
Subject: Recruitment – Associate Medical Officer of Health

Report to: Regional Council

Report date: Thursday, December 17, 2020

Recommendations

1. That the addition of one (1) permanent full-time equivalent (FTE) for the position of Associate Medical Officer of Health (AMOH) in the Public Health department **BE REFERRED** for consideration as part of the 2021 budget process.

Key Facts

- The purpose of this report is to obtain Council, the Board of Health, endorsement to hire one additional permanent full-time AMOH for the Public Health Department.
- The Public Health Department current organizational structure has one Medical Officer of Health (MOH), and two AMOH positions, totaling three of these roles; approval of this report will provide a third AMOH.
- The Public Health Department provides for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of health.
- The role of the AMOH, under the direction of the MOH, assists in the performance of the duties of the MOH, and has all the powers of the MOH.
- The Region has been unsuccessful in multiple attempts this year to recruit a temporary AMOH.
- The approval of the hiring of an additional permanent AMOH is required to provide the Acting MOH with a greater complement of support to assist with ongoing workload pressures, and to provide appropriate medical leadership in both the short and longer term.
- Under normal circumstances, recruitment for a position would not begin until after the approval of the budget. Given the importance of this position, how difficult it is to recruit, and the fact that the budget is tabled for consideration on January 14, 2021 (less than 1 month from now), staff recommend that the recruitment process begin as soon as possible. No job offer would be made until after the approval of the 2021 budget.

Financial Considerations

The salary grid for MOH and AMOH roles is set by the Ministry; positioning within the range is based on years of experience, education and level of responsibility.

The Region's salary for the position of AMOH falls within the Grade 11 range in the Non-Union Salary Structure at \$128,660 to \$151,370 per annum; it is normally cost shared 70/30 under the Region's cost sharing agreement with the Province. The Niagara Region via application process to the Ministry applies for funding to top-up the salary to the Ministry range. The top-up is typically 100% Ministry funded.

Given this is a new position yet to be reviewed and approved by the Ministry, and due to additional cost associated with the pandemic, the Niagara Region's 2021 budget for public health exceeds our maximum current cost shared allotment with the province; staff are recommending in the 2021 budget that the position be fully budgeted within the Ministry range and funded 50% from reserves and 50% from growth. The reserve funded portion could be returned if the Ministry approves the position and the associated top-up throughout 2021.

Analysis

The role of AMOH reports directly to the MOH. A critical role that provides leadership, strategic direction, and medical consultation with respect to health promotion and disease prevention programs and services to the public in Niagara.

The AMOH supports the Public Health Department to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease, and the promotion and protection of the health.

The AMOH primary responsibilities at the Region are summarized as follows:

- Provides more intensive medical advice and expertise in the management of public health issues in areas specific to assigned portfolios, for example, in the management of outbreaks, investigation of the sources of diseases of public health significance, assessing risk in contact tracing;
- Provides support and medical expertise in the development and implementation of Public Health activities, programs and initiatives, managing multiple health portfolios, maintaining awareness of international and provincial developments in public health and advising on appropriate local responses;

- Conducts or directs research on community health problems, preparing written papers for publication and presentation at public health or specialty conferences;
- Liaises with key stakeholders in the community to partner on addressing health issues, and support a coordinated approach;
- Manages people resource planning for the operating unit, determining ideal organizational structures, identifying desirable role and skill mix requirements and ensuring ongoing work quality and deliverability of results, and;
- Participates with the MOH in a 24-hour on call system of coverage for the Public Health Department.

Under the *Health Promotion and Protection Act (the “Act”)*, the Board of Health can appoint one or more AMOHs to assist in the performance of the duties of the MOH. Briefly, in accordance with the Act, an AMOH must

1. be a physician;
2. possess the qualifications and requirements prescribed by the regulations under the Act (namely a fellowship in community medicine and at least one year of post graduate studies in public health);
3. have their appointment approved by the Minister of Health; and
4. once appointed, assist in the performance of the duties of the MOH; for the purpose, has all the powers of the MOH.

Since August 2020, Public Health has been down one AMOH after the loss of an AMOH to a newly created permanent position in Peel Region. The vacant AMOH position can only be filled temporarily because the incumbent is currently serving as the Acting MOH. This temporary role has made it challenging to recruit an AMOH.

Most other local public health agencies have added additional AMOHs or public health consultants to manage the intense work of the pandemic – 56% of local public health agencies have indicated that they have or are attempting to add AMOH capacity. Niagara has attempted to do the same, but without success. Several local public health agencies have now created new permanent AMOH positions, including Waterloo Region, City of Ottawa, Peel Region, and Windsor-Essex County Health Unit. In this competitive environment, Niagara is unable to recruit for its vacancy.

