MEMORANDUM OF AGREEMENT

BETWEEN

NEWFOUNDLAND & LABRADOR MEDICAL ASSOCIATION

AND

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

Date Signed: Expires: September 30, 2013

THIS AGREEMENT made this XXth day of March Anno Domini, Two Thousand and Eleven

BETWEEN: HER MAJESTY THE QUEEN IN RIGHT OF NEWFOUNDLAND AND LABRADOR, represented herein by the Treasury Board (hereinafter referred to as the "Government")

of the one part

AND

THE NEWFOUNDLAND AND LABRADOR MEDICAL ASSOCIATION a body organized and existing under the laws of the Province of Newfoundland and Labrador and having its Registered Office in the City of St. John's (hereinafter referred to as the "Association")

of the other part

THIS AGREEMENT WITNESSETH that for and in consideration of the premises, covenants, conditions, stipulations, and provisos herein contained, the parties hereto agree as follows:

MOA - PHYSICIANS – INDEX

Schedule

SECTION A – GENERAL CONSIDERATIONS

Article 1 Purpose of Agreement

1.01 WHEREAS

a) Government and physicians share responsibility for the provision of medical services to the public;

b) Both parties agree that the delivery of medical services must take into full consideration:

i) reasonable and fair compensation and working conditions for physicians in rendering insured medical services;

ii) the need for sufficient physician resources to provide for adequate medical care in the Province; and

iii) the financial circumstances of the Province.

c) Government and the Association, on behalf of physicians, wish to establish a working relationship based on cooperation and good faith.

1.02 Hence the parties have negotiated this Agreement with respect to levels of compensation, working conditions, employment related benefits and service coverage.

Article 2 Duration of Agreement and Arbitration

2.01 Notwithstanding the date of execution hereof and except as otherwise provided herein, this Agreement shall be effective from October 1, 2009 and shall remain in full force and effect until September 30, 2013.

2.02 Either party to this Agreement may at any time within the 180 calendar day period immediately preceding the expiration date of this Agreement, give written notice to the other party to commence negotiations for a new agreement.

2.03 Within 30 days following the receipt of the notice referred to in Article 2.02, or a further time that the parties may agree to meet and begin to negotiate, the parties hereto will enter into good faith negotiations and use reasonable efforts to negotiate a new Agreement.

2.04 If at the expiration date of this Agreement a new agreement has not been negotiated replacing this Agreement, this Agreement shall continue and remain in

full force and effect until a new agreement has either been negotiated or the terms and conditions of a new agreement have been determined by arbitration as hereinafter provided.

2.05 The parties agree to the principle of binding arbitration as a dispute mechanism for future negotiations on and after October 01, 2013. Terms of reference will be developed by the parties and shall include the province's financial position as a relevant consideration as well as neither party being able to apply for arbitration prior to 12 months elapsing from the date negotiations commenced. The right to binding arbitration is conditional on the parties mutually agreeing to a process to negate any action by a physician group to exert economic influence on either of the parties. This process shall include reference to the role of the College of Physicians and Surgeons in Newfoundland and Labrador.

Article 3 Parties to the Agreement

3.01 The parties to this Agreement are the Government of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association.

3.02 The parties recognize that, where applicable, the interests of Government may be represented by the President of Treasury Board, Minister of Health and Community Services and/or the Newfoundland and Labrador Health Boards Association.

Article 4 Physicians' Negotiator

4.01 The Association is recognized as the sole and exclusive negotiator on behalf of physicians licensed by the College of Physicians and Surgeons of Newfoundland and Labrador to practice in this Province for matters which fall within the scope of this Agreement save and except physicians employed in the following positions:

Vice President - Medical Services
Medical Director
Associate Deputy Minister - Dept. of Health and Community Services
Chief Executive Officer
Medical Consultant – Dept. of Health and Community Services
Director of Physician Services – Dept. of Health and Community Services
Assistant Director of Physicians Services – Dept. of Health and Community Services
Chief Medical Examiner

Article 5 Government Negotiator

5.01 The President of Treasury Board and/or any Minister as may be designated by Government from time to time is recognized as the sole and exclusive negotiator on behalf of Government for matters which fall within the scope of this Agreement.

