by the TWG will be reported back in writing to the referring party and copied to the board of health chair or relevant physician, as required.

2013-14 Guidelines for the Allocation of Additional Compensation

MOH/AMOH Salary Grid effective January 1, 2013 with 2.59% decrease					
# Years of Service:	0	1	2	3	4 and above
Medical Officers of Health (MOHs):					
MOH with Masters in PH ¹	\$245,801	\$256,261	\$266,721	\$277,180	\$287,640
MOH with FRCPC-CM ²	\$256,261	\$266,721	\$277,180	\$287,640	\$287,640
MOH/CEO ³ with Masters	\$256,261	\$266,721	\$277,180	\$287,640	\$287,640
MOH/CEO with FRCPC-CM	\$266,721	\$277,180	\$287,640	\$287,640	\$287,640
Acting MOH on training track ⁴	\$245,801	\$248,417	\$251,031	\$253,646	
Associate MOHs (AMOHs):					
AMOH with Masters	\$209,193	\$219,653	\$230,113	\$240,572	\$251,031
AMOH with FRCPC – CM	\$219,653	\$230,113	\$240,572	\$251,031	\$251,031
MOH/AMOH Salary Grid effective April 1, 2013 with 0.5% decrease					
# Years of Service:	0	1	2	3	4 and above
Medical Officers of Health (MOHs):					
MOH with Masters in PH ¹	\$244,572	\$254,980	\$265,387	\$275,794	\$286,202
MOH with FRCPC-CM ²	\$254,980	\$265,387	\$275,794	\$286,202	\$286,202
MOH/CEO ³ with Masters	\$254,980	\$265,387	\$275,794	\$286,202	\$286,202
MOH/CEO with FRCPC-CM	\$265,387	\$275,794	\$286,202	\$286,202	\$286,202
Acting MOH on training track ⁴	\$244,572	\$247,175	\$249,776	\$252,378	
Associate MOHs (AMOHs):					
AMOH with Masters	\$208,147	\$218,555	\$228,962	\$239,369	\$249,776
AMOH with FRCPC – CM	\$218,555	\$228,962	\$239,369	\$249,776	\$249,776

+

ADDITIONAL STIPENDS (on top of grid): Not considered as part of benefits under the Initiative; Not subject to salary grid increases/decreases	
FRCPC-CM	\$5,000 in recognition of Community Medicine/Public Health and Preventive Medicine Fellowship. Pro-rated by FTE; annual rate.
After hours availability (if not currently compensated)	\$12,000 for MOHs practicing without an appointed AMOH; \$6,000 for MOHs practicing with AMOHs; \$5,000 for AMOHs. Annual rate.
CPSO supervision	\$200/month for 1-2 hours; \$500/month for >2 and <10 hours; \$1,000/month for 10 or more hours/month.

[1] Masters Degree in Public Health or Equivalent.

[2] Fellowship from the Royal College of Physicians and Surgeons of Canada in Community Medicine/Public Health and Preventive Medicine – assumes additional \$10K to starting compensation.

[3] MOH/CEO position indicates greater level of responsibility – assumes additional \$10K to starting compensation.

[4] Acknowledges commitment to obtaining qualifications and level of responsibility and degree completion in 4 years. (NB: Assumption - Acting MOHs – with no demonstrated training track are ineligible for compensation through the Letter of Agreement in the 2008 OMA Agreement)

APPENDIX B - OVERVIEW OF ELIGIBILITY REQUIREMENTS UNDER THE 2013-14 MOH/AMOH COMPENSATION INITIATIVE

		ELIGIBILITY REQUIREMENTS											
	Categories	Hold a current registration certificate for independent practice from the CPSO ¹	Permanent employee working currently in a public health unit in Ontario ²	Appointed by a board of health ³	Are approved by the Minister of Health and Long-Term Care	Possess MOH or Acting MOH qualifications ⁵	Are a member of the OMA	Submitted an approved education plan ⁶	Signed the 2013-14 Board of Health Form ⁷	Completed and Signed the 2013-14 Physician Form ⁸	Minimum 0.8 FTE	Maximum 1.0 FTE ⁹	Case by Case basis ¹⁰
POSITIONS	Medical Officer of Health (MOH)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
	Associate Medical Officer of Health (AMOH)	✓	✓	✓	✓	✓	✓		✓	✓		✓	
	Acting MOH ⁴	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
	Acting AMOH	✓	✓				✓	✓	✓	✓		✓	✓
OTHER	Temporary replacement physicians ¹¹	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓
	Public Health & Preventive Medicine Residents ¹²	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

