
Family Health Teams

Advancing Primary Health Care

Guide to Interdisciplinary Provider Compensation

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Purpose

This compensation guide and accompanying appendices are part of a set of Family Health Team (FHT) implementation and planning guides. This guide sets out eligibility, funding criteria and guidelines for the compensation of non-physician interdisciplinary providers. Family Health Teams should use this guide as a reference when preparing their budget request for interdisciplinary health care providers (interdisciplinary providers). For information on physician compensation, please refer to the Family Health Team *Guide to Physician Compensation*.

Objective of Interdisciplinary Provider Compensation Funding

The Ministry of Health and Long-Term Care (the ministry) provides Family Health Teams with funding to compensate eligible interdisciplinary primary health care providers. This funding is supplemental to contributions from community partners or other sources.

Who is Eligible?

- Family Health Teams approved by the Ministry of Health and Long-Term Care.

What is Eligible?¹

- Compensation for approved Family Health Team interdisciplinary providers, paid through salary² or sessional fee. For interdisciplinary providers compensated by salary, the ministry will provide an allowance for benefits (see Appendix B) of up to 20% of the salary.
- Compensation for interdisciplinary providers who are currently remunerated by a physician who will join the Family Health Team.

What is Not Eligible?

- Compensation for interdisciplinary primary health care providers already on staff who are currently funded by other ministry programs or by other sources (sponsors or community partners).

This list is not exhaustive. For questions on specific items not noted here, please contact your ministry Family Health Team Coordinator.

Application Submission

Applications for funding are to be submitted as part of the *Business and Operational Plan* and/or annual operating budget submission.

¹ For more information on salaries of interdisciplinary health care providers, see Appendix A. Eligibility for all interdisciplinary providers depends on compliance with the ministry's funding criteria, such as patient roster size (see "Funding Criteria" on page 4).

² The salary includes statutory benefits (i.e. 10 paid vacation days and 8 paid holidays – as per the *Employment Standards Act, 2000*). For more information on benefits for interdisciplinary providers and administrators, see Appendix B.

Application Requirements

In order to receive interdisciplinary compensation support, eligible applicants must specify the following in their *Business and Operational Plan* and/or annual operational budget submission:

1. A list of existing interdisciplinary providers, their complement (full-time equivalency), salary and funding source;
2. A detailed proposed/new staffing plan, which includes:
 - a. a list of proposed interdisciplinary providers [expressed as Full-Time Equivalents (FTEs)],
 - b. a description of positions (roles and qualifications), and
 - c. the rationale of how the proposed providers will support the Family Health Team program and service delivery, and address identified community needs;
3. Timelines and key milestones for implementing the staffing/recruitment plans (for those providers already committed to working with the Family Health Team, attach a letter of commitment);
4. Identify the Family Health Team's method of provider compensation (e.g. salary or sessional);
5. A description of financial and/or in-kind contributions from sponsors and community partners, and any conditions attached to each contribution; and
6. The total estimated funding requested per fiscal year, per provider.

Funding Criteria

Applications for interdisciplinary providers will be assessed on the following criteria:

- Funding is limited to the incremental costs associated with the number of approved human resources (FTEs), and to the eligible positions and salary benchmarks as per Appendix A;
- Demonstrated need; and
- Number of enrolled patients.

Funding Process

Funding will be provided as part of the Family Health Team operational funding.

All interdisciplinary health care providers that are governed by the *Regulated Health Professions Act, 1991* or similar profession-specific legislation must be eligible to work in Ontario and be registered with the appropriate regulatory college/body prior to being offered employment or sessional/contractual services in a Family Health Team.

Where to Get More Information

All Family Health Teams will be/have been assigned a ministry Family Health Team Coordinator. This ministry contact person will assist Family Health Teams to work through the details and options to consider in implementing your FHT.

If you have not yet been assigned a Family Health Team Coordinator, please contact the ministry at:

Primary Health Care and Family Health Teams

Ministry of Health and Long-Term Care

1075 Bay Street, 9th Floor

Toronto, ON M5S 2B1

Telephone: 416-325-3575

Toll-Free Phone: 1-866-766-0266

For more information on Family Health Teams in general, please refer to the Family Health Team Fact Sheets or the Ministry of Health and Long-Term Care's website at: www.health.gov.on.ca/familyhealthteams.

Appendix A – Salary Benchmarks for Interdisciplinary Health Care Providers³

Interdisciplinary Health Care Provider ^{4,5}	Salary ^{6,7}	
	Minimum	Maximum
Case Worker/Manager	48,456	57,836
Chiropracist/Podiatrist	54,035	65,103
Counsellor	43,536	52,453
Health Educator/Promoter	50,505	60,850
Nurse Practitioner – Primary Health Care ⁸	72,409	87,240
Pharmacist	60,328	86,913
Psychologist/Psychological Associate	101,048	132,925
Registered Dietitian	50,505	60,850
Registered Nurse	54,035	65,103
Registered Practical Nurse	38,175	46,080
Social Worker/Mental Health Worker ⁹	54,035	65,103

³ Effective April 1, 2008. All figures are expressed in dollars per annum, per FTE.

⁴ The interdisciplinary health care provider must present to the Family Health Team proof of registration with the respective regulatory college or agency as a condition of hiring.

⁵ The integration of chiropractors, midwives, occupational therapists, optometrists, physiotherapists, and speech therapists into the Family Health Team model is currently under review.

⁶ Salaries do not include applicable benefits and overhead compensation; and are based on a 40-hour work week.

⁷ Part-time and sessional rates must be derived from the salary ranges provided above.

⁸ The Nurse Practitioners are Registered Nurses-Extended Class.

⁹ The maximum salary for Social Workers/Mental Health Workers who have three (3) years work experience and have gained a Master of Social Work increases to \$66,000, per annum, per FTE.

Appendix B – Benefit Guidelines for Family Health Teams

Benefit Components	Purpose of Benefit Funding ¹⁰
<i>Statutory Employer Premiums¹¹ and Taxes:</i>	To make employer (FHT) contributions to statutory premiums and taxes, as detailed below.
Canada Pension Plan	Contribution rate is based on a FHT employee's salary, as per statute. For current rates, please consult the Canada Revenue Agency (www.cra-arc.gc.ca or 1-800-959-5525).
Employment Insurance	Premium rate is based on a FHT employee's salary, as per statute. For current rates, please consult the Canada Revenue Agency (www.cra-arc.gc.ca or 1-800-959-5525).
Workplace Safety and Insurance Board	For current rates, please consult the Workplace Safety and Insurance Board (www.wsib.on.ca or 1-800-387-0750).
Employer Health Tax	For current rates and eligibility, please consult the Ministry of Revenue (www.rev.gov.on.ca or 1-800-263-7965).
<i>Discretionary Benefits¹²</i>	To create a benefit package for employees, which may include (but is not limited to) extended health and dental care, accidental death and disability, vision care, and/or a registered pension plan. ¹³

10 Benefits cannot be used to top up employee salaries.

11 FHTs must pay for the employer's portion of statutory premiums. Contracting interdisciplinary health care providers as independents is strongly discouraged. If FHTs wish to do so, they should seek independent legal and financial advice, and consult with the Canada Revenue Agency.

12 FHTs can offer their employees Registered Pension Plans, as defined by the *Income Tax Act, 1985*.

13 Collective Bargaining Agreement (CBA) salary and benefits override those detailed in Appendices A and B only if employees of an entity other than a FHT, whose position is governed by a CBA, are seconded to the Family Health Team.