Article 6 Subsidiary Agreements

6.01 All subsidiary agreements currently in effect between physicians, Regional Integrated Health Authorities, the Newfoundland and Labrador Medical Association and Government shall be null and void effective the date of signing of the new Agreement with the exception of the following:

(i) Waterford Physicians On-Call Payment Policy - Schedule "A";
(ii) Institutional Workload Disruption Payment Policy - Schedule "B";
(iii) Salaried Physician Retention Bonuses – Schedule "C";
(iv) Specialty Corrections Fund (from 2002 agreement) – Schedule "D";
(v) Alternate Payment Plans – Schedule "E"; and
(vi) FFS Percentage Increases By FFS Specialty Group - Schedule "F"
(vii) Approved Category 'A' Facilities 24-Hour On-Site Emergency Department Coverage – Schedule "G";
(viii) Approved Category 'B' Facilities 24-Hour Emergency Department Coverage – Schedule "H";
(ix) Obstetrical Bonus Policy for Fee-for-service General Practitioners – Schedule "I"

Article 7 Government Rights

7.01 All functions, rights, powers, and authorities**,** which are not specifically abridged, delegated or modified by this Agreement, are recognized by the Newfoundland and Labrador Medical Association as being retained by Government or its delegated Authorities.

Article 8 Effect of Legislation

8.01 The parties acknowledge that legislation takes precedence over any provision of this Agreement. It is also acknowledged that should any future legislation render null and void any provision of the Agreement, the remaining provisions shall remain in effect during the term of the Agreement.

Article 9 Agreement to Amend

9.01 It is agreed by the parties to this Agreement that any provision in this Agreement may be amended by mutual consent of Government and the Association during the term of the Agreement.

Article 10 Service Coverage

10.01 Physicians commit to provide, in accordance with the negotiated payment schedule/salary rate, the insured services which have been traditionally funded through MCP and which the public might reasonably expect to be available, subject to resources and skill limitations.

10.02 The Association will make best efforts to encourage all practicing physicians providing clinical services in the Province of Newfoundland and Labrador to be credentialed and privileged with a Regional Health Authority.

SECTION B - COMPENSATION ISSUES

Compensation Adjustments

Compensation Adjustments - Fee-for-Service

Article 11 Fee- for- Service Compensation

11.01 Fee-For-Service (FFS) physician groups shall receive increased remuneration equal to the percentage increases as more particularly set out in Schedule "F" and based on the MCP Fee Schedule rates in effect on September 30, 2009.

i) FFS physician groups who have been identified as being under Maritime parity as of October 1, 2009, will attain100% Maritime parity over the first 2 years of the Agreement; 50% as of October 1, 2009 and 50% as of October 1, 2010. These physicians will receive an additional 6.12% maintenance increase commencing on October 01, 2012.

ii) FFS physician groups who have been identified as being above Maritime parity as of October 1, 2009 shall receive a 10% increase (compounded) over the duration of this Agreement, as follows: October 1, 2009 – 2.5%;

October 1, 2010 – 2.5%; October 1, 2011 – 2.5% and October 1, 2012 – 2.5%.

11.02 The parties agree that the increases set out in Schedule "F" do not apply to Category 'A' Emergency services, Category 'B' Emergency services and On-call Service payments which are all dealt with elsewhere in this Agreement.

11.03 **Schedule of Payments**

Until such time as the micro-allocation process is completed:

- FFS physicians should continue to claim for services using the rates in the MCP Payment Schedule in effect as of October 01, 2009;
- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable to the physician group;
- Following the retroactive payment, the applicable percentage increase will be paid out in Pay periods 6, 13, 20 and 26 of each fiscal year, until such time as the micro-allocation process is completed.

