

**GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR**



**DEPARTMENT OF HEALTH AND COMMUNITY SERVICES**

**SALARIED PHYSICIANS  
QUICK REFERENCE GUIDELINES**

**Revised**

**APRIL 1, 2006**

## Table of Contents

A. Guidelines which Govern the Hiring of Salaried Positions .....	1
B. Requests for Funding for Salaried Positions .....	2
1 Recognition of Previous Experience.....	3
2. Salaried Physician Retention Bonus Program .....	5
<b>3. Recognition of On-Call and After Hours Services.....</b>	<b>7</b>
4. Compensation for Additional Workload.....	8
5. Locum Policy – For Positions Other Than Casualty Officers .....	10
6. Critical Escort Duty .....	14
7. Emergency Department Coverage .....	16
8. Clinical/Administrative Benefit.....	17
9. Out of Province Billings .....	20
<b>10. Replacement of Fee-for-Service Physicians.....</b>	<b>21</b>
11. Policy for the Payment of Physician Services when the Complement is 50% .....	22
12. Oncology Annual Service Stipend.....	24
<b>13. Annual Leave – Approval &amp; Application Policy.....</b>	<b>26</b>
<b>14. Salaried Physician - Job Description.....</b>	<b>29</b>
<b>15. Salaried Physician Letter of Appointment [Confirmation] .....</b>	<b>30</b>
APPENDIX A Request for New Salaried Position (SPAC Form) .....	32
APPENDIX B Approved Facilities – 24 Hour On-Site Emergency Department Coverage .....	35
APPENDIX D Frequently Asked Question – What is the Billing Procedure for Each Situation	36
APPENDIX E Submission of Expense Claims Policy .....	37
APPENDIX F Memorandum of Agreement.....	38
APPENDIX H Schedule of Eligible Communities/Rates – General Practitioners.....	39
APPENDIX I Schedule of Eligible Communities/Rates - Specialists.....	41
APPENDIX J List of Designated Category B Facilities.....	42
APPENDIX K Salaried Physicians shall be entitled to Annual Leave.....	43

***Any additions, changes, etc. from the previous document  
dated September 10, 2003 are in bold.***

## A. Guidelines which Govern the Hiring of Salaried Positions

The Department of Health and Community Services, in consultation with the Salaried Physicians Approval Committee (SPAC), approves salaried physician positions. The following are guidelines which govern the hiring of salaried positions:

- Salaried positions must be clinical. Positions with less than 100% clinical duties will have the salary prorated accordingly.
- Payments must be claimed on the *Salaried Physician Invoice*. This invoice is required to be submitted **electronically and is due on or before the 14<sup>th</sup>** of each month. The invoices, plus/minus adjustments, will initiate the monthly payment from the Salaried Physicians Budget. If further reconciliation is required, future payments will be adjusted accordingly.

**B. Requests for Funding for Salaried Positions**

**The Salaried Physicians Approval Committee (SPAC) through ongoing monitoring of the Salaried Physician Budget will approve requests to fill vacant salaried positions to comply with the approved funding level for a given fiscal year.**

**To carry out this responsibility the Committee will entertain requests for the funding of:**

- **New positions - Positions for which there has been no previous funding allocated.**
- **Replacement positions - Positions for which funding was previously allocated and the position is now vacant.**
- **Requests for transfers from fee-for-service to salary.**

---

## 1. *Recognition of Previous Experience*

(a) Physicians entering the Salaried Physician System will be eligible for step assignment taking into consideration their previous work experience.

(b) **Formula for Determining Step Assignment:**

Physicians will enter the system at Step 1 plus the following recognition:

Previous clinical experience:

0-4.99 years:	no additional steps
5-8.99 years:	1 additional step
9-12.99 years:	2 additional steps
13 + years:	3 additional steps

(c) **Definition of “Previous Experience” Criteria:**

- (i) Years of educational training are not eligible for recognition.
- (ii) Clinical experience must be relevant to the applicable specialist salary scale. All clinical experience is eligible for recognition for GP designation.
- (iii) Locum experience does qualify.
- (iv) Administrative experience does not qualify.

(d) **Policy Application:**

- (i) Clinical experience will be totalled to determine the experience eligible for recognition. A part year of 10 months or greater will be rounded to the next highest year.
- (ii) Upscale hiring of new physicians must be pre-approved by the Director of Physician Services, DOHCS. Any dissatisfaction by a physician with his/her step assignment must be explained in writing, within 90 days of physician notification, to the Director of Physician Services, DOHCS, to be reviewed by DOHCS and NLMA representatives. A response to the appeal will be given within 30 days of receipt of the appeal request.

---

(iii) If a salaried physician leaves the Newfoundland salaried system for any reason, they will not lose their service recognition, even if placed on a different scale. If and when they return to salaried practice, they will resume their previous step assignment unless they would be placed on a higher step under this policy.

Service recognition in this case differs from “experience” as it applies to time spent in the Newfoundland and Labrador salaried physician system.

---

## **2. Salaried Physician Retention Bonus Program**

- (a) All salaried physicians will be eligible for a retention bonus paid annually according to the category/categories in which they practiced continuously in approved salaried positions for the previous twelve (12), twenty-four (24) or thirty-six (36) months. Appendices H and I provides a list of categories by Communities and the applicable rates.

Physicians who receive payments from the *Salaried Physicians Budget* but are not on an established scale are not eligible.

### **(b) Principles:**

- (1) A break in service of 30 or more days removes the eligibility for payment of any services that occurred prior to the break in service.

#### ***Extension of Eligibility Date***

- (1) If moving from one location to another, a break of less than 30 days will not affect eligibility for the bonus. The date of eligibility, however, will be extended by the number of days of the break.
- (2) Educational leave (both paid and unpaid). In this situation the payment eligibility date will be extended by the period of leave.
- (3) Maternity leave up to seventeen (17) weeks will count as eligible time. Maternity leave beyond seventeen (17) weeks will extend the payment eligibility date.
- (4) If a physician is on any other type of approved unpaid leave the eligibility date will be extended.

