

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
<b>BOARD OF HEALTH MANUAL/Guideline</b>	
Title: Medical Officer of Health (MOH)/CEO Evaluation Guideline	
Number:	Original Date: June 21, 2018
Approved by: Board of Health	Revision Date: June 18, 2020
Signature: Original Signed	Reviewed Date: June 18, 2020
References: OHA Guide to Good Governance	

**Purpose:**

The Board of Health is responsible for participating in the selection of the MOH/CEO, identifying learning and development plans, overseeing annual objectives, as well as succession planning for the MOH/CEO. The Governance and Quality Assurance Committee has been delegated the responsibility to “Conduct a performance evaluation of the Medical Officer of Health/CEO” which will be completed at a minimum every 2 years with a full evaluation being conducted every 2 years and a smaller evaluation being done every year with the Board of Health and Direct Reports.

The purpose of this MOH/CEO Evaluation Guideline is to create a consistent process for the Governance and Quality Assurance Committee to use for the MOH/CEO evaluation that is performance based with established criteria and competencies.

**Benefits:**

1. Provides feedback to the MOH/CEO as a basis for continuing positive performance and taking corrective action.
2. Forms a basis for establishing an objective, professional relationship between the Board and the MOH/CEO, and for increasing trust.
3. Forms a basis for providing the MOH/CEO with developmental support, where helpful.

**Principles:**

1. The Board of Health needs to ensure that the process is undertaken and completed, but does not need to be made aware of the details unless it needs to ratify any decisions emerging from the process.
2. The MOH/CEO and the Governance and Quality Assurance Committee need to mutually agree on the process to be undertaken including the criteria to be used, who is involved in providing feedback, and how feedback is used.
3. The Board Evaluation Committee (Board Chair, Governance and Quality Assurance Committee Chair, and Board 2<sup>nd</sup> Vice Chair) will conduct the evaluation.
4. Confidentiality and respect for the position of the MOH/CEO needs to be maintained to ensure trust is built, and authority of the position is not diminished.

**Scope:** There are two prerequisites for the evaluation and appraisal process:

1. Existence of an up-to-date position description outlining the responsibilities of the MOH/CEO, preferably in the form of key result areas.
2. A process, to be conducted at a minimum every 2 years, for the MOH/CEO to set their goals and objectives for annual performance in specific and measurable terms that are aligned with the existing strategic plan.

## Five Step Evaluation Process:

1. **Establish the specifics of the process** – Biennially the MOH/CEO and Board Evaluation Committee will mutually agree on the process for the year. Agreement needs to cover the criteria to be used, the tools, and the sources of input into the process.
2. **Collect Input on MOH/CEO's Performance** – Based on the agreed-upon process, information is collected from appropriate sources on the MOH/CEO's performance by the Board Evaluation Committee. **Digest and Dialogue on Feedback** – Once collected, the Board Evaluation Committee will summarize the feedback. The summary forms the basis for a dialogue with the MOH/CEO about the feedback and its implications.
3. **Decide Action Recommendations** - Actions and decisions that respond to feedback issues or MOH/CEO identified needs.
4. **Report to the Board** – The Governance and Quality Assurance Committee reports to the Board of Health on the results of the process.

## Criteria for Appraisal

A fair and sound process of evaluation or appraisal needs to be founded on an agreed-upon and appropriate set of criteria. However, the criteria should not be limited to results in a short-term period. The Governance and Quality Assurance Committee will evaluate the MOH/CEO on a broad combination of factors and how these factors impact/enhance the ability of the Board to be effective. The criteria fall under two broad categories:

1. **Achievement of Results** – achieving goals and objectives regarding health unit performance results or successful completion of defined projects. This should be assessed by looking at the results achieved vs. the results planned and linked to the strategic plan where applicable.  
Examples of Assessment Criteria (from OHA Guide to Good Governance)
  - 1) Leadership (consider factors such as vision, strategic direction, judgment, decision-making, and Board effectiveness)
  - 2) Operations Management (consider factors such as financial performance, organizational effectiveness, outcomes, capital assets, service quality management)
  - 3) People Management (consider factors such as management team, professional staff, labour relations, volunteers, coaching, mentoring, staff morale, satisfaction, and communications)
  - 4) Relationship Management (consider factors such as internal and external stakeholders, including Ministry of Health and Long-Term Care, other government ministries and related agencies, community partners, media, special interest groups, and local business)
2. **Leadership Behaviour and/or Skills Demonstrated** – qualitative judgment of whether the MOH/CEO's behaviour meets leadership expectations with clearly defined criteria and objectives.

Examples of Competencies for MOH/CEO (from OHA Guide to Good Governance)

- 1) Leadership
- 2) Communication
- 3) Life-long Learning
- 4) Consumer/Community Responsiveness and Public Relations

- 5) Political and Health Environment Awareness
- 6) Conceptual Skills
- 7) Results Management
- 8) Resources Management
- 9) Compliance to Standards

**Related Internal References:** Terms of Reference for the Governance and Quality Assurance Committee

**Related External References:** OHA Guide to Good Governance

**Revision History:**

<b>Date</b>	<b>Description of changes</b>	<b>Requested By</b>
June 6, 2018	New – MOH Evaluation Guideline	Governance and Quality Assurance Committee
April 3, 2019	Changed from annual process to at a minimum every 2 years	Governance and Quality Assurance Committee
June 1, 2020	Added a smaller evaluation to be done every year by the Board and Direct Reports; added Board Evaluation Committee	Governance and Quality Assurance Committee