11.04 **Fee Code Allocation**

Government and the Association will collaborate in the allocation of new funds to specific fee codes and rates for each specialty-specific group (the "FFS Micro-Allocation Review").

The FFS Micro-Allocation Review will be based on the following principles:

a) no fee code shall exceed the OHIP rate unless mutually agreed;

b) there shall be no allocation for currently non-insured services and

c) there shall be no specific allocation to offset overhead costs

11.05 The FFS Micro-Allocation Review process will be completed as follows:

a) The parties will work jointly and collaboratively on the billing fee code allocation for each of the years covered by the Agreement. Any fee codes, which have not been established through this collaborative process will be determined

as outlined in Steps i) and ii) below:

i) The Association will allocate 50% of the remaining portion of the FFS increase, based on cost estimates provided by the Department of Health and Community Services, and will immediately provide this information to the Department of Health and Community Services.

ii) The Department of Health and Community Services will then allocate the remaining 50% during the next thirty (30) day period.

11.06 **Surgical Assist - Dedicated time method for GP Surgical Assistance**

Until such time as the micro-allocation process is completed:

- FFS physicians should continue to claim for services using the rates in the MCP Payment Schedule in effect as of October 01, 2009; these payments will be increased based on the percentage increase being applied to FFS GPs;

- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable to the physician group;

- Following the retroactive payment, the applicable percentage increase will be paid out in Pay periods 6, 13, 20 and 26 of each fiscal year, until such time as the micro-allocation process is completed.

11.07 **CMPA reimbursement for FFS Physicians**

The parties agree that for the calendar year 2011 (rebate paid out in 2012) and until the end of the term of this Agreement, calculation of the eligible CMPA reimbursement will be the difference between what the physician paid and 60% of the General Practitioner basic. All other aspects of the payment policy in effect on the date of signing of this Agreement will remain unchanged.

Compensation Adjustments for Salaried Physicians

Article 12 Blended Model Review

12.01 The parties agree to strike a joint committee to devise a mutually agreeable blended arrangement of fixed income and service-based performance pay to promote transparency and accountability (the "**Blended Payment Model Review**"). Both parties agree that this new model of compensation will not be implemented until such time as the details of the new program have been fully reviewed and accepted by both parties

Article 13 Salaried Physician Salary Rates

Salaried General Practitioners

13.01 Salaried General practitioners shall be eligible to receive 100% Maritime parity (estimated to be a 14.22% increase) with funds added to the Salaried physician budget at the rate of 50% of the parity value increase effective October 1, 2009, and 50% effective October 1, 2010.

13.02 Salaried General practitioners will also be eligible to receive a 6% maintenance increase on October 01, 2011, for a total budget increase over the term of this agreement of 21.07%.

13.03 **Schedule of Payments – General Practitioners**

Until such time as the Blended Payment Model Review has been agreed to and implemented:

- Bi-weekly payments for Salaried General practitioners will be made based on the salary scale in effect as of September 30, 2009 (the "**2009 GP Salary Scale**"),

- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable

- Following the retroactive payment, the applicable percentage increase will be paid out at the end of each quarter (June, September, December and March) of each fiscal year, until such time as the blended payment model has been agreed to and implemented.

The 2009 GP Salary Scale is:

Salary Scale	Step 1	Step 2	Step 3	Step 4	Step 5
Bi-weekly payment	$125,211	$131,471	$137,732	$143,992	$150,252
Quarterly payment as of October 01, 2009	$2,226	$2,337	$2,448	$2,559	$2,671
Quarterly payment as of October 01, 2010	$4,451	$4,674	$4,896	$5,119	$5,341
Quarterly payment as of October 01, 2011	$6,595	$6,925	$7,255	$7,585	$7,915

13.04 Once the Blended Payment Model Review is completed and implemented, a new General Practitioner salary scale will be established.