#### ***Bonus Paid Based on a Weighted Average Ratio***

- (1) Eligible physician who provide services in multiple communities with differing bonus rates will receive a bonus which is a weighted average of the different bonus amounts reflective of the time spent in each community.
- (2) If a physician is on unpaid leave and providing locum services remunerated at the salary equivalent rate, the bonus level will be paid based on a weighted average.

---

***Prorated Bonus***

- (1) Part-time salaried physicians are eligible for a prorated bonus with the exception of physicians designated as 0.8 FTE, geographic full time (university) who are eligible for full bonus. The level of proration is based on their actual salary and the equivalent full time salary level.

***Geographic Full Time Physicians***

- (1) Physicians designated as 0.8 FTE, geographic full time (university) will be eligible to receive 100% of the applicable retention bonus.

***Providing Locum Services Remunerated at the regular daily rate***

- (1) Physicians who are in approved salaried posts and provide locum services paid at the regular daily rate in a community with a higher bonus rate are not eligible for compensation on a weighted basis. Service time will continue to accumulate and be credited at the home facility, provided physicians are on approved paid leave from their home facilities. If, however, they are paid on a salary equivalent basis, they are eligible for the higher bonus using a weighted average ratio.

***Status of Retention Bonus upon Retirement***

- (1) A salaried physician who retires during a fiscal year is entitled to a prorated retention bonus for time worked since receipt of the last retention bonus using a base of 12 months.

**Pensionability**

Monies received through application of this policy will not be considered pensionable earnings nor qualify for severance pay calculation.



---

### 3. *Recognition of On-Call and After Hours Services*

Salaried physicians will be eligible for financial recognition of the On-Call and After Hours Services which they may provide.

**Principles:**

- (a) **Once eligible** to receive payment under the Annual Retention Bonus policy, a salaried physician will automatically qualify for this payment.
- (b) The recognition is valued at \$3750 per full-time equivalent physician.
- (c) Physicians who provide less than full-time clinical services will have their payment pro-rated based on their FTE of salary funded by the Department of Health and Community Services.

*Geographic Full Time Physicians*

Physicians designated as 0.8 FTE, geographic full time (university) will be eligible to receive 100% of the applicable payment.

(d) Retirement

A salaried physician who retires during a fiscal year is entitled to a prorated payment for time worked since receipt of the last payment under this policy, using a base of 12 months.

**Pensionability**

Monies received through application of this policy will not be considered pensionable earnings nor qualify for severance pay calculation.

#### **4. Compensation for Additional Workload**

##### ***Due to Vacancies:***

- (a) One half of the salary at step 2 of the appropriate scale is available to be distributed to salaried physician(s) who take on the responsibility of additional work in a salaried position(s) not filled by locums.

This policy applies to group practices of physicians, or in a different specialty if cross-coverage is approved by the Regional Board.

(b) **Replacement Physician Eligibility:**

Replacement physicians receiving the daily locum rate, salaried casualty officers, and fee-for-service physicians will not be eligible for payment under this policy.

Replacement physicians receiving the equivalent salary scale will be eligible for payment under this policy.

**Physicians who receive payments under this policy are not eligible to receive payments under the *Internal Locum Policy*.**

(c) **Eligibility:**

- Maximum of 3 physicians may claim for this policy. Physicians are not eligible to claim payment under this policy when they are on any type of leave.
- Eligibility is after a vacancy period of 7 consecutive days.
- Once eligible, payment is for the entire period of the vacancy.

(d) **Rate of Payment:**

The daily rate is 50% of the applicable salary scale divided by 240.

When the group eligible for payment consists of both salaried and FFS physicians, the amount eligible for payment will be prorated based on the % of salaried physicians in the group covering the vacant position.

---

*E.g.: If a group consists of two FFS and two salaried, and one salaried physician is absent for the eligibility period, a claim by the one remaining salaried physician may be made, after 7 days, based on (Step 2 of the appropriate scale @ 50%) x 1/3 for the one vacant salaried post.*

*E.g.: If a group consists of one FFS and three salaried, and two salaried positions become vacant, the one remaining salaried physician, after 7 days, may claim based on (Step 2 of the appropriate scale @ 50%) x 1/2 for the vacant salaried post.*

*E.g.: If the total group is FFS, the additional workload policy does not apply.*

### ***Designated Solo Specialists Positions:***

(e) Solo specialists in the designated specialties of Surgery, Anaesthesia, Obstetrics, Paediatrics, Internal Medicine, and Psychiatry may claim under the *Additional Workload Policy*.

(f) **Eligibility:**

**Physicians who receive payments under this policy are not eligible to receive payments under the Internal Locum Policy.**

Designated physicians are not eligible for payment during periods of any type of unpaid leave.

(g) **Payment Rates:**

Annual payment is one half of the specialist salary at step 2.

The daily rate is 50% of the specialist scale divided by 365.

<p><b><u>Pensionability</u></b></p>
-------------------------------------

<p>Additional Workload will not be considered salary for pension and severance pay calculations.</p>
--

## 5. Locum Policy (For Positions Other Than Casualty Officers)

### *External Locums:*

(a) This policy references the payment of short-term replacement physicians for:

- Salaried physicians currently in the system;

**OR**

- For approved salaried physician posts that have been vacated but remain eligible for funding from the Salaried Physician budget.

### (b) Principles:

Services provided by full-time locums will be paid via this policy with the pre-approval of the Department of Health and Community Services.

Locums are to be employed in a manner that maximizes the benefit to both the locum and facility. Situations may vary by location, but in general locums are expected to provide replacement services and be incorporated into the after hours call schedule, unless agreed to otherwise.

