

INSTITUTION CODE: _____

INSTITUTION NAME: _____

**IMPLEMENTATION OF THE PAY EQUITY ACT
IN THE HEALTH AND SOCIAL SERVICES SECTOR**

QUESTIONNAIRE CONCERNING YOUR MANAGERIAL DUTIES

THE AIM OF THIS QUESTIONNAIRE IS TO ACQUIRE A GOOD UNDERSTANDING OF YOUR MANAGERIAL POSITION FOR THE PURPOSES OF THE PAY EQUITY PROGRAM. YOUR POSITION IS PART OF A RANDOMLY CHOSEN SAMPLE.

IMPORTANT:

- THIS QUESTIONNAIRE CONTAINS 18 PAGES, INCLUDING THIS ONE.
- THE TIME REQUIRED TO COMPLETE THIS QUESTIONNAIRE WILL DIFFER FROM ONE MANAGER TO ANOTHER DEPENDING ON THE TOOLS AND RESOURCES AVAILABLE. YOU MUST OBTAIN YOUR JOB DESCRIPTION **AS OF NOVEMBER 21, 2001** FROM THE HUMAN RESOURCES DEPARTEMENT OF THE CONCERNED INSTITUTION. WE ESTIMATE THAT YOU WILL NEED APPROXIMATELY FOUR HOURS TO COMPLETE THIS QUESTIONNAIRE.

THE INFORMATION REQUESTED BELOW MUST BE PROVIDED BY EXECUTIVE MANAGEMENT OF THE INSTITUTION.

Position title as of November 21, 2001:

Position code as of November 21, 2001: _____

- THE EXECUTIVE MANAGEMENT SHOULD SEND YOUR QUESTIONNAIRE AND THOSE OF YOUR COLLEAGUES, IF APPLICABLE, TO THE FOLLOWING ADDRESS:

***PROGRAMME GÉNÉRAL D'ÉQUITÉ SALARIALE DU SECTEUR
PARAPUBLIC
Édifice Marie-Guyart,
675, boul. René-Lévesque Est - 1er étage, Bureau 100
Québec (Québec)
G1R 6E1***

- THANK YOU FOR YOUR COOPERATION. IF YOU NEED ANY CLARIFICATION, DO NOT HESITATE TO CONTACT YOUR HUMAN RESOURCES DIRECTORATE OR IMMEDIATE SUPERVISOR.

INSTRUCTIONS FOR THE PERMANENT HOLDER OF THE POSITION

PURPOSE

The purpose of this questionnaire is to gather information about your position in relation to the Pay Equity Act (*Loi sur l'équité salariale* - L.R.Q., c. E -12.001). The given information must refer to the position that you had fulfilled as of **November 21, 2001**.

INSTRUCTIONS FOR RESPONDENT

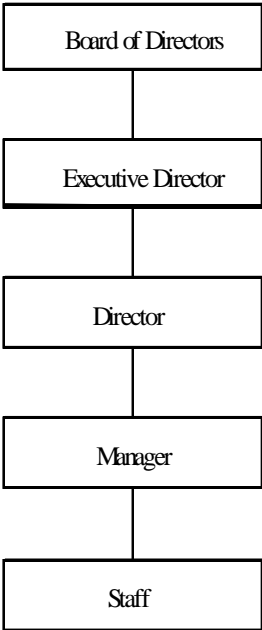
1. You must answer various questions that will help the pay equity committee to correctly evaluate the characteristics and requirements of your position. The gathering of employment information is an essential part of the pay equity program, and it is important that you answer each question in your own words.
2. Your answers will remain confidential and only the members of the pay equity committee and those responsible for the information-gathering process will have access to your answers. Names will not be disclosed to the pay equity committee. The members of the pay equity committee will not have access to the last page of this questionnaire (signatures) to ensure, as far as possible, that the respondent cannot be identified.
3. Remember that the committee is evaluating the characteristics of your position, not your personal characteristics, nor your performance. **THIS IS NOT A PERFORMANCE ASSESSMENT**. Please answer the questions objectively.
4. Your position will be considered as a whole; your answers will be compared with those of respondents occupying similar positions.
5. When completing the questionnaire, take into account your regular responsibilities only and not those that you have carried out in specific instances.
6. Do not let the position's title limit your answer. The answers should reflect the actual content of the duties performed.
7. You should complete and sign this questionnaire. Again, to ensure impartiality, the members of the pay equity committee conducting the position evaluations will not have access to the page with the signature.

1. IDENTIFY YOUR POSITION (POSITION TITLE)

Provide your position title, that of your line director and that of your immediate supervisor as they appear in the organizational chart.

TITLE OF THE POSITION OF YOUR LINE DIRECTOR	
TITLE OF THE POSITION OF YOUR IMMEDIATE SUPERVISOR	
TITLE OF YOUR POSITION	

EXAMPLE:



Legend:
For staff, the immediate supervisor is the manager and the line director is the Director.

2. EVALUATION CLASS OF YOUR POSITION

Indicate the current evaluation class of your position as of **November 21, 2001**. Note that the evaluation classes range from 2 to 30 for non-medical managers and from A to H for medical managers.

YOUR POSITION EVALUATION CLASS: _____

3. EDUCATION AND NUMBER OF YEARS OF EXPERIENCE NECESSARY TO HOLD YOUR POSITION

3.1 Irrespective of your formal education and your years of professional and management experience, what do you consider to be the **minimum** educational requirements and practical skills necessary to perform the duties and functions inherent to your position?