Salaried Specialists (excluding Oncologists and Pathologists)

13.05 Salaried specialists shall be eligible to receive an increase in compensation of 41.64% with funds added to the Salaried physician budget at the rate of 50% of the increase effective October 1, 2009, and 50% October 1, 2010.

13.06 **Schedule of Payment – Specialists (excluding Oncologists and Pathologists)**

Until such time as the Blended Payment Model Review has been agreed to and implemented:

- Bi-weekly payments for Salaried specialists will be made based on the salary scale in effect as of September 30, 2009 (the "**2009 Specialist Salary Scale**")

- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable

- Following the retroactive payment, the applicable percentage increase will be paid out at the end of each quarter (June, September, December and March) of each fiscal year, until such time as the blended payment model has been agreed to and implemented.

The 2009 SP Salary Scale (excluding Oncologists and Pathologists) is:

Salary	Step 1	Step 2	Step 3	Step 4	Step 5
Bi-weekly payment	$150,252	$157,766	$165,278	$172,791	$180,303
Quarterly payment as of October 01, 2009	$7,821	$8,212	$8,603	$8,994	$9,385
Quarterly payments as of October 01, 2010	$15,641	$16,423	$17,205	$17,988	$18,770

13.07 Once the Blended Payment Model Review is completed and implemented, a new Specialist salary scale will be established.

Salaried Oncologists and Pathologists

13.08 **Schedule of Payments – Oncologists and Pathologists**

The following salary scale will remain in effect for Salaried Oncologists and Pathologists during the term of this Agreement:

Oncologists and Pathologists Salary Scale

	Step 1	**Step 2**	**Step 3**	**Step 4**	**Step 5**
Salary Scale	225,369	232,883	240,395	247,908	255,389

13.09 **Retention Bonus- Salaried Physicians**

All salaried physicians shall be eligible for a one-time payment equal to 8% of their respective base salary (including FFS earnings, if applicable) in effect on September 30, 2013, for physicians who continue to be employed for the duration of this Agreement. This payment shall be made on September 30, 2013, subject to the following:

i) If a physician resigns or is terminated during the term of this Agreement, he/she shall not be eligible to receive any part of this payment; and

ii) A physician, who commences employment during the term of this Agreement and remains employed for the duration of the Agreement, shall receive this one-time payment on a pro-rata basis. The pro-rata formula will be based on the Months of Service (as that term is defined in Article 22.01(b) herein), in the Province relative to the 48 months covered by this Agreement.

Article 14 Emergency Care

Category 'A' Designated Facilities

14.01 With the exception of arrangements made under the Alternative Payment Plan as set out in Schedule "E", Physicians providing on-site coverage at Category 'A'

designated emergency facilities, as more particularly set out in Schedule "G", shall be compensated at an hourly rate as follows:

	Sept 30, 2009 (Base Rate)	October 1, 2009 (add to base)	October 1, 2010 (add to base)	October 1, 2011 (add to base)	October 1, 2012 (add to base)
Payment Rates	**$132.64**	**15.52%**	**31.03%**	**31.03%**	**39.05%**

14.02 **Schedule of Payments**

Until such time as the micro-allocation process is completed:

- FFS physicians should continue to claim for services using the rates in the MCP Payment Schedule in effect as of October 01, 2009;
- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable to the physician group;
- Following the retroactive payment, the applicable percentage increase will be paid out in Pay periods 6, 13, 20 and 26 of each fiscal year, until such time as the micro-allocation process is completed.

