

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, 2011 to March 31, 2012 (Year 3)

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 the funding provisions outlined in a side letter ("the Letter") to the 2008 Physician Services Agreement ("the Agreement") which was ratified by the OMA in October 2008.

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.

Provisions within the Letter included in the 2008 Physician Services Agreement provided the ministry and the OMA with a mandate to develop a process and "guidelines" that bring MOH and AMOH compensation to within the salary ranges stipulated in the Letter. Based on the process outlined in these guidelines, the ministry will provide boards of health with 100% of the additional funding required to fund eligible physicians within these salary ranges (see Appendix A), including any costs associated with increases to benefit payments resulting from the additional compensation.

These guidelines were developed to assist in the transparent determination of the additional compensation for MOHs and AMOHs for the funding year spanning April 1, 2011 to March 31, 2012.

Section 1 – Definitions

1. **the Agreement** – means the 2008 Physician Services Agreement.
2. **Additional Compensation** – means funds paid from the ministry to eligible physicians via boards of health as a result of the Letter regarding MOH/AMOH compensation attached to the 2008 Physician Services Agreement between the ministry and the OMA. 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).

3. **Base Health Unit Compensation – includes ALL of the following:**
 - a. base salary paid to eligible physicians in 2011, including any increase to this base salary after April 1st, 2011;
 - 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 after April 1st, 2011;
 - 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 and benefits.

4. **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).

5. **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.

6. **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 10 of these guidelines for details related to this stipend.

7. **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.

8. **Eligible Physicians** – refers to physicians who meet the criteria for eligibility (described in Section 2 of these guidelines) for additional compensation under the Agreement.

9. **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 available for an individual eligible physician and the associated cost of additional benefits paid by the ministry.
10. **Funding Year** – means the period from April 1 in any year to the following March 31 per the Agreement.
11. **the Letter** – means the side letter to the Agreement that outlines provisions for additional compensation for MOHs and AMOHs.
12. **ministry** – means the Ministry of Health and Long-Term Care.
13. **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.
14. **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.
15. **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 a paid employer leave or long-term sick leave.
16. **Term of the 2008 Physician Services Agreement** – the term of the Agreement is from April 1, 2008 to March 31, 2012.
17. **Term of the Side Letter to the Agreement** – the term of the side letter to the Agreement is from April 1, 2009 to March 31, 2012.
18. **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, 2011, he/she will not move up the MOH salary grid (see Appendix A) until the next April 1 date under the Agreement in effect at the time.
 - 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.

19. **Salary Grid** – means the MOH/AMOH Salary Grid as appended to these guidelines.

20. **2011 Board of Health Form** – means the *2011 Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*.

21. **2011 Physician Form** – means the *2011 Physician Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*.

Section 2 – Eligibility

1. MOHs and AMOHs are eligible for 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;
 - d. are a member of the OMA;
 - e. are approved by the Minister of Health and Long-Term Care;
 - f. possess MOH qualifications as set out in section 64 of the *Health Protection and Promotion Act* (HPPA) and in section 1 of Ontario Regulation 566 under the HPPA;
 - g. have signed the *2011 Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* (2011 Board of Health Form), and
 - h. have completed and signed the *2011 Physician Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation* (2011 Physician Form).
2. Acting MOHs are eligible for 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 a member of the OMA;
 - e. possess Acting MOH qualifications as per section 69 of the HPPA and Ontario Regulation 566;
 - f. have submitted and had approved, an education plan (including timelines) to the ministry and CPSO and commenced additional courses or graduate

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education to obtain their MOH qualifications, or are undergoing a period of supervision mandated by the CPSO;

- g. have signed the 2011 Board of Health Form, and
 - h. have completed and signed the 2011 Physician Form.
3. Acting AMOHs are physicians who meet 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 funded AMOH position in a health unit in Ontario;
 - c. are a member of the OMA;
 - 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 2011 Board of Health Form, and
 - f. have completed and signed the 2011 Physician Form.

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 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 Technical Working Group may review, on a case by case basis, applications from boards of health for additional MOH/AMOH compensation for temporary replacement physicians on the condition that:
- a. the temporary replacement physician is replacing a specific eligible physician on an employer funded 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 MOH or AMOH position with the exception that he/she is not a permanent employee of a health unit in Ontario.
5. Community Medicine/Public Health and Preventive Medicine residents are **not** eligible for additional compensation under this initiative.
6. 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 will be initiated once the ministerial 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.

