

Building the Paid Staff

Organizational charts can be very useful in organizational planning. They can be designed to incorporate both paid and volunteer staff. By carefully planning the evolution of the clinic's manpower resources through an organizational chart, you create a tool that can be useful in many different ways.

The organizational chart can be designed to:

- Provide a blueprint for future development
- Provide an immediate view as to the current allocation of resources between direct service and administrative support
- Provide a means of diagnostic assessment of shortcomings in service provision or administrative support
- Map out the allocation of new staff and volunteer positions for the coming fiscal year if accompanied by the annual budget

Generally, a clinic will be well-served in the creation of this multi-purpose tool, and it will prove to be an invaluable resource when building a clinic staff.

The suggested order for incorporating paid staff:

First

As referenced in an earlier section, recognition of leadership is critical for a clinic, most importantly in its earliest stages. A go-to person who has final authority is often critical when circumstances require a quick response. This recommendation is not intended to diminish those who wish to operate with a more collective decision-making model, or even those who wish to govern by consensus. These models can flourish with clinics. However, even with less hierarchical organizational models, hiring a full time Executive Director represents a significant benchmark in the evolution of a clinic. The presence of such an individual provides a personification of the clinic efforts for the community at large. An identified individual can be extremely helpful in generating support from the community, both financial and volunteer manpower.

While the role of Executive Director or Administrator may be initially carried out by a volunteer, as the clinic becomes more operational and begins to expand hours and/or services, it is advantageous to consider moving this individual to a paid status. The level of dedication may not differ significantly with paid or volunteer leadership; what will differ is the priority that is given to the clinic by the respective leader. Typically a volunteer administrator fits their clinic activities into a full range of activities such as work, family, other volunteer activities, etc. With a paid staff member, the administrative role will assume a consistent high priority.

The Executive Director will assume the leadership role for the clinic, AND will also assume the administrative responsibility for the agency. The importance of this role cannot be overstated. While there may be many functions that will draw dedicated volunteers to the cause, there are an equal number of responsibilities that are tedious and time consuming, thus not necessarily appealing to prospective volunteers. These may range from purchasing, to grant writing, to financial and service reporting, to connecting with funders and the community at large. Such tasks are better assured with a paid administrator in place to be certain of their timely completion. Failure to carry out these tasks within their assigned time parameters will undermine the clinic's probability of success.

The availability of funding is an obvious necessity in initiating a plan for the first paid staff member. Often, the first barrier to securing such funding lies within the clinic's culture. As the organization typically is founded with the spirit of volunteerism, the thought of committing dollars that would otherwise go to the provision of direct service may be a difficult decision to make. A clinic will often put off this decision in an attempt to find more creative and less costly solutions to assure that the above-mentioned responsibilities are carried out.

Remember – if an organization follows the typical developmental path toward maturity and success, the addition of a paid Executive Director will necessarily be part of the mix. In fact, it is often recognized as an essential benchmark in the evolution of successful clinics. In other words, prioritize the salary of the Executive Director.

Once the commitment to seek funding for a paid executive occurs, support typically comes from local philanthropic organizations. If a local foundation has provided seed funding that allowed the clinic to open its doors, it should be a

logical source from which to seek funding for the initial paid staff. Foundations, as well as other philanthropic or planning agencies, recognize the need for paid staff to assure smooth operational functioning. The initial success of the clinic will provide ample support for taking this important step. You should also be encouraged to seek multiple year funding when initiating a plan to add a paid Executive Director. It will take some time to measure the anticipated impact of such an addition and funders may be receptive to such a request.

Second

The growth of the paid staff follows a logical evolutionary track. Subsequent staffing will likely feature the Clinic Coordinator role. As the clinic grows in patient volume, and particularly when it moves beyond a once or twice a month schedule, the necessity of securing a clinic coordinator to manage the volunteers along with the patient flow will become apparent. This individual is often a medical professional, most likely a seasoned nurse, who has the managerial skills and medical expertise to wear many hats simultaneously. It is not unusual to find this individual from among the initial core of clinic volunteers. It may also be the case that the duties and responsibilities of this individual are taken from the Executive Director.

Third

Many organizations consider the addition of a Development Professional in their early staffing patterns in order to secure and maintain an adequate funding base. Careful attention should be paid to the delegation of responsibilities. Specific job responsibilities should be detailed in clinic job descriptions. Attention should be given to assure that staff is given adequate latitude to carry out their job description and that appropriate staff supervisory patterns are developed.

Fourth

Typically, administrative functions are initially supported with paid staff, followed or interspersed with the coordinating functions. Funders want to be certain that their dollars are well spent and that the clinic is accountable for the dollars allocated. This requires the establishment and keeping of a set of financial books as well as regular funding reports to the Board of Trustees and external supporters.

If the Executive Director does not have the skills necessary to carry out these responsibilities or, perhaps more likely, the time to effectively carry them out, a Fiscal Manager may be the next paid member of the staff.

Finally, several factors must be considered as the paid staff grows.

1. Need must be demonstrated. Patient demand in terms of volume or service requests as well as the need to support such activities will drive the need to expand.
2. Resources must be present to support the addition of a new staff member. You may wish to consider longer term funding resources as well as the initial funding necessary to hire the individual. In making such calculations, be certain to include all the costs that go into the addition of a new staff person including salary, fringe benefits and any other costs associated with that addition.

Be certain to review your volunteer-recruiting efforts to carry out these functions. All too often when times are flush, the immediate response to a need is to hire staff. If your mission values volunteerism, this option should always be considered as the first option.