Category 'B' Designated Facilities

14.03 Fee-for-service physicians providing emergency services coverage at Category 'B' designated facilities, as more particularly set out in Schedule "H", shall be compensated at an hourly rate in accordance with the scheduled increases presented as follows (based on the FFS General practice percentage increases), plus fee-for-service billings, 24 hours a day -7 days a week:

	Sept 30, 2009 (Base Rate)	October 1, 2009 (add to base)	October 1, 2010 (add to base)	October 1, 2011 (add to base)	October 1, 2012 (add to base)
Payment Rates	**$31.83**	**10.95%**	**21.90%**	**21.90%**	**29.36%**

14.04 **Schedule of Payments**

Until such time as the review of Category B Emergency Coverage and the micro-allocation process is completed:

- FFS physicians should continue to claim for services using the rates in the MCP Payment Schedule in effect as of October 01, 2009;
- Retroactive payment (using a date of service of October 01, 2009) will be paid as expeditiously as possible after signing of this Memorandum of Agreement based on the percentage increase applicable to the physician group;
- Following the retroactive payment, the applicable percentage increase will be paid out in Pay periods 6, 13, 20 and 26 of each fiscal year, until such time as the micro-allocation process is completed.

14.05 **Joint Review – Emergency Coverage – Category 'B'**

The parties agree to a joint review process to simplify and streamline the current model of payment for off-site Emergency department (currently designated as Category 'B') coverage in rural Newfoundland and Labrador (the "**Category 'B' Review**"), which will commence within two (2) months of signing of this Agreement. The parties anticipate that the hourly rates set out in Article 14.03 will increase once the Category 'B' Review is completed and the agreed recommendations are implemented.

14.06 To support and implement any recommendations arising from the Category 'B' Review, $2.33M will be allocated by Government annually. Any surplus funds will be allocated through agreement of both parties.

Article 15 Recognition of On-Call

15.01 Until such time as a joint review of the On-Call Payment Program (the "**On-Call Review**") is completed, the On-call per diem and Call back rates, as of September 30, 2009, will remain in effect. For the fiscal year 2009/2010 through to the completion of the On-Call Review, the current budget of $11.5 million will be utilized for On-call and Internal Locum payments. Any surplus funds will be allocated through agreement of both parties. Negotiated increases are outlined in Article 15.03.

15.02 The parties agree to strike a joint committee comprised of Association and Government representatives to complete the On-call review within two (2)

months of signing of this Memorandum of Agreement. As part of the review, it is understood that Article 15.04 may be amended.

15.03 The on-call budget shall be increased by $4 M over the term of this Memorandum of Agreement allocated as follows:

- $2M for the period October 1, 2010 to September 30, 2011;
- $1M for the period October 1, 2011 to September 30, 2012;
- $1M for the period October 1, 2012 to September 30, 2013;

15.04 General Obligations:

(a) On-call physicians will be available to respond to urgent or emergent requests to attend a facility for the purpose of examining, or treating or providing diagnostic services to discharged or unattached patients:
- who present from the community via the emergency department;
- or who are referred by physicians from other facilities; and
- or who are in-patients admitted to physicians in another speciality.

(b) Approved on-call rotations must follow a defined call schedule which provides coverage 24 hours per day, 365 days a year. This can involve locum coverage or cross coverage with another group.

(c) The on-call services will be based from designated facilities.

(d) Being on-call for one's own patients or being on-call for patients admitted to other physicians in the same specialty on-call rotation is not sufficient to qualify for an on-call payment under this program. However, physicians may continue to see their own and their specialty group's patients during the period they are on call for unattached patients.

(e) Only call rotations recommended by a Regional Health Authorities' Vice President of Medical Services and approved by the Department of Health and Community Services are eligible to receive on-call payments.

(f) Physicians, who have Alternate Payment Plans negotiated before October 1, 2002 and have on call payments factored into their APP budget, are not eligible to claim the on-call payment.

Article 16 Geographic Retention Bonuses

16.01 The geographic locations encompassed by the categories contained in Article's 16.02 and 16.03 are set out in Schedule "C"**.**

16.02 **Retention bonuses - Salaried General Practitioners**

Retention bonuses will be paid to salaried General Practitioners as follows:

Level	Level 1 After 12 Eligible Months	Level 2 After 24 Eligible Months	Level 3 After 36 Eligible Months
Category 0	$15,000	$30,000	$45,000
Category 1	$10,000	$20,000	$30,000
Category 2	$7,500	$15,000	$22,500
Category 3	$2,500	$5,000	$7,500