Payments may be retroactive to a maximum period of three (3) months from the date the MOH or AMOH was appointed by a 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.

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

1. Additional compensation is calculated as the total of the following components:
 - a. The difference between the appropriate amount as specified in the MOH/AMOH Salary Grid (Appendix A) and the base health unit compensation reported by the board of health on the 2011 Board of Health Form (if this is negative, no compensation is payable).
 - b. Up to \$5,000 for MOHs, AMOHs and Acting MOHs who hold a current certification in Community Medicine/Public Health and Preventive Medicine granted by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the equivalent of Community Medicine/Public Health and Preventive Medicine certification from a jurisdiction deemed acceptable by the Technical Working Group.
 - c. 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 3.2c).
 - d. 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 3.2c).
 - e. Up to \$5,000 per year for eligible AMOHs who do not receive compensation for after hours availability (NB: See Section 3.2c).
2. Please note the following:
 - a. Only additional compensation calculated in Section 3.1a is subject to the increases described in Section 9.1.
 - b. Any under or over payments made by the ministry to an eligible physician for the previous Funding Year (2010/11) 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 2011 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 3.1d above).

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- 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 and the replacement physician is contracted to provide specific hours of after hours availability coverage.
 - g. Individual eligibility for an after hours availability stipend in 2011/12 will remain unchanged from the 2010/11 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, 2010.
 - h. The after hours availability stipend is limited to one stipend per eligible physician.
3. 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 10 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 provisions for MOHs/AMOHs in the Agreement 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 existing Program-Based Grants Terms and Conditions and, when signed, the subsequent Public Health Accountability Agreements (AA) for January 1, 2011 to December 31, 2013, 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 the provisions of the Agreement, 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.).

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4. Full-time equivalency (FTE) will be derived from information contained in the 2011 Board of Health Form, completed by the board of health for each eligible physician. 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 on the 2011 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 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 and/or resident supervision responsibilities, 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 annual value of benefits, including pension contributions by both employers and employees, in dollar value and as a percentage of the base health unit compensation, using the forms specified in Section 2.
3. Boards of health that reduce benefits to eligible physicians during the length of this Agreement may not be eligible for additional compensation.
4. 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, 2011 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.
5. 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.
6. Funding applications for physicians who are temporarily replacing eligible MOH or AMOH physicians on employer funded leave or long-term sick leave will be reviewed on a case by case basis by the Technical Working Group. Only one application per health unit will normally be considered per funding year. 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 funded leave, up to a maximum of a year, whichever is less.
7. 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 7 – Minimum Salaries

1. To remain eligible for additional compensation, boards of health may not reduce salaries of currently appointed eligible MOHs, AMOHs, Acting MOHs or Acting AMOHs during the life of this Agreement 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 during the life of this Agreement 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 during the life of this Agreement.
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 7 of these guidelines if there is a unique situation that needs to be considered.

Section 8 – Initiation and Maintenance of Additional Compensation

1. Physicians eligible to receive funding under this initiative in the April 1, 2010 to March 31, 2011 funding year have continued to receive payments into the April 1, 2011 to March 31, 2012 funding year based on the information submitted on the 2010 Board of Health and Physician Forms.
2. However, to receive funding at the 2011/12 funding level, boards of health and eligible physicians must submit the forms specified in Section 2 by **July 7, 2011.**

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Boards of health must apply annually to continue to receive additional compensation for subsequent funding years over the term of the Letter to the Agreement.

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 2011/2012 funding year per Section 3. Funds may be retroactive to April 1, 2011 for eligible physicians moving up the salary grid. The calculation will include the 4.25% increase to the salary grid effective September 1, 2011, and may be adjusted due to changes in the eligible physicians' base health unit compensation.
5. Funding is subject to the existing Program-Based Grants Terms and Conditions and, when signed, the subsequent Public Health Accountability Agreements (AA) for January 1, 2011 to December 31, 2013, as well as any other conditions articulated in the funding letters to be provided to boards of health.
6. 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.
7. 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).
8. 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.
9. Please note:
 - Payments will not be processed at the 2011/12 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 2011/12 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 2011/12 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.
 - Payments may be retroactive to a maximum period of three (3) months from the date the MOH or AMOH was appointed by a 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.