### (c) Rates of Reimbursement:

Approved locums providing services at a designated site will be eligible for reimbursement at the following rates per contracted day:

- (i) For a maximum of 56 days:

#### **PHYSICIANS PROVIDING SERVICE AT A SITE OTHER THAN THEIR HOME FACILITY:**

##### *External Locum Rates*

#### **Specialist Regular Daily Rate (includes on-call payment, if services required)**

<b>October 1, 2005</b>	<b>October 1, 2007</b>	<b>April 1, 2008</b>	<b>October 1, 2008</b>
<b>\$767.00</b>	<b>\$782.00</b>	<b>\$790.00</b>	<b>\$814.00</b>

**GP Regular Daily Rate (includes on-call payment, if services required)**

<b>October 1, 2005</b>	<b>October 1, 2007</b>	<b>April 1, 2008</b>	<b>October 1, 2008</b>
<b>\$649.00</b>	<b>\$662.00</b>	<b>\$669.00</b>	<b>\$689.00</b>

Locum payments are not prorated based on actual hours worked.

(ii) After 56 days of coverage in a single salaried physician post:

Physicians who continue to provide locum services in an approved salaried post beyond 56 days shall be remunerated as follows:

Salary Equivalent daily rate = Step 2 of the appropriate 5-step scale + 10% in lieu of benefits/240 days.

<b>Effective Date</b>	<b><u>SALARIED EQUIVALENT RATES</u></b>	
	<b>GP</b>	<b>Specialists</b>
<b>October 1, 2005</b>	<b>\$567.88</b>	<b>\$681.45</b>
<b>October 1, 2007</b>	<b>\$579.23</b>	<b>\$695.08</b>
<b>April 1, 2008</b>	<b>\$585.02</b>	<b>\$702.03</b>
<b>October 1, 2008</b>	<b>\$602.57</b>	<b>\$723.09</b>

*Positions in the same group, same site are considered the same positions for the application/purpose of this policy.*

**(d) Limits on Individual Physician's Reimbursement for Locum Coverage:**

Physicians who provide locum coverage at the 56-day regular daily rate shall be capped at a maximum earning from that rate which shall not exceed 50% of Step 2 of the annual applicable salary + 10% in lieu of benefits. Once this total annual maximum has been reached in a fiscal year, a physician who exceeds the individual cap shall be eligible for all subsequent payments for locum coverage in that fiscal year at the salary equivalent daily rate in accordance with clause 5 (c) (ii).

**Pensionability**

The locum payments will not be considered salary for pension and severance pay calculations.

***Internal Locums:*****PHYSICIANS PROVIDING SERVICE AT THEIR HOME FACILITY:****SALARIED PHYSICIANS:**

Only those physician groups who were previously designated under the *Memorandum of Understanding (1997-2002 Agreement)* to receive On-call payments are eligible to receive Internal locum payments when they provide after hours services in excess of 1 in 3 for Specialists and 1 in 4 for General practitioners. The groups eligible include the following salaried physicians: General practice, Internal Medicine, Pediatrics, Psychiatry, General surgery, Anaesthesia, Orthopedics, Obstetrics/Gynecology and Radiology.

***Internal Locum Rates***

Effective Date	<u>HOURLY RATES</u>	
	GP	Specialists
April 1, 2006	\$21.04	\$25.96

***This rate will be reassessed to reflect increases to the Locums and On-Call rates as required throughout the MOA.***

Hours to be claimed as eligible for Internal locum payments are for 16 hours on a week day and 24 hours for Saturday, Sunday and statutory holidays.

Replacement Physicians are not eligible for payment under this policy.

Physicians who receive payments under this policy are not eligible to receive payments under the *Additional Workload Policy*.

**FEE-FOR-SERVICE PHYSICIANS:**

Only those physician groups who were previously designated under the *Memorandum of Understanding (1997-2002 Agreement)* to receive On-call payments are eligible to receive Internal locum payments when they provide after hours services in excess of 1 in 3 for Specialists and 1 in 4 for General practitioners. The groups eligible include the following Fee-for-service physicians: General Practice, Internal Medicine, Pediatrics, Psychiatry, General Surgery, Anaesthesia, Orthopedics, Obstetrics/Gynecology and Radiology.

***Internal Locum Rates:***

<b>Effective Date</b>	<b><u>HOURLY RATES</u></b>	
	<b>GP</b>	<b>Specialists</b>
<b>April 1, 2006</b>	<b>\$9.02</b>	<b>\$11.16</b>

***This rate will be reassessed to reflect increases to the Locums and On-Call rates as required throughout the MOA.***

Hours to be claimed as eligible for Internal locum payments are for 16 hours on a week day and 24 hours for Saturday, Sunday and statutory holidays.

Fee-for-service physicians who receive payment under this policy are eligible to submit Fee-for-service claims to MCP for actual services provided.

**Note**

FFS Physicians working in "Category B" Facilities are not eligible for this payment

## 6. Critical Escort Duty

- (a) This is a policy whereby eligible salaried physicians will receive additional payment above and beyond their normal salary for the episodic transport of a critically ill patient from one geographic location to another.

(b) **Time Eligible for Reimbursement:**

Time eligible for reimbursement is calculated on the following basis:

- When a second physician is called in to provide the escort, eligible time is calculated from the time the physician arrives to take charge of the patient at the home facility to the time they discharge their responsibility at the receiving facility, plus return travel time.
- When the escort is performed by the physician providing the initial assessment, eligible time is calculated from the time the transport process is initiated at the home facility to the time they discharge their responsibility at the receiving facility, plus return travel time.

(c) **Physicians Eligible for Payment:**

All salaried physicians, excluding Casualty Officers will be eligible for payment via this policy.