¹ Acting MOHs and Acting AMOHs without a registration certificate for independent practice may hold a certificate of registration for restricted practice from the College of Physicians and Surgeons of Ontario (CPSO) deemed acceptable by the Ministry for practice as an Acting MOH or Acting AMOH.

² Acting AMOHs must be permanent employees working in a funded AMOH position at the public health unit.

³ MOHs and AMOHs appointed by the board of health as per section 62 (1) of the Health Protection and Promotion Act (HPPA).

⁴ Acting MOHs, who are acting for six (6) months or longer, must be approved by the Minister and Chief Medical Officer of Health (CMOH) as required per section 69 (3) of the HPPA and be making every effort to meet any conditions on the approval set by the Minister and the CMOH per section 69 (7) of the HPPA.

2013-14 Guidelines for the Allocation of Additional Compensation

⁵ MOH qualifications as set out in section 64 of the HPPA and in section 1 of Ontario Regulation 566 under the HPPA or Acting MOH qualifications as per section 69 (1) of the HPPA and Ontario Regulation 566.

⁶ Acting MOHs and Acting AMOHs must have submitted, and had approved, an education plan (including timelines) to the ministry and the CPSO and commenced additional courses or graduate education to obtain MOH or AMOH qualifications, or be undergoing a period of supervision mandated by the CPSO.

⁷ All eligible physicians must sign the 2013-14 Board of Health Application and Consent Form.

⁸ All eligible physicians are required to complete and sign the 2013-14 Physician Authorization and Consent Form.

⁹ Acting MOH, AMOH and Acting AMOH positions can be part-time (under 1.0 FTE) so long as the other eligibility requirements are met. See Section 4 of the 2013-14 Guidelines for the Allocation of Additional Compensation for policies regarding the maintenance of FTEs under this initiative.

¹⁰ The Technical Working Group will review eligibility for additional compensation for Acting AMOH positions on a case by case basis on the condition that the board of health provide the terms of the Acting AMOH's employment contract, written confirmation that the physician is filling a funded AMOH position at the public health unit; and, written commitment from the board of health to further develop the physician for the AMOH position (e.g. letter signed by board of health chair, resolution by board of health to support physician's training).

¹¹ The Technical Working Group will review eligibility for additional compensation for temporary replacement physicians that are replacing a specific eligible physician on an employer-approved leave; that have worked a minimum of six (6) months at the public health unit; and, meet the eligibility requirements checked above.

¹² Public Health and Preventive Medicine Residents are not eligible for additional compensation under this initiative.

Frequently Asked Questions – MOH/AMOH Compensation

Section 1 – General

1. What is the timeframe for the 2012 Physician Services Agreement?

- The term of the 2012 Physician Services Agreement is 18 months (effective October 1, 2012 to March 31, 2014), which is different from the time frame for the MOH/AMOH Compensation Initiative (see Question 2 below).

2. What is the timeframe for the 2012-14 MOH/AMOH Compensation Initiative?

- The timeframe for the MOH/AMOH Compensation Initiative is for two funding years from April 1, 2012 to March 31, 2014.

3. What is the purpose of the MOH/AMOH Compensation Initiative?

- The additional funding available for physicians via this Initiative assists boards of health in recruiting and retaining MOHs and AMOHs. Under this initiative, the ministry provides 100% funding to boards of health for the incremental costs (salaries and benefits) associated with increasing MOH and AMOH salaries to the levels specified in the MOH/AMOH Salary Grid (see Appendix A of *The Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*) and as per the 2012 Physician Services Agreement.