10. 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) and provide annual reports to the ministry, if requested.

Section 9 – Increases to MOH/AMOH Salary Grid

1. Effective September 1st, 2011, the incremental funding for salary and benefits will increase by four decimal two five per cent (4.25%).

Section 10 – Funding for Supervision Stipends

1. An eligible MOH may qualify for a supervision stipend if, between April 1, 2011 and March 31, 2012, 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 *2011 Supervision Stipend Application Form* indicating the time spent supervising/mentoring the Acting MOH, and
 - f. submit the application form to the ministry by **February 15, 2012** (or submit the form at the end of the supervision period, whichever is earliest).
3. Limitations and expectations for this stipend are as follows:

¹ NB: The Acting MOH who is undergoing CPSO mandated supervision must also have completed the 2011 Physician Form for MOH/AMOH Compensation, consenting 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.

- 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 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 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 11 – Referral to Technical Working Group (TWG)

1. Any physician may ask for a review of his/her additional compensation by the Technical Working Group 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 Technical Working Group.
3. Decisions made by the Technical Working Group 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 Technical Working Group.

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4. Decisions by the Technical Working Group will be reported back in writing to the referring party and copied to the board of health chair or relevant physician, as required.

APPENDIX A

MOH/AMOH Salary Grid for period of April 1, 2011 to August 31, 2011

# Years of Service:	0	1	2	3	4 and above
Medical Officers of Health (MOHs):					
MOH with Masters in PH ²	\$242,050	\$252,350	\$262,650	\$272,950	\$283,250
MOH with FRCPC-CM ³	\$252,350	\$262,650	\$272,950	\$283,250	\$283,250
MOH/CEO ⁴ with Masters	\$252,350	\$262,650	\$272,950	\$283,250	\$283,250
MOH/CEO with FRCPC-CM	\$262,650	\$272,950	\$283,250	\$283,250	\$283,250
Acting MOH on training track ⁵	\$242,050	\$244,625	\$247,200	\$249,775	
Associate MOHs (AMOHs):					
AMOH with Masters	\$206,000	\$216,300	\$226,600	\$236,900	\$247,200
AMOH with FRCPC-CM	\$216,300	\$226,600	\$236,900	\$247,200	\$247,200
MOH/AMOH Salary Grid effective September 1, 2011 with 4.25% increase					
# Years of Service:	0	1	2	3	4 and above
Medical Officers of Health (MOHs):					
MOH with Masters in PH ²	\$252,337	\$263,075	\$273,813	\$284,550	\$295,288
MOH with FRCPC-CM ³	\$263,075	\$273,813	\$284,550	\$295,288	\$295,288
MOH/CEO ⁴ with Masters	\$263,075	\$273,813	\$284,550	\$295,288	\$295,288
MOH/CEO with FRCPC-CM	\$273,813	\$284,550	\$295,288	\$295,288	\$295,288
Acting MOH on training track ⁵	\$252,337	\$255,022	\$257,706	\$260,390	
Associate MOHs (AMOHs):					
AMOH with Masters	\$214,755	\$225,493	\$236,231	\$246,968	\$257,706
AMOH with FRCPC-CM	\$225,493	\$236,231	\$246,968	\$257,706	\$257,706

+

ADDITIONAL STIPENDS (on top of grid)⁶

FRCPC-CM	\$5,000 in recognition of a Community Medicine/Public Health and Preventive Medicine Fellowship. Pro-rated by FTE; annual rate - not subject to increases.
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 - not subject to increases.
CPSO supervision	\$200/month for 1-2 hours ("light"); \$500/month for >2 and <10 hours ("medium"); \$1,000/month for 10 or more hours/month ("heavy"). Not subject to increases.

² Masters Degree in Public Health or Equivalent.

³ 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.

⁴ MOH/CEO position indicates greater level of responsibility – assumes additional \$10K to starting compensation

⁵ 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)

⁶ Additional stipends are not considered as part of benefits under the MOH/AMOH Compensation initiative