**Salaried CO's** providing escorts during regular hours will not be compensated via this policy. Salaried and contractual casualty officers providing escorts after regular hours:

- Will be recognized for hours provided for critical escorts as described previously in this section;
- Total hours recognized will accumulate for payroll purposes and if this exceeds 80-hours/2 week period (or the designated contractual hours), they will be compensated at the hourly ER rate in effect at the time.

(d) **Rate and Level of Reimbursement:**

- Rate of reimbursement will be on an hourly basis, or the nearest half-hour, with total time accumulated, except for Casualty Officers as described above. The rate of reimbursement will be \$73 per eligible hour.



- 
- All physicians, including Casualty Officers must complete the *Critical Escort Form* documenting eligible hours under this policy.

**Pensionability:**

Critical escort will not be considered salary for pension and severance pay calculations.

## 7. Emergency Department Coverage

- (a) This policy is applicable only to those facilities designated as having 24-hour on site Emergency Department coverage in the province (see Appendix B).

(b) **Salaried Casualty Officers:**

Salaried Casualty Officers will be paid based on the salaried GP scale, and payments will be for 80 hours/2 weeks as per the ER rota. Hours to be counted include hours of services provided in the Emergency room, OR assisting, and escort duty. This salaried Casualty Officer scale does not apply to other salaried physicians, physicians on contractual arrangements.

Hours of work beyond 80 hours/2 weeks will be remunerated at the hourly rate in effect at the time.

For purposes of calculating OR time, the time eligible to be counted will be the greater of either scheduled time blocked out for surgical assisting, or scrub time until the procedure is completed.

Overtime hours paid at the hourly rate are not pensionable nor eligible for consideration in severance pay calculations.

Alternatively to being a salaried CO on the salaried GP scale, a physician may opt for a contractual arrangement remunerated at the ER hourly rate in effect at the time, with no entitlement to benefits, e.g., employer's contribution to a pension plan, holiday pay, etc.

(c) **Other Salaried General Practitioners:**

The salaried GP who, as part of the hours specified in their terms of employment, provides coverage in the ER will not be eligible for additional funding. However, if and when they are asked to provide additional ER coverage outside of regular hours, they will be eligible for additional payment at the applicable ER/OR hourly rate.

For purposes of payment, all other physicians who provide Surgical/OR-assisting services must be on approved leave and bill fee-for-service.

---

## 8. Clinical/Administrative Benefit

- (a) Incumbents in the following list of designated salaried physician positions (eliminated in 1998-99 for specialists and 2000-01 for GP's) will be eligible to receive a Clinical/Administrative benefit of \$10,000 per annum:

Senior Medical Officer  
Director of Pathology  
Assistant Director of Pathology  
Director of Medical Oncology – Cancer Clinic  
Director of Radiation Oncology – Cancer Clinic

- (b) The continuation of the Clinical Administrative benefit for both eligible incumbent and their replacement(s) will be conditional on confirmation that their position is responsible for providing at least two thirds (6 of 9) of the following services:

**General Practice (positions formerly entitled “*Senior Medical Officer*”):**

- (1) Responsible for the scheduling of physicians in the designated facility, including advice to the administration on the need of locum coverage;
- (2) Liaison with administration and other health care professionals;
- (3) Responsible for the education component of medical students'/residents' visits to the facility;
- (4) Responsible for in-house CME for the physicians, and may, where necessary, assist in the CME of other health care personnel;
- (5) Participate in local facility committees;
- (6) Responsible for the evaluation of those physicians based in the facility;
- (7) Assist the Chief of Staff (or other appropriate physician) with credentialing and reappointment services;
- (8) Coordination and supervision of the medical care provided by the facility;
- (9) Must ensure that the facility medical staff comply with by-laws, regulations and Board policies.

---

**Specialists (including positions formally entitled Director of Pathology, Assistant Director of Pathology, Director of Medical Oncology (Cancer Clinic) and Director of Radiation Oncology (Cancer Clinic):**

- (1) Responsible for the scheduling of physicians in the designated area/department, including advice to the administration on the need of locum coverage;
- (2) Liaison with administration and other health care professionals;
- (3) Responsible for the education component of medical students'/residents' visits to the relevant area/department;
- (4) Responsible for in-house CME for area/departmental physicians, and may, where necessary, assist in the CME of other health care personnel;
- (5) Participate in local facility committees;
- (6) Responsible for the evaluation of those physicians based in the relevant area/department;
- (7) Assist the Chief of Staff (or other appropriate physician) with credentialing and reappointment services;
- (8) Assist the Chief of Staff (or other appropriate physician) with coordination and supervision of the medical care provided in the relevant area/department;
- (9) Assist the Chief of Staff (or other appropriate physician) with ensuring compliance with by-laws, regulations and Board policies by relevant area/department medical staff.

**(c) Physician Eligibility**

- (1) All physicians in those positions as of October 1, 1998, as long as they remain in the position, may receive the benefit. However, when job descriptions are reviewed, if and when no clinical/administrative duties are demonstrable, these physicians will continue to receive the benefit but not their replacements, neither short nor long term.
- (2) During periods of substitution in excess of 5 days, the substituting physician will be eligible to receive the benefit for the entire period of substitution. A physician is eligible to receive only one such benefit at a time.

- (3) Daily rate for benefit during periods of substitution will be calculated based on the annual rate divided by 240.
- (4) Physicians providing substitution services and receiving the 56-day locum rate will not be eligible to receive the clinical/administrative benefit.

**(d) Method of Payment**

This benefit will be paid out bi-weekly.

**(e) Conditions of Payment**

- (1) The following periods of leave qualify for the benefit:
  - Paid leave (as defined by Government's Paid Leave Program);
  - And accrued annual leave paid as a terminal benefit.
- (2) Periods of unpaid leave will not qualify for the stipend.
- (3) The stipend will not be considered salary for pension and severance pay calculations.

