



TO: Chair and Members of the Board of Health

FROM: Dr. Bryna Warshawsky, Acting Medical Officer of Health

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## **MEDICAL OFFICER OF HEALTH / ASSOCIATE MEDICAL OFFICER OF HEALTH COMPENSATION STRUCTURE**

### ***Recommendation***

*It is recommended that Report No. 014-13 re “Medical Officer of Health / Associate Medical Officer of Health Compensation Structure” be received for information.*

### **Key Points**

- Medical Officer of Health / Associate Medical Officer of Health total compensation is made up a base amount approved by the Board of Health plus an additional compensation amount approved by the Ministry of Health and Long-Term Care.
- A Board of Health offer to the successful candidate for the Medical Officer of Health position should only include the Board of Health base amount of \$228,700.

This report provides information for the Board members in their deliberations regarding the hiring for the permanent Medical Officer of Health (MOH) position. It provides the legislative authority for the Board to appoint a MOH and Associate Medical Officer of Health (AMOH), and reviews the historical context for the current MOH / AMOH compensation structure.

### **Legislative Authority**

The Board of Health’s authority to appoint of an MOH / AMOH is prescribed in Section 62 of the *Health Protection and Promotion Act (HPPA)* which reads as follows:

62. (1) Every board of health,  
(a) shall appoint a full-time medical officer of health; and  
(b) may appoint one or more associate medical officers of health, of the board of health. R.S.O. 1990, c. H.7, s. 62.

Further, Section 64 (c) of the HPPA states that the Minister must approve the proposed appointment.

### **MOH Compensation History**

In 2008, the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) negotiated a Physician Service Agreement. This agreement was essentially a collective bargaining process with the resulting Agreement specifying compensation for each recognized physician service. For the first time, compensation for MOHs and AMOHs were included as part of the Agreement. Prior to the Agreement, MOHs and AMOHs negotiated compensation arrangements on an individual basis with their Boards. This created a large variation in how MOHs and AMOHs were being compensated across the province.

Inclusion of MOH and AMOH positions in the MOHLTC-OMA agreement was in large measure due to the serious shortage of MOHs in Ontario. At that time, 12 of 36 Boards of Health (or 33%) had vacant MOH positions. Recruitment and retention of MOHs and AMOHs was identified as an important priority of the review of public health undertaken post SARS. It was recognized that compensation for MOHs and AMOHs were not competitive with those of other physician specialists, consequently negatively impacting recruitment.

The 2009 MOHLTC-OMA agreement expired March 31<sup>st</sup>, 2012, and a new agreement between the MOHLTC and OMA was just ratified in late 2012. The details and impacts of the new agreement are not currently known but are expected to impact the compensation to both the MOH and AMOH position. The MOHLTC has resumed the Technical Working Group for the MOH / AMOH salary initiative and hopes to provide information to health units regarding the new agreement in the near future. Attached as [Appendix A](#), is the most current (2011/2012) guidelines for the application process for additional compensation for MOHs and AMOHs. Page 15 of Appendix A provides the current compensation structure.

### **Current MOH / AMOH Compensation Structure**

The MOHLTC-OMA agreement has created a two- tiered payment structure whereby the total compensation for MOHs and AMOHs is made up of a **base** amount (which is the amount the Board of Health commits to pay) plus an **“additional compensation”** amount (which is the amount the Ministry commits to pay under the MOHLTC-OMA agreement). Attached as [Appendix B](#) is a chart that provides the details of the current total compensation for the Middlesex-London Health Unit MOH and AMOH positions broken down between the base amount and the additional compensation amount paid through the MOHLTC-OMA agreement.

The initial base amount was determined by the amount that the Board of Health had been paying the MOH and AMOH in 2009, prior to the first MOHLTC-OMA agreement. Changes to the base amount occur when the Board of Health approves increases to the Non-Union Management pay structure as it did in 2011 when it awarded a 3% increase effective April 1<sup>st</sup>, 2012, and 2.75% effective April 1<sup>st</sup>, 2013. The Board will recall these increases were approved after a two-year wage freeze for 2010 and 2011. The base amount may also increase if the Board of Health makes a commitment or “offer” to pay more of the total compensation. This latter point is most relevant in the Board’s offer of employment to the successful candidate for the currently vacant MOH position. Based on the information provided in Appendix B, the Board should not offer more than \$228,700, as this would result in the Health Unit paying a higher base amount than necessary.

The additional compensation to the MOH /AMOH under the MOHLTC–OMA agreement can only be offered or committed to by the MOHLTC. Each year the ministry provides an application process for the additional compensation to each eligible MOH / AMOH. This process is described in Appendix A, Section 8 beginning on page 10. Existing eligible physicians (those that have previously been approved for compensation under this initiative) continue to receive payments based on the previously approved application.

### **Eligibility of Additional Compensation**

Appendix A, Section 2, beginning on page 4 describes the eligibility requirements for MOH / AMOHs to receive the additional funding. They are eligible to receive additional compensation if they are physicians who meet all of the following criteria:

- 1) hold a current registration certificate for independent practice from the College of Physicians and Surgeons of Ontario (CPSO);
- 2) are a permanent employee working currently in a health unit in Ontario;
- 3) are appointed by a board of health to the position of MOH or AMOH;
- 4) are a member of the OMA;
- 5) are approved by the Minister of Health and Long-Term Care;

- 6) possess MOH qualifications as set out in section 64 of the *Health Protection and Promotion Act* (HPPA) and section 1 of Ontario Regulation 566 under the HPPA;
- 7) have signed the *Board of Health Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*, and
- 8) have completed and signed the *Physician Application and Consent Form for Medical Officer of Health and Associate Medical Officer of Health Compensation*

## Conclusion

The Board has the legislative authority to appoint the MOH and AMOH whose appointment must be subsequently approved by the Minister of Health and Long-Term Care. The compensation for the MOH and AMOH consist of a base amount approved by the Board of Health plus an additional compensation amount approved by the Ministry of Health and Long-Term Care. An offer to the successful candidate for the MOH position should only include the Board of Health base amount of \$228,700, as anything higher would result in the Health Unit paying more than necessary. The successful candidate will be required to submit an application to the MOHLTC to be considered for additional compensation as described in this report.

This report was prepared by Mr. John Millson, Director of Finance & Operations.



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