Without sufficient AMOH capacity, no AMOH is currently participating in several critical areas of work, including

- rapidly growing opioid overdoses

- liaising with the health system and broader provincial health sector on COVID-19 coordination
- participation in Ministry of Health coordination meetings
- participation in mass immunization planning for COVID-19
- participation in stakeholder relations with municipal partners and other key emergency management stakeholders.

An additional AMOH would allow some oversight and support for these critical areas of work.

Public Health has been responding to the global pandemic, has had to redeploy staff from business continuity programs, and was required to meet the immediate needs of the community. While effective in the short term, in addition to requiring additional AMOH support, they are working to implement a new pandemic response division structure for the long term of up to two years.

The implementation of the pandemic response division, with dedicated staff, is required to meet the ongoing requirements resulting from the COVID-19 pandemic. This will allow redeployed public health leadership to return to business continuity programs where possible. Failure to implement the pandemic response division, along with the hiring of an additional AMOH, could result in harm to the community. Lastly, the pandemic response division will also improve COVID reporting capabilities to Council and the Province.

Recruitment Process for an AMOH

In addition to the immediate need for an AMOH, it is recognized that this role is highly specialized that is difficult to recruit for. Provincial demand for MOHs and AMOHs will continue to present challenges in filling MOH and AMOH positions across all Ontario Public Health Departments, with a number of these positions still vacant.

The recommended approach is for Human Resources to facilitate a candidate search for this position in accordance with the Recruitment and Selection Policy, and working in conjunction with the Acting MOH to identify interested and qualified candidates through targeted advertising and networking to fill the position.

Should the search not yield the expected quantity or caliber of qualified candidates, other options would be considered at that time, including the possibility of retaining the services of an external executive search firm.

As Council is already aware through prior approval, the Region participates in the MOH / AMOH Compensation Initiative. In 2009, the Ministry of Health introduced a program that offered new provincial funding to increase the MOH and AMOH base salary compensation to address recruitment and retention issues, as well as maintain competitive compensation levels with those of other physician specialists.

The Region has continued to administer the compensation for the MOH and AMOH roles annually as per the current agreement with the Ministry of Health. Participation in the program is voluntary; however, it enables the Region to maintain competitive salaries for the physician roles, in addition to it reducing the risk of losing physicians to another health unit or regional municipality, it also serves to aid in our recruitment efforts.

Additionally, our Non-Union Terms and Conditions of employment will govern other terms of employment.

Additional Hours and Overtime

On January 9, 2020, prior to the pandemic, the temporary AMOH that had been replacing the Acting MOH in his AMOH role left the organization for a permanent role at another regional municipality in Ontario. This reduced the MOH/AMOH compliment from three to two; as a result, it has significantly increased the workload of the Acting MOH and other AMOH.

The Acting MOH and AMOH have been tracking their overtime this year, as of November 28, 2020, the overtime they have reported totals 2280.5 hours (the equivalent of over 325 days of overtime), this overtime alone exceeds the annualized hours of one FTE. This is not just a Region issue, MOHs and AMOHs across several Ontario public health units are reporting additional overtime hours.

All Region Public Health staff overtime has been reported as part of the extraordinary COVID expense and approved as paid overtime or time off for Non-Union and union staff, with the exception of the Acting MOH and AMOH as we are expecting direction from the Ministry as part of their funding application process.

Alternatives Reviewed

In view of the anticipated demands that are expected to continue throughout the pandemic, and during the enhanced influenza season, the recruitment of the temporary AMOH too, requires immediate attention.

Notwithstanding that we will continue to search for another temporary AMOH, the alternative to consider hiring multiple temporary AMOHs is not plausible and as a result not currently a recommended option due to our recent experiences.

In April/May and August 2020, we were unsuccessful on two separate occasions when we attempted to hire a temporary AMOH. In both instances, we received very limited interest in the job postings, and a very limited candidate pool that possessed the sought after qualifications. To expand, in August after one of Niagara's AMOHs who was filling the current temporary vacancy left to take a permanent position in Peel Region, a recruitment identified two candidates; one was already employed as a temporary AMOH and the other was a more junior candidate who had never held a role at that level. In both cases, the candidates denied an offer on employment, one due to relocation and that candidate's current employer extending employment to manage growing COVID-19 cases, and the other due to a permanent opportunity arising elsewhere.

Relationship to Council Strategic Priorities

Regional Council's approval aligns with Council's Strategic Priorities of Economic Growth and Healthy and Vibrant Community by supporting the fostering of a safe and inclusive neighbourhood and community tied to a larger strategic enhanced community wellbeing strategy.

Other Pertinent Reports

None

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Appendices

None