## **9. Out of Province Billings**

- (a) Salaried physicians (including locums) may bill Fee-for-Service for services provided to out-of-province patients.

**10. Replacement of Fee-for-Service Physicians**

- (a) Fee-for-service replacements are not funded through the Salaried Budget.
- (b) If a fee-for-service physician is replaced by a salaried physician, the salaried physician can bill fee-for-service when they are on an approved leave of absence from the Employer. This arrangement requires the approval, in writing, of the Department of Health and Community Services.**

**11. Policy for the Payment of Physician Services when the Complement is 50% or Less**

Category B (General practice services) Designated Sites  
(See Appendix J)

- (a) In the situation where historical numbers (and/or draft demand numbers) decrease to 50% or less, the Department will accept claims for physician services consistent with recognition of the facility converting from a Category B (24 hour, on-call) to a Category A (on-site coverage) until such time as the number of physicians providing services in the immediate area increase above 50%.

**(b) Hours eligible**

Up to 24 hours a day.

Only one physician may claim this rate at any one time.

**(c) Rate of Payment**

Hourly on-site ER rate in effect for Casualty Officers and community-based General Practitioners.

***Salaried Physicians:***

A Salaried physician will continue to receive their salary during the period of time this policy is in effect. Hours of on-call service provided after 4 p.m. Monday-Friday, and 24 hours a day on the weekend will be eligible for reimbursement at the hourly rate, once they have completed their 1 in 4 call commitment.

***Fee-for-Service Physicians:***

As with Category A facilities, a fee-for-service physician maintains the option to bill the hours on coverage either fee-for-service or at the hourly rate, whichever is greater. Hours of on-call service provided after 4 p.m. Monday-Friday, and 24 hours a day on the weekend will be eligible for reimbursement at the hourly rate, once they have completed their 1 in 4 call commitment.



***Locums:***

Temporary physicians recruited to provide institutional based services will be eligible for the hourly rate. Hours of on-call service provided after 4 p.m. Monday-Friday, and 24 hours a day on the weekend will be eligible for reimbursement at the hourly rate, once they have completed their 1 in 4 call commitment. Days when the locum received Category A payments the locum rate will be prorated for 8 hours of coverage only.

When physician numbers exceed 50%, locum payments will convert to the daily rate in effect at the time.

**(d) Billing Process**

Enactment of this policy requires pre-authorization by the Department. Enactment of this policy without prior approval by the Department will be the financial liability of the regional Board.

When implementation is requested by a Board, details as to current manpower, anticipated recruitment, etc., will be required. The Department will authorize each arrangement and accept claims invoiced through *Special Authorizations*. Call sheets for the period of time the policy is in effect will be required.

(e) See Appendix J for the list of designated Category B sites.

## 12. Oncology Annual Service Stipend

- (a) Oncologists may be eligible to receive an Annual Service Stipend based on a 5-step grid that is paid out on their anniversary dates.

### (b) Physician Eligibility

- (1) This arrangement will continue during the life of the MOU, and will include only those Oncologists employed on or before October 1, 1998.
- (2) For those Oncologists entering employment after October 1, 1998 the following criteria must be met:

#### *Registration Criteria:*

- (i) Salaried specialist physician in Newfoundland and Labrador;
- (ii) Credentialed training recognized by the Royal College of Physicians and Surgeons of Canada in the specialties of either Radiation Oncology and/or Medical Oncology; or Sub-specialty training in Oncology within the Disciplines of Pediatrics, Internal Medicine or Surgery, recognized by the appropriate chapter of the Royal College and/or Newfoundland Medical Board;
- (iii) Cross-appointment with the Newfoundland Cancer Treatment and Research Foundation;
- (iv) A member, in good standing, of the Medical Staff of NCTRF, or other regional health care Boards.

#### *Service Criteria:*

- (i) Oncology services provided by the physician must include:
  - a. direct patient care,
  - b. indirect patient care,
  - c. teaching and research duties.
- (ii) Physician must be willing and able to act as a provincial resource for patient care.
- (iii) 75% or more of clinical work carried out must be in the specialty/sub-specialty of Oncology.

**(c) Rates and Levels of Reimbursement**

<b>Step</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Stipend Amount	<b>\$50,000</b>	<b>\$56,250</b>	<b>\$60,000</b>	<b>\$60,000</b>	<b>\$60,000</b>

The eligible service stipend step will be determined by and equal to the approved step assignment for the Salaried Oncologist on the new scale.

---

**13. Annual Leave – Approval & Application Policy**

This policy is intended to clarify the inherent approval mechanism required to give effect to the leave provisions in Article 26 of the 2005-2009 Memorandum of Agreement (MOA). In the event of any conflict between this policy and the MOA the latter shall take precedence.

**(a) Entitlements**

- (i) Annual leave entitlements for all salaried physicians are contained in Article 26 of the 2005-2009 MOA. This article also contains provisions which establish limits on the amount of unused annual leave which may be carried forward to another year. [See Appendix K]
- (ii) In keeping with the spirit of physician wellness, notwithstanding Section (d) Clause (iv) Approval Criteria, a salaried physician shall have the right to request and to be granted a minimum of 15 consecutive annual leave days in a calendar year.

**(b) Locum Replacement**

It is recognized that the granting of annual leave to salaried physicians often requires a locum.

- (i) Where the Medical Director, or designate, determines that a locum is necessary to replace a salaried physician on annual leave, that decision must be communicated in writing to the salaried physician requesting leave.
- (ii) While a salaried physician requesting annual leave will assist in efforts to secure a locum, it is recognized that the health board is responsible for obtaining replacement locums.
- (iii) The necessity for Locum replacement, in regard to Physician leave, will also be confirmed in the Physicians Job Description.