Section 2 – Participation in the MOH/AMOH Compensation Initiative

4. Do boards of health and MOH/AMOH physicians have to participate in this Initiative?

- No. Participation is voluntary. However, participation requires the agreement of both the physician and the board of health.

5. What if a board of health applied for funding in 2012/13 but does not apply to the ministry for additional MOH/AMOH compensation in 2013/14?

- If a board of health does not apply to the ministry for the additional compensation, it will be ineligible for potential 100% provincial funds to increase MOH/AMOH compensation under this Initiative for the 2013/2014 Funding Year. This may make the compensation offered by such a board of health less competitive compared to participating boards.

6. What if a board of health did not apply for funding in 2012/13, can it apply to the ministry for the additional MOH/AMOH compensation in 2013/14?

- Yes.

Frequently Asked Questions – MOH/AMOH Compensation

7. If a board of health would like to offer a candidate a MOH/AMOH position, how should it describe the salary?
- The 100% provincially funded compensation for salaries and benefits provided under this initiative is separate from MOH/AMOH compensation for base salaries under the cost-shared arrangement.
 - In employment offers and contracts between the board of health and the MOH/AMOH, you may wish to use wording such as the following:

“As discussed, you may be eligible for additional salary, benefits and stipends commensurate with your qualifications, level of responsibility, years of experience and hours of work as per the MOH/AMOH Salary Grid. We will make an application to the Ministry of Health and Long-Term Care on your behalf which may put you at “x” on the MOH/AMOH Salary Grid and potentially eligible for “y” stipends under this Initiative and as per the 2012 Physician Services Agreement.”
8. Do boards of health and MOHs/AMOHs need to apply in 2013/14 to be eligible to receive funding for this initiative?
- Yes. Boards of health must apply in 2013/14 on behalf of eligible MOH/AMOH physicians to receive 2013-14 funding for this Initiative and complete and sign the 2013-14 Board of Health Application and Consent Form (2013-14 BOH Form). **NB: The BOH Form must also be signed by the relevant MOH/AMOH physician.** Furthermore, all physicians must complete a 2013-14 Physician Authorization and Consent Form
9. What if a MOH/AMOH does not provide his or her signed consent and/or does not complete the application forms required for additional MOH/AMOH compensation?
- Should a MOH/AMOH decline to participate in the process, he/she will be ineligible to receive compensation under this initiative.
10. Why are the board of health chair, the business administrator and the physician required to sign the board of health application and consent form?
- The Technical Working Group bases its analysis of the funding required to top up the physician applicant's health unit compensation on the financial information submitted on behalf of the physician. The business administrator generally prepares and / or supervises the preparation of the form and signs the document attesting to the accuracy of the information provided from the health unit's files.
 - The physician signs the form to indicate that he/she has reviewed the information and agrees that the information is correct to the best of their knowledge and consents to having the board of health share his or her personal financial information with the ministry and the OMA.
 - The chair of the board of health also signs the form attesting that he /she has reviewed the form and attests to the accuracy of the information provided as the chair has the power to enter into agreements or contracts with the ministry and is directly accountable to the Provincial Government for public funds transferred from the MOHLTC and used for the provision of public health programs and services and initiatives such as this.

Frequently Asked Questions – MOH/AMOH Compensation

11. How and when does a board of health and physician submit an application to the MOH/AMOH Compensation Initiative?

- Included with this application package are two forms: the *2013-14 Board of Health Application and Consent Form* and the *2013-14 Physician Authorization and Consent Form*. These forms must be submitted to the ministry by **November 26, 2013**.
- The ministry and the Technical Working Group will review the forms for eligibility and calculate the amount of additional funding to be allocated to each eligible physician in accordance with the salary grid and the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*. Late applications may be considered on a case by case basis by the Technical Working Group.

12. Should a board of health submit an application for vacant, unfilled positions?

- No. The Technical Working Group will consider an application for additional compensation when the position has been filled by a MOH, AMOH or Acting MOH appointed by the board of health and approved by, or in the process of being approved by, the Minister of Health and Long-Term Care and in the case of an Acting MOH by the Chief Medical Officer of Health. Applications submitted for Acting AMOHs filling AMOH positions will be considered by the Technical Working Group on a case by case basis.