16.03 **Retention bonuses - Salaried Specialists**

Retention bonuses will be paid to salaried Specialists as follows:

Level	Level 1 After 12 Eligible Months	Level 2 After 24 Eligible Months	Level 3 After 36 Eligible Months
Category 0	$18,000	$36,000	$54,000
Category 1	$12,000	$24,000	$36,000
Category 2	$8,000	$16,000	$24,000
Category 3	$4,000	$8,000	$12,000

16.04 **Labrador Physicians Retention Bonus (Category 0)**

Salaried General Practitioners and Specialists in Labrador shall be entitled to a first payment effective October 1, 2010 and afterward, based upon eligible service after October 1, 2009 and based on the *Salaried Physician Retention Bonus Policy*, which may be amended from time to time.

Eligible physicians, who received a retention bonus between October 1, 2009 and October 1, 2010 based on the preceding expired Agreement, will receive a supplementary payment pro-rated for the eligible time on and after October 1, 2009.

16.05 **Retention Bonuses – FFS Physicians (excluding physicians on Alternate Payment Plans (APPs))**

FFS General Practitioners and Specialists, who practice outside St. John's/Mount Pearl, will be eligible to receive an annual retention bonus based on accumulated service time from October 1, 2009 onward, as follows:

	After 12 Eligible Months	**After 24 Eligible Months**	**After 36 Eligible Months**
FFS GPs	$6,000	$8,000	$10,000
FFS Specialists	$5,000	$10,000	$15,000

To be eligible a physician must: (i) be in active practice; and (ii) have an established relationship with a Regional Health Authority in the area where he/she is providing clinical services. Rules on eligibility and payment will be based on the existing salaried physician policy, which may be amended from time to time, where appropriate.

Article 17 Other Bonuses

17.01 Obstetrical Bonus

As of April 1, 2011, Salaried General Practitioners shall be eligible for the existing Obstetrical bonus program for FFS General Practitioners, as outlined in Schedule "I". Government agrees that $570,000 shall be allocated to fund this bonus for Salaried General Practitioners.

17.02 Oncology and Pathology Bonus

The Oncology and Pathology bonus scale is as follows:

Step	1	2	3	4	5
Amount	$50,000	$56,250	$60,000	$60,000	$60,000

Article 18 Per Diem Locum Rates

18.01 Locum rates paid under this Agreement shall be as follows:

Effective Date	Oct. 1, 2009	Oct. 1, 2010	Oct. 1, 2011	Oct.1,2012
General Practice	$738	$790	$838	$838
Specialists	$983	$1188	$1188	$1188

Physicians, who received locum payments between October 1st, 2009 and the signing of this Agreement, will be eligible for retroactive payments up to the value of the applicable rates noted above. Physicians who received locum payments in excess of the above noted rates will not be eligible for a retroactive adjustment.

Article 19 Clinical Stabilization Fund

19.01 Government agrees to allocate $2,890,000 in year 2 of this Agreement for a Clinical Stabilization Fund (the "CSF") for areas identified by each of the parties. The disbursement of the CSF will be determined by a joint committee of the parties to this Agreement.

19.02 The parties agree that within [60 days] of establishment of the CSF each party will provide the other with a list of issues that the party seeks to have addressed by the CSF, in order of priority. The parties will then meet to discuss the allocation of the CSF.

19.03 Where the parties are unable to agree on the the manner of disbursement of the CSF the Association will allocate 50% of any unallocated CSF, based on cost estimates provided by the Department of Health and Community Services and will immediately provide this information to the Department of Health and Community Services. The Department of Health and Community Services will then allocate the remaining 50% of the unallocated CSF.

Article 20 Critical Escort Duty

20.01 The hourly rate for critical escort duty will be $107.00.

Article 21 University Physicians (GFT)

21.01 The parties agree that the current full-time equivalent shall increase from 0.80 to 0.85 effective April 1, 2011, further increasing to 0.90 effective April 1, 2012.