**(c) Notice Periods**

Salaried physicians and the Employer shall adhere to the following notice periods for the request and approval of annual leave:

- (i) When a locum replacement is necessary:

**A salaried physician shall submit the request in writing to the Medical Director, or designate, at least six (6) calendar weeks in advance of the first day of the requested annual leave period. The Medical Director, or designate, shall respond (approve or deny) in writing within three (3) calendar weeks of the receipt of the physician's request. Failure to respond within the three (3) calendar week time frame will constitute an approval of the request.**

**(ii) When no locum replacement is necessary:**

**A salaried physician shall submit the request in writing to the Medical Director, or designate, at least two (2) calendar weeks in advance of the first day of the requested annual leave period. The Medical Director, or designate, shall respond (approve or deny) in writing within one (1) calendar weeks of the receipt of the physician's request. Failure to respond within the one (1) calendar week time frame will constitute an approval of the request.**

**(iii) When a request for annual leave does not meet the above notice requirements, the Medical Director, or designate, has discretion to approve the request. In such cases, approval is not guaranteed and section (d) Approval Criteria and section (e) Non Approval of this policy do not apply.**

**(d) Approval Criteria**

**The Medical Director, or designate, shall provide explanations in situations where leave requests are not approved. If a salaried physician has provided the required notice, in accordance with section 3, non-approval may only occur when:**

- (i) more than one physician of the same group complement (specialty/facility) requests leave for the same period resulting in scheduling difficulties for call or essential services; and/or**
- (ii) when the absence of a salaried physician will result in group complement falling below 60% of its normal staffing level (after factoring in extended sick leave); and/or**
- (iii) when extraordinary situations such as work stoppages, disasters, etc. occur; and/or**
- (iv) when there is non-availability of a locum.**

**Section (d) Clause (ii) of the Approval Criteria does not apply to groups of two or solo practitioners. In such cases, the need for a locum replacement must be communicated to the Physician(s) involved as set out in section (b) Clause (i) Locum Replacement.**

**(e) Non-approval**

**In situations where leave is not approved because no locum replacement is available the salaried physician shall have the right to carry the requested leave forward to the next calendar year in addition to those identified in Clause 26.01 (f) MOA.**

**(f) Cancellation of Leave**

**In situations where approved leave has to be cancelled:**

- (i) the salaried physician shall have the right to carry the requested leave forward to the next calendar year in addition to those identified in Clause 26.01 (f) (MOA).**
- (ii) the salaried physician will be compensated for all expenses incurred including direct costs of the planned travel where it can be demonstrated the travel expenses were incurred after the leave was approved.**
- (iii) in reference to the preceding sub-clause, only the direct costs that the physician cannot recoup from the airline/travel agent, etc will be refundable. However, associated costs (such as a transfer fee) will be covered by the employer. Proof of such unrecoverable/monetary loss(s) must be provided.**

*example: If a physician gets a replacement ticket for use within the next year then that ticket is not refundable because there is no loss to the physician, however, if there was a fee for changing the ticket then this fee would be refundable.*

#### **14. Salaried Physician - Job Description**

**Each salaried physician shall have a written job description which accurately reflects the duties and responsibilities of the incumbent. The job description should be signed and dated by the incumbent, the immediate supervisor and the administrative head.**

**1. A job description shall contain:**

**(a) The job title and an organizational chart identifying the position.**

**(b) The title of the physician's immediate supervisor(s) for administrative and clinical purposes;**

**(i) where an immediate supervisor is not a physician, the salaried physician shall, under normal circumstances, report to the Medical Director or a designated medical professional in regard to all clinical matters.**

**(c) A summary of the position's responsibilities.**

**(d) A description of the position's specific duties, including:**

**(i) location of the physician's specific place(s) of work including frequency and time for each;**

**(ii) workload including on-site working hours and on-call working hours;**

**(iii) type and range of medical services to be provided;**

**(iv) on-call coverage**

**(v) any other related duties.**

**2. A physician who accepts a salaried position shall not commence employment unless both the physician and the employer have signed the contract of employment, which shall include the job description.**

**3. Revisions shall not be made to the physician's job description without thirty (30) days written notice and discussion with the physician(s) involved.**

**4. The necessity of Locum replacement, in regard to physician leave, will be confirmed in the job description in accordance with the Annual Leave Approval Policy.**

---

**15. Salaried Physician Letter of Appointment [Confirmation]**

Each Salaried Physician shall have a written Letter of Appointment. Any material changes to this template will be considered only during negotiations. This letter must be signed and accompanied by a current job description. Together these two documents will constitute an employment contract.

**1. A Letter of Appointment shall contain:**

- (a) Position title and name of contact person for orientation**
- (b) Reference to job description to be attached, signed and dated**
- (c) Reference to prerequisite probationary period**
- (d) Reference to date of employment and remuneration**
- (e) Reference to regular hours of work and payment methods**
- (f) Reference to available benefits**
- (g) Reference to annual performance appraisal and review of duties and responsibilities**
- (h) Reference to on-call responsibilities (to be specified in job description)**
- (i) Reference to the technical, physical and administrative support provided.**
- (j) Reference to the NLMA as sole representative, as per clause 4.01 of the October 2002 Memorandum of Agreement and any similar successor Agreements**
  - **Reference to the request that would grant authorization for full disclosure of the job description to the NLMA by the hiring authority.**
  - **Reference stating that the employer advises each applicant to first consult with the NLMA prior to signing any Contract of Employment**
  - **Reference to disclosure of the contract to the NLMA by the hiring authority; subject to the written consent of the salaried physician, in the interest of privacy and confidentiality**
- (k) Reference for the requirement of physician to abide by all medical staff by-laws and regulations**
- (l) Reference to the requirement of physician to abide by all regional personnel policies and guidelines**
- (m) Reference to the requirement of the physician to abide by the CMA Code of Ethics**
- (n) Reference to the requirement of the physician to keep current licensure with NMB, membership with NLMA and current and adequate medical malpractice insurance**