13. What if a board of health hires a new MOH or AMOH after the deadline for applications?

- Please see section 8.9 of the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*.

Section 3 – Eligibility for Additional MOH/AMOH Compensation

14. Where do I find the details on eligibility requirements, definitions of terms, and how funding allocation calculations/decisions are made?

- Eligibility requirements for MOHs, AMOHs, Acting MOHs and Acting AMOHs, and a detailed description of how the funding is allocated (e.g., how FTE, years of service, and base compensation are determined) are described in the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*.

15. Will a physician be eligible for additional compensation if he/she is not a current member of the OMA?

- OMA membership is a requirement for funding under the Agreement. If a physician is not a member of the OMA when he/she applies for additional compensation, he/she will be given 60 days to become one.
- Where a physician does not become an OMA member, the board of health may deduct from monies paid to the physician under this initiative, the amount of OMA dues and

Frequently Asked Questions – MOH/AMOH Compensation

assessments owed as per Section 3 of the 2013-14 Board of Health Application and Consent Form. The issue will also be referred to the Technical Working Group.

16. What if a MOH/AMOH currently receives a base salary equal to or above the new MOH/AMOH salary ranges? Will he/she be eligible for additional compensation?

- Applications should be made for all eligible physicians. Although the MOH/AMOH may not be eligible for additional salary or benefits, he/she may be eligible for one or more of the stipends available under this initiative.

Section 4 – Determining Additional MOH/AMOH Compensation

17. How was the MOH/AMOH salary grid for this initiative established?

- The provisions in the original 2008 Physician Services Agreement established the salary ranges for the MOHs and AMOHs effective April 1, 2009 and the increases to salaries and associated benefits that took effect October 1, 2010 and September 1, 2011.
- Similarly provisions in the 2012 Physician Services Agreement established decreases to physician payment programs resulting in a 2.59 % decrease to the MOH and AMOH salary grid and associated benefits effective January 1, 2013 and a further payment decrease of 0.5% effective April 1, 2013.

18. Why was the MOH/AMOH salary grid decreased by 2.59% effective January 1, 2013?

- MOHs and AMOHs received the “all physician average” increase of 4.25% to the provincial salary grid effective September 1, 2011 under the former 2008 Physician Services Agreement. Similarly, the “all physician average” decrease of 2.59% effective January 1, 2013 was applied to the MOH/AMOH salary grid as per Appendix C of the 2012 Physician Services Agreement.

19. Will the 0.5% payment discount or decrease be applied April 1, 2013 to the existing MOH/AMOH salary grid levels established January 1, 2013?

- Yes. The 0.5% payment discount/decrease described in section 1.1 and 1.2 of the 2012 Physician Services Agreement will be applied to the salary grid levels established January 1, 2013 and will be retroactive to April 1, 2013. (Please see salary levels listed in Appendix A of the 2013-14 Guidelines).

20. When does a physician move up the salary grid?

- Placement on the salary grid is based on years of experience of a MOH or AMOH position in Ontario effective April 1, 2013. A physician with less than four (4) full years of experience in a position will move up one level of the salary grid after each full year of service (should they remain in the same position) until they reach the maximum level of 4 years of full service.
- Please note that movement up the grid occurs only at April 1 of each funding year. Details related to how years of service or experience are determined under this initiative are described in Section 1.15 in the 2013-14 Guidelines.

Frequently Asked Questions – MOH/AMOH Compensation

21. Is the probationary status of a newly hired MOH/AMOH considered when calculating additional compensation under this initiative?

- The status of a MOH or AMOH as a probationary employee has no impact on his/her eligibility for additional compensation under this Initiative.

22. What happens if a board of health increases the physician's cost-shared base salary between April 1, 2013 and the roll-out of the 2013/14 funding?

- Should a board of health increase the eligible physician's cost-shared base salary, the 100% funding for the 2013/14 allocation will be adjusted according to the new base, for years of experience effective April 1, 2013 (if applicable), and any overpayments will be recovered.