SECTION C - SALARIED PHYSICIANS - TERMS AND CONDITIONS OF EMPLOYMENT

Article 22 Definitions

22.01 (a) Probationary Period
All newly hired salaried physicians shall be required to serve a six (6) month probationary period during which time the performance of the salaried physician shall be reviewed and, if unsatisfactory, the employment of the salaried physician shall be terminated. If successful, the salaried physician shall be given a letter confirming the completion of the probationary period.

(b) Month of Service
Means a calendar month in which the salaried physician is in receipt of full salary for that month and includes any month in which the salaried physician is on approved leave of absence without pay not in excess of twenty (20) days.

(c) Scale Definitions
The scale definitions contained in the Terms and Conditions of Employment for Salaried Physicians shall continue to apply until such time as amended by the mutual consent of the parties to the Memorandum of Agreement.

Article 23 Termination (Resignation/Retirement)

23.01 A salaried physician is required to give the Employer three (3) months written notice of resignation and the Employer is required to give a salaried physician three (3) months written notice of termination, except for just cause where no notice is required.

Article 24 Advertising of Vacancies

24.01 Salaried physicians will be afforded an opportunity to apply for any vacant positions in the system. All physicians will be informed of vacancies as they arise.

Article 25 Part-Time Salaried Physicians

25.01 Salaried physicians working less than a full schedule are considered part-time and covered by this Agreement for the purpose of benefits outlined in this Agreement, which they shall receive on a prorated basis based on the work week and the specific arrangements they have with their Employer. The method of prorating will be defined in the letter of appointment from the Employer.

Article 26 Statutory Holidays

26.01 There shall be a total of nine (9) paid holidays for salaried physicians. The Employer should define which days these nine (9) paid holidays will be observed. Whether or not a salaried physician is required to work on a paid holiday would be determined in consultation with the Vice President of Medical Services or designate where the salaried physician works. If a salaried physician is required to work and works on a holiday, he/she shall be allowed to take another day off with pay in lieu of the holiday at a time mutually agreed upon between the salaried physician and the Vice President of Medical Services or designate. The salaried physician required to provide on-call for a portion of the holiday shall be deemed to have worked during the holiday. Holidays shall be a twenty-four (24) hour period commencing at 0001 on the day designated by the Employer as the holiday.

Article 27 Annual Leave

27.01 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.

Article 28 Approval for Leave of Absence

28.01 All leave of absences, paid or unpaid, require the prior approval of the Vice President of Medical Services or designate. Salaried physicians shall submit requests for leave in writing and give as much notice as possible.

Article 29 Bereavement or Compassionate Leave

29.01 A salaried physician shall be entitled up to three (3) days paid compassionate leave upon the death of the salaried physician's mother, father, brother, sister, child, spouse, common-law spouse, grandmother, grandfather, grandchild, father-in-law, mother-in-law. If the salaried physician is required to travel outside the province, one (1) additional day with pay shall be granted. In extraordinary circumstances, the Employer may grant additional unpaid leave. This leave is not cumulative and is not payable on termination or resignation.

Article 30 Compensatory Leave

30.01 All salaried physicians (excluding Casualty Officers) employed by the Employer will be entitled to one (1) week (five (5) working days) of compensatory leave once the salaried physician completes one (1) year of service with that Employer. Salaried physicians maintain eligibility for compensatory leave if their area of employment changes, i.e., RIHA. Such leave is cumulative and payable on termination of employment.

Article 31 Deferred Salary Plan

31.01 With the approval of the Employer, salaried physicians shall be eligible to access the deferred salary plan with those Employers who have made the arrangements with Canada Revenue Agency.

Article 32 Family Leave

32.01 A salaried physician who is required to attend to the temporary care of a sick family member living in the same household, or to attend to needs relating to the birth of the salaried physician's child, or to attend to matters relating to a home or family emergency, shall be allowed up to three (3) days paid family leave in any calendar year provided that no other person was available to attend to these needs and provided that the salaried physician gave the Employer as much notice as possible. This leave is non-cumulative and is not payable on termination.