- 
- 2. No physician shall be allowed to commence employment until both the Letter of Appointment and Job Description are signed by both the physician and the Employer.**
  
  - 3. In cases where a Letter of Appointment and/or other document may confer certain other rights, entitlements and/or benefits to a Physician, which are not usually covered in the MOA, then these rights, entitlements and/or benefits will continue in full force and effect until such time as they are amended by MOA negotiations or by mutual agreement.**

**APPENDIX A**



**GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR**

*Department of  
Health and Community Services  
Physician Services Division  
Fax (709)729-5238*

**Confirmation of Salaried Position Vacancy  
2006-2007**

**RIHA:**

\_\_\_\_\_

**Position #:**

\_\_\_\_\_

**Location:**

\_\_\_\_\_

**Physician Specialty:**

\_\_\_\_\_

**Date Vacated:**

\_\_\_\_\_

**Appendix A Cont'd**

**2006-2007**  
***Salaried Physician - Request for Funding***  
***Salaried Physician Approval Committee (SPAC)***

**RIHA Name:** \_\_\_\_\_

**Salaried position requested (type and location):**

Filling of unfunded position	_____	Position # _____
Re-filling of funded, recently vacated position	_____	Position # _____
New position	_____	
Transfer from FFS	_____	

% of full time: 100% clinical \_\_\_\_\_ Less than full time \_\_\_\_ / \_\_\_\_%

**Role and function of requested position:** (complete or attach job description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rationale for the request:** (e.g., new service, service expansion consolidation, change in utilization, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List other physicians providing same service in the area and method of remuneration:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appendix A Cont'd**

**Has this request been supported by your local/regional Medical Advisory Committee:**

Yes \_\_\_\_\_

No \_\_\_\_\_

**Completed by:** \_\_\_\_\_  
(VP-Medical Services)

**Date:** \_\_\_\_\_

I have reviewed the full cost impacts of recruitment (administrative, overhead, equipment, impact of diagnostic/imaging and ancillary services) and confirm that they can be absorbed within the RIHA's approved operating budget:

\_\_\_\_\_  
(CEO)

**Date:** \_\_\_\_\_

**For DOHCS use only:**

Funds required for new position: \_\_\_\_\_

Eligible funds if position is transfer: \_\_\_\_\_

Difference: \_\_\_\_\_

**Request discussed at SPAC Meeting held:** \_\_\_\_\_

**Decision (include conditions, if any):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX B****CATEGORY “A”****APPROVED FACILITIES****24-HOUR ON-SITE EMERGENCY DEPARTMENT COVERAGE**

<b>Hospital Number</b>	<b>Hospital Name</b>
0302	Burin Peninsula Health Care Centre, Burin
0230	Carbonear General Hospital, Carbonear
0213	Central Nfld. Regional Health Centre, Grand Falls-Windsor
0248	G.B. Cross Memorial Hospital, Clarenville
0205	James Paton Memorial Hospital, Gander
0175	Western Memorial Hospital, Corner Brook
0256	Health Sciences Centre, St. John's
0281	Janeway Hospital, St. John's
0264	St. Clare's Mercy Hospital, St. John's
0159	Capt. Wm. Jackman Memorial Hospital, Labrador City
0183	Sir Thomas Roddick Hospital, Stephenville
0167	Melville Hospital, Happy Valley-Goose Bay
0141	Curtis Memorial Hospital, St. Anthony

---

---

**APPENDIX D****Frequently Asked Question - What Is The Billing Procedure For Each Situation?**

- 1) Salaried Casualty Officers versus Fee-for-Service Emergency Room Physicians providing Emergency Department coverage:
    - (i) Salaried Casualty Officers have the option of being paid per the GP salary scale or per a contractual arrangement at the applicable ER rate.
    - (ii) Fee-for-Service Emergency Room Physicians bill Fee-for-Service (MCP) at applicable sessional rate or per the appropriate MCP payment schedule.
  
  - 2) Salaried Casualty Officers versus Fee-for-Service Emergency Room Physicians providing Surgical/O.R. Assistance:
    - \*a) Salaried Casualty Officers (including contractual) bill Salaried Budget (DOHCS) at applicable ER rates for hours of work beyond 80 hrs/2 week period.
    - b) Fee-for-Service Emergency Room Physicians bill Fee-for-Service (MCP) per appropriate MCP payment schedule.
  
  - 3) A Salaried Physician (other than Casualty Officers) (upon approval) versus a Fee-for-Service Physician providing Emergency Department coverage over and above his/her contractual obligation:
    - \*a) **The Salaried Physician bills MCP at applicable ER rate when on leave approved by the RIHA and DOHCS.**
    - b) Fee-for-Service Physician bills Fee-for-Service (MCP) per appropriate MCP payment schedule or the appropriate sessional rate.
  
  - 4) Salaried Physicians, other than Salaried Casualty Officers (on approved leave) versus Fee-for-Service Physician providing Surgical/O.R. Assistance:
    - a) Both required to bill Fee-for-Service (MCP) per appropriate MCP payment schedule.
- \* **Include these costs as EXTRA SHIFTS on the monthly salaried invoice.**

**APPENDIX E****Submission of Expense Claims Policy**

Effective January 1, 1998, the Department found it necessary to implement a 90 day Submission of Claims Policy.

Any claims received after this time period will not be honored for payment. The period will commence from the date the service was rendered. For example, services rendered for the period January 1-7, the 90 day count starts from January 1.

Prior years' expenses billed to the Department will not be honored for payment. The only exception to this policy is where the 90 day period overlaps at year end from one fiscal year to another.

This policy applies not only to routine claims such as Additional Workload or Critical Escorts, but to any expenses being billed to the Salaried Budget, Department of Health and Community Services.