LEVEL OF EDUCATION	
YEARS OF PROFESSIONAL EXPERIENCE	
YEARS OF MANAGEMENT EXPERIENCE	

3.2 To post your position (in other words, if you had to leave tomorrow), what would be the **minimum** set of educational skills and professional experience required to adequately perform the inherent duties and functions of your position?

REQUIRED LEVEL OF EDUCATION	
YEARS OF PROFESSIONAL EXPERIENCE	
YEARS OF MANAGEMENT EXPERIENCE	

4. NUMBER OF POSITIONS UNDER YOUR SUPERVISION (DIRECT OR INDIRECT) AND THEIR CHARACTERISTICS, AS OF NOVEMBER 21, 2001

4.1 Number of persons under supervision

Complete the following table using data observed on **November 21, 2001**. The data included in this table must be validated by your immediate supervisor.

TABLE A:

	DIRECT SUPERVISION ¹			INDIRECT SUPERVISION ²			NUMBER OF ACTUAL HOURS WORKED (PER YEAR)
	NUMBER OF PERSONS		NUMBER OF FTEs ³	NUMBER OF PERSONS		NUMBER OF FTEs ³	
	FULL-TIME	PART-TIME		FULL-TIME	PART-TIME		
MANAGERS							
PHYSICIANS, DENTISTS AND PHARMACISTS							
MINISTERS OF RELIGION AND VOLUNTEERS ⁴							
NON-UNIONIZED - NON- UNIONIZABLE							
NON-UNIONIZED – UNIONIZABLE							
UNIONIZED							
OTHER ⁵							
TOTAL:							

¹ Direct supervision: Persons or FTEs that report directly to the incumbent.

² Indirect supervision: Total number of persons or FTEs of the operating unit or of the directorate, not including those listed under direct supervision.

³ Full-time equivalence (FTE) is based on the number of hours worked in an institution or the number of hours paid for by the institution. Each position is calculated separately and the FTE is equal to the number of hours worked or remunerated divided by the number of hours normally worked by a regular full-time employee in this position. (Reference: MSSS, *Statistiques sur les cadres du réseau de la santé et des services sociaux, 1998-1999*, pp. 11-12).

⁴ For volunteers and trainees, the number of actual hours worked (per year) is equal to the number of hours present.

⁵ Specify "other" types of supervised personnel:

TABLE B:

CONTRACTUAL EMPLOYEES AND TRAINEES UNDER YOUR <u>DIRECT</u> SUPERVISION		
TYPE OF CONTRACT	NUMBER OF PERSONS	ACTUAL HOURS WORKED OR HOURS OF ATTENDANCE
CONTRACTUAL EMPLOYEES AND TRAINEES UNDER YOUR <u>INDIRECT</u> SUPERVISION		
TYPE OF CONTRACT	NUMBER OF PERSONS	ACTUAL HOURS WORKED OR HOURS OF ATTENDANCE

4.2 Characteristics of supervised personnel

Complete the tables below regarding the principal characteristics of supervised personnel.

WORK SHIFTS (CHECK):

	DAY	EVENING	NIGHT
WEEK			
WEEKEND			
STATUTORY HOLIDAYS			

4.3 Site(s) / service points

A site or service point is defined as an address where the manager performs his or her duties. For a site to be considered distinct, the return trip between it and the next closest site must be a distance of at least 1 kilometre. Identify the sites or points of service under your supervision, indicate the number, the distance (in kilometres), the number of persons supervised at each site, and the percentage of time spent at each site.

SITE OR SERVICE POINT	NUMBER	DISTANCE (KM)	NUMBER OF PERSONS SUPERVISED	% OF TIME SPENT ANNUALLY

5. DESCRIPTION OF SUPERVISORY DUTIES

Please complete the following sections regarding your position. Note that to show the scope and complexity of the position, you need to provide information on the general and specific responsibilities of your position.

As far as possible, use active verbs such as “consult,” “develop,” “budget,” “manage,” “supervise,” “prepare,” “recommend,” “inform,” “deliver,” etc. Please be sparing in your use of jargon words such as “plan,” “organize,” “direct,” “coordinate,” and “control.”

A) POSITION SUMMARY AS OF NOVEMBER 21, 2001

Describe the purpose of your position by summarizing its principal specific responsibilities. Note that, on the following page, you will be asked to describe your duties in detail.

B) DESCRIPTION OF THE RESPONSIBILITIES OF YOUR POSITION AS OF NOVEMBER 21, 2001

Describe clearly and concisely the general and specific responsibilities, the special mandates and related activities that your position involves. Indicate, as a guide, the percentage of time allocated to these responsibilities either on an annual basis or over a realistic representative period of time. These percentages are important to enable the evaluation committee to properly assess the position and its responsibilities.

B.1 General and specific responsibilities

	%
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

B.2 Special mandates

	%
1.	
2.	
3.	
4.	

RESERVED FOR THE
MSSS

SIGNATURE AND INFORMATION NECESSARY
SHOULD CLARIFICATIONS BE REQUESTED

INCUMBENT

LAST NAME: _____

FIRST NAME: _____

SIGNATURE: _____

DATE: _____

TELEPHONE: (____) _____

EXTENSION: _____

IMPORTANT:

TO ENSURE IMPARTIALITY IN THE EVALUATION OF YOUR POSITION, THIS PAGE WILL BE SEPARATED FROM THE QUESTIONNAIRE BEFORE IT IS SUBMITTED TO THE PAY EQUITY COMMITTEE.