23. What if a board of health or the physician disagrees with the amount the ministry has calculated for the physician?

- Any physician may ask for a review of his/her additional compensation by the Technical Working Group (TWG) by writing to the Chair of the OMA Section of Public Health Physicians.
- Any board of health may ask for a review of the additional compensation provided by the ministry for an eligible physician appointed by their board by writing to the ministry representatives on the TWG.
- Decisions made by the TWG regarding additional compensation for a MOH, AMOH, Acting MOH or Acting AMOH may be reconsidered if additional supporting documentation can be provided for review by the TWG.

Section 5 – Stipends under the MOH/AMOH Compensation Initiative

24. What happens if a board of health removes the current provisions for compensating its physicians for after hours availability (board-funded compensation for being available 24/7) between April 1, 2013 and the roll-out of the 2013/14 MOH/AMOH Compensation initiative?

- Individual eligibility for an after hours availability stipend in 2013/14 will remain unchanged from the 2012/13 determination of eligibility for this stipend, unless the amount of the stipend is reduced for a MOH with the appointment of a new AMOH at the board of health, or an eligible physician is a new hire, or a physician's contract has been renegotiated in accordance with the terms of the employment contract in effect as of January 1, 2013.

25. Where an AMOH has been hired at a board of health where there was previously only a MOH, can the MOH continue to receive the full after hours availability stipend from the ministry during the probationary period of the AMOH?

- On the effective date of the AMOH appointment, the eligible AMOH will receive an after hours availability stipend of up to \$5,000 annually and the eligible MOH's full after hours availability stipend of \$12,000 will be reduced to a stipend up to \$6,000 annually.

Frequently Asked Questions – MOH/AMOH Compensation

26. Are stipends received by eligible physicians under this initiative considered taxable income?

- Yes.

Section 6 – MOH/AMOH Employment Information

27. Will the board of health have to pay for increased benefits to match the increased salary?

- The ministry will provide 100% of the additional cost of benefits that result from increasing the salary of an eligible physician to within the range specified under this Initiative and as per the 2012 Physician Services Agreement. Any impact on the board of health's contribution of benefits as a result of 100% funding for additional stipends is not covered under the MOH/AMOH Compensation initiative.
- Additional details on benefits is provided in Section 6 of the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*.

28. What if a physician has been on a funded leave of absence for a period between April 1, 2013 and the application deadline, will he/she be eligible for additional compensation under this initiative?

- If the physician is being compensated by the board of health while on leave, he/she may be eligible for additional compensation.

29. What if a physician works more than 1.0 FTE, will he/she be eligible for more funding than the amount outlined on the salary grid?

- All eligible physicians qualify for the equivalent of a maximum of one FTE of additional compensation.
- Physicians providing "coverage" for another health unit (that has no appointed MOH or Acting MOH) can apply for a maximum of an additional 0.1 FTE additional compensation (see Section 4.8 of the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*).

30. What if a physician works part-time?

- The amount of additional compensation that physicians are eligible for is pro-rated by FTE. More information on how FTE is determined is outlined in the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*.

31. What if a physician's FTE increases or decreases over the course of the funding year, should his/her board of health submit a new application so that the additional compensation is adjusted accordingly?

- The board of health should inform the ministry in writing immediately of any changes to a physician's current employment status so that the ministry may determine next steps including the submission of supporting documentation.

Frequently Asked Questions – MOH/AMOH Compensation

- Where there is a question about the percentage of a FTE or changes in FTE status, the issue may be referred to the Technical Working Group and will be reviewed on a case by case basis.
- 32. Will a MOH/AMOH be eligible for a portion of retroactive funding to April 1, 2013, if he/she has retired or resigned from one health unit to join another between April 1, 2013 and the date of the application?**
- A MOH/AMOH may be eligible for additional compensation for the period worked as a MOH or an AMOH in a health unit.
- 33. If a MOH/AMOH is unable to take his or her holidays during the funding year and receives “pay in lieu” of vacation, will the physician’s “pay in lieu” income also be “topped up” under this Initiative?**
- No. This income is not considered part of the physician’s regular base health unit compensation.
- 34. What if there is a significant discrepancy between the date when the physician started in a MOH/AMOH position and the effective date he/she was appointed as MOH/AMOH by the board?**
- Cases where this discrepancy raises concerns for determining a fair compensation allocation will be reviewed by the Technical Working Group on a case by case basis.
 - See Section 2.6 of the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health and Associate Medical Officers of Health for Funding Year April 1, 2013 to March 31, 2014*.