---

**APPENDIX F**

**Memorandum of Agreement**



**APPENDIX H****Schedule of Eligible Communities/Rates****General Practitioners**

Retention Bonuses are paid to all GP's as below:

<b>Retention Bonus</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>GP's</b>	<b>After 12 Eligible Months</b>	<b>After 24 Eligible Months</b>	<b>After 36 Eligible Months</b>
Category 1	\$10,000	\$20,000	\$30,000
Category 2	\$7,500	\$15,000	\$22,500
Category 3	\$2,500	\$5,000	\$7,500

**Categories:**

The categories for retention bonuses shall be as listed below, or as modified according to the mutual agreement of the parties. If additional communities are identified, they shall be assigned to Category 2 unless otherwise agreed to by all parties.

**APPENDIX H (Cont'd)****GP Retention Bonus Table:****Category 1**

Baie Verte  
 Buchans  
 Burgeo  
 Churchill Falls  
 Coastal Labrador  
 Cow Head  
 Flower's Cove  
 Fogo  
 Hampden  
 Harbour Breton  
 Hermitage  
 Jackson's Arm  
 La Scie  
 Mose Ambrose  
 Norris Point  
 Port Saunders  
 Ramea  
 Roddickton  
 St. Alban's  
 Trepassey  
 Woody Point

**Category 2**

Bay L' Argent  
 Bell Island  
 Bonavista  
 Botwood  
 Brookfield  
 Burin  
 Cape St. George  
 Carmanville  
 Centreville  
 Codroy Valley  
 Ferryland  
 Gambo  
 Glovertown  
 Goose Bay  
 Grand Bank  
 Hare Bay  
 Jeffreys  
 Labrador City  
 Lewisporte  
 Lourdes  
 Marystown  
 Musgrave Harbour  
 Musgravetown  
 Old Perlican  
 Placentia  
 Port aux Basques  
 Springdale  
 St. Anthony  
 St. Georges  
 St. Lawrence  
 Stephenville Crossing  
 Terrenceville  
 Trinity  
 Twillingate  
 Virgin Arm  
 Western Bay  
 Whitbourne

**Category 3**

Carbonear  
 Clarenville  
 Corner Brook  
 Gander  
 Grand Falls-Windsor  
 St. John's  
 Stephenville

**APPENDIX I**

**Schedule of Eligible Communities/Rates**

**Specialists**

**Retention Bonuses are paid to all Specialists as below:**

<b>Retention Bonus</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>GP's</b>	<b>After 12 Eligible Months</b>	<b>After 24 Eligible Months</b>	<b>After 36 Eligible Months</b>
Category 1	\$12,000	\$24,000	\$36,000
Category 2	\$8,000	\$16,000	\$24,000
Category 3	\$4,000	\$8,000	\$12,000

**Specialist Retention Bonus Table:**

**Category 1**

Burin  
 Goose Bay  
 Labrador City  
 St. Anthony

**Category 2**

Carbonear  
 Clarenville  
 Corner Brook  
 Gander  
 Grand Falls-Windsor  
 Stephenville

**Category 3**

St. John's

**APPENDIX J****CATEGORY B APPROVED FACILITIES****24-HOUR EMERGENCY DEPARTMENT COVERAGE**

<b>Facility Number</b>	<b>Facility Name</b>
0051	Baie Verte Health Centre, Baie Verte
0353	Dr. Walter Templeman Health Care Centre, Bell Island
0345	Bonavista Health Centre, Bonavista
0442	Bonne Bay Health Centre, Bonne Bay
0451	Dr. Hugh Twomey Health Centre, Botwood
0299	Brookfield/Bonnews Health Centre, Brookfield
0434	A.M. Guy Memorial Health Centre, Buchans
0388	Calder Health Centre, Burgeo
0329	Fogo Hospital, Fogo
0016	Grand Bank Health Centre, Grand Bank
0311	Harbour Breton Health Centre, Harbour Breton
0200	North Haven Emergency Centre, Lewisporte
0337	Dr. A.A. Wilkinson Hospital, Old Perlican
0418	Placentia Health Centre, Placentia
0191	Dr. C. L. Legrow Hospital, Port Aux Basques
0396	Rufus Guinchar Memorial Centre, Port Saunders
0426	Green Bay Health Centre, Springdale
0022	US Memorial Health Centre, St. Lawrence
0221	Notre Dame Bay Memorial Hospital, Twillingate
0400	Dr. William Newhook Clinic, Whitbourne
0200	North Haven Emergency Centre, Lewisporte

---

**APPENDIX K** - (Article 26.01 MOA)**Salaried Physicians shall be entitled to Annual Leave as follows:**

- (a) Twenty (20) days per year for salaried physicians with one (1) year to ten (10) years of service as a salaried physician.
- (b) Twenty-five (25) days per year for salaried physicians with more than ten (10) years of service but less than twenty-five (25) years of service as a salaried physician.
- (c) Thirty (30) days per year for salaried physicians with twenty-five (25) years of service or more as a salaried physician.
- (d) A year of service is equivalent to twelve (12) months of service as a salaried physician.
- (e) Annual leave is an accumulative benefit and any unused annual leave is payable on termination.
- (f) A physician may carry forward to another year any proportion of annual leave not taken by him/her in previous years until, by doing so, he/she has accumulated a maximum of:
  - (i) twenty (20 ) days annual leave, if he/she is eligible to receive twenty (20) days in any year;
  - (ii) twenty-five (25) days annual leave, if he/she is eligible to receive twenty-five days in any year; and
  - (iii) thirty (30) days annual leave, if he/she is eligible to receive thirty (30) days in any year.

Each of the above accumulations is in addition to his/her current annual leave entitlement. **Physicians with additional accumulated time as of May 15, 2003 will have their current time “grand parented”.** However these physicians will be subject to this policy for future year’s accumulated annual leave.