Section 7 – Process for Providing Additional MOH/AMOH Compensation

- 35. How will the additional compensation flow to eligible physicians?**
- The funding will flow to eligible physicians from the ministry via transfer payment to the board of health. The board of health will then provide the additional funds to the physician via his/her regular method of compensation.
 - The funding will be subject to the Terms and Conditions of the Public Health Accountability Agreements (PHAA) for January 1, 2011 to December 31, 2013 and, when signed, any subsequent PHAAs, as well as any other conditions articulated in the funding letters to be provided to boards of health.
- 36. What if an eligible physician has received more top-up in 2012-13 than the amount approved for 2013-14?**
- In cases where the top up funding for the physician is lower due to the decrease to the salary grid and/or an increase to the physician’s base salary, the Ministry will decrease the regular twice monthly transfer payment to the health unit. It is the responsibility of the Board of Health / Health Unit to then process the payment and compensate its eligible physicians accordingly. Physicians are advised to speak to the business administrator or payroll personnel of their health unit to determine how this payment may be structured.

Frequently Asked Questions – MOH/AMOH Compensation

37. What if the board of health does not flow the total amount of additional compensation owed to the physician under the Agreement?

- If the board of health disagrees with the allocation or neglects to flow the total amount of the agreed upon allocation, the matter will be referred to the ministry and/or the Technical Working Group for resolution on a case by case basis.

For any additional questions related to this Initiative, please contact Sheila Rennie, Public Health Practice Advisor at 416-314-1739 or via email at sheila.rennie@ontario.ca.



SUPERVISION STIPEND APPLICATION FORM

MOH/AMOH COMPENSATION INITIATIVE

**For CPSO-Mandated Supervision Provided to
Acting Medical Officers of Health on Training Track**

Deadline to submit form: March 4th, 2014

Submit form to: Ministry of Health and Long-Term Care
(see last section of form for submission instructions)

Updated: November 6, 2013

Section A: Supervising Medical Officer of Health (MOH)

Please review Section 10 of the *Guidelines for the Allocation of Additional Compensation for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) for Funding Year April 1, 2013 to March 31, 2014* for eligibility criteria for this stipend.

Name of Supervisor Applying for Stipend: _____

Position: _____

Board of Health: _____

Address: _____

Bus. Tel.#: () _____ Cell#: () _____ Fax#: () _____

E-mail: _____

Name of Supervisee (Acting Medical Officer of Health): _____

Name of Supervisee's Board of Health: _____

1. Does the supervising MOH's board of health support the application for a supervision stipend through the Medical Officer of Health/Associate Medical Officer of Health Compensation Initiative?

Yes _____ No _____

2. Has the supervising MOH signed a supervision agreement with the supervisee?

Yes _____ No _____

3. Has the supervision agreement and supervisee's educational plan been approved by the College of Physicians and Surgeons of Ontario (CPSO)?

Yes _____ No _____

4. Does the supervising MOH have the written permission of the supervisee to share a copy of the supervision agreement and the supervisee's educational plan with the ministry and possibly members of the Technical Working Group for the purposes of supporting this application?

Yes _____ No _____

Please note that if the answer to the above question is "No", it is the responsibility of the supervising MOH to obtain the supervisee's written permission **prior** to submitting this application form to the ministry.

Supervision Stipend Application Form

5. Please indicate the date when supervision commenced: _____ (dd/mm/yy)

6. For the period of supervision continuing and/or commencing as of April 1, 2013 to March 31, 2014, please indicate on the chart below the number of hours of supervision provided per month*.

Supervision Apr. 1/13 – Mar. 31/14	Hours of Supervision	Briefly Describe Supervision
Apr 2013		
May 2013		
Jun 2013		
Jul 2013		
Aug 2013		
Sept 2013		
Oct 2013		
Nov 2013		
Dec 2013		
Jan 2014		
Feb 2014		
Mar 2014 (Estimated)		
Total hours (for period Apr 1/13 – Mar 31/14)		

*Please note that if the hours of supervision are reported as greater than 2 hours per month for supervisees who are beyond the first year of their education plan, include a rationale for why this level of supervision has been necessary to maintain.

Supervision Stipend Application Form

7. Please indicate the date the supervision ended (if applicable) or is scheduled to end
_____ (dd/mm/yy)

Section B: Educational Plan

1. Is the supervisee currently enrolled in the following:

- a. a part-time community medicine/public health and preventive medicine residency program? Yes ____ No ____
- b. a part-time graduate studies program in public health? Yes ____ No ____
- c. other relevant program required to obtain MOH qualification? Yes ____ No ____

2. If yes to any of the above, please specify the following about the supervisee's educational program:

Program Name:	
University/College Name:	
Total Number of Graduate Studies Courses Required to Complete Degree:	
Number of Graduate Studies Courses Completed as of December 31 st of the given funding year:	
Estimated Date of Degree Completion (e.g. Spring 2014):	

3. If the supervisee possesses the requisite formal educational qualifications, please describe below the nature of the supervision required.

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Section C: Appendices and Signature

Please append the following to this form:

- 1. a copy of the signed supervision agreement between yourself and the Acting MOH.
- 2. a copy of the Acting MOH's CPSO approved educational plan.

Supervision Stipend Application Form

I attest that the information provided about the supervision I have provided/am providing to the above-named supervisee is accurate:

Supervisor Physician Name (please print)	
Supervisor Physician Signature	
Date	

Please provide a completed and signed electronic copy of this Application Form by **March 4th** for supervision provided from **April 1, 2013 to March 31, 2014**, as applicable.

The scanned Form can be emailed to Sheila.Rennie@ontario.ca

OR

You can fax a completed and signed Form to 416-314-7078.

If you have any questions, please contact Sheila Rennie at 416-314-1739 or at sheila.rennie@ontario.ca

MOH/AMOH Compensation Initiative

What's New in the Guidelines for the Allocation of Additional Compensation for Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) for Funding Year April 1, 2013 to March 31, 2014

	Section	New	Updated
Item(s)	Introduction		
n/a	Content added regarding the provisions of the 2012 Physician Services Agreement (PSA) and the updated MOH/AMOH Salary Grid.		x
	1 – Definitions		
n/a	No changes since 2012-13 Guidelines		
	2 – Eligibility Criteria		
n/a	New reference to Appendix B – an overview of the eligibility criteria.	x	
5	Criteria for top –up funding for AMOHs serving several months as the Acting MOH.	x	
6	Clarification that Acting MOHs that are not on a training track to become the MOH are ineligible for funding.	x	
8	Clarification about retroactive funding for qualified physicians awaiting appointment by their board of health.		x
	3 – Calculating Additional Compensation for MOHs, AMOHs and Acting MOHs		
3a	Clarification that the Technical Working Group determines the level a physician is placed on the salary grid.		x
	6 – Benefits		
3a	Clarification that top-up benefits are calculated as a percentage of the top-up salary.	x	
	7. – Leaves		
1 – 4	New section on leave of absence – Formerly listed within Benefits Section. Information is unchanged.		
	9 – Initiation and Maintenance of Additional Compensation		
4	Content added regarding the adjustments to the MOH/AMOH Salary Grid.	x	
5	Clarification that if transfer payment is reduced, the health unit determines how physician pay will be structured.		
6	Reference to potential savings has been updated.		x
	10 – Adjustment to MOH/AMOH Salary Grid		
1 – 3	Explanation of the adjustments to the salary grid as per the 2012 PSA.		x
	Appendix A – MOH/AMOH Salary Grid		
n/a	Salary grid for the period of April 1, 2013 to March 31, 2014	x	
	Appendix B – Overview of Eligibility Criteria		
n/a	Chart listing eligibility criteria for the period of April 1, 2013 to March 31, 2014	x	