Article 33 Maternity Leave, Adoption Leave and Parental Leave

33.01 With the approval of the Employer, a salaried physician is entitled to a maximum of fifty-two (52) weeks unpaid maternity, adoption or parental leave under this clause; however, the Employer may grant a leave of absence without pay when a salaried physician is unable to return to duty after the expiration of this leave.

33.02 A salaried physician may request maternity leave without pay which may commence prior to the expected date of delivery.

33.03 Adoption leave may be granted to a salaried physician who legally adopts a child and upon presentation of proof of adoption.

33.04 A salaried physician may return to duty after two (2) weeks' notice of his/her intent to do so. A salaried physician returning from maternity leave shall be required to produce a satisfactory certificate of fitness from her physician.

33.05 A salaried physician shall resume his/her former salary upon return from leave and with no loss of accrued benefits.

33.06 Periods of leave of up to fifty-two (52) weeks without pay for maternity, adoption or parental leaves shall be counted for annual leave, sick leave, severance pay, and step progression.

33.07 Salaried physicians on maternity, adoption or parental leave would have the option of continuing to pay their portion of group insurance premiums to a maximum of fifty-two (52) weeks. When a salaried physician opts to continue to pay premiums, the Employer shall also pay its share of the premiums.

33.08 A salaried physician may be awarded sick leave for illness that is a result of or may be associated with pregnancy before the commencement of maternity leave.

Article 34 Miscellaneous Leave

34.01 After applying in writing, and upon receiving approval from the Employer, each salaried physician is entitled to take up to five (5) days paid leave per calendar year to attend miscellaneous educational conventions, refresher courses, etc. The five (5) days, which are non-cumulative, are in addition to and would not be considered to interfere with Study Leave benefits. The leave is not payable on termination. The Salaried physician should apply for this special leave as far in advance as possible.

Article 35 Paid Leave Program

35.01 For those salaried physicians who are under the paid leave program as of the date of signing of this Agreement, they will continue to receive the benefit of the paid leave program as long as the program stays in place with that Employer or until the salaried physician leaves that Employer. Salaried physicians who are on a paid leave program will not be entitled to annual leave or sick leave under this Agreement.

Article 36 Sick Leave

36.01 (a) The total amount of sick leave which may be awarded to a salaried physician is calculated by multiplying the number of months of service by two (2) to a maximum of four hundred and eighty (480) days in total. Any sick leave taken by a salaried physician will be deducted from the sick leave accumulation.

(b) Notwithstanding 37.01 (a), the total amount of sick leave which may be awarded to a salaried physician hired after October 1, 2005 is calculated by multiplying the number of months of service by one (1) to a maximum of two hundred and forty (240) days in total. Any sick leave taken by a salaried physician will be deducted from the sick leave accumulation.

36.02 At any occasion if the Employer feels the salaried physician is either excessively using sick leave or misusing sick leave, the Employer may request a medical certificate.

36.03 Sick leave is an accumulative benefit but is not payable on termination.

Article 37 Unpaid leaves of Absence

37.01 With the approval of the Employer, a salaried physician may be granted leave of absence without pay provided that the salaried physician has no annual or paid leave available to him/her.

Article 38 Study Leave

38.01 Salaried physicians are entitled to the following study leave provisions:

(a) A salaried physician taking study leave on an annual basis is entitled to ten (10) days paid study leave per year.

(b) A salaried physician who does not take study leave in years one (1) and two (2) but who wishes to take accumulative study leave in year three (3) would be entitled to take up to sixty (60) days paid study leave.

(c) A salaried physician who does not take study leave in years one (1) to three (3) but who wishes to take accumulative study leave in year four (4) would be entitled to take up to eighty (80) days paid study leave.

(d) A salaried physician who does not take study leave in years one (1) to four (4) but who wishes to take accumulative study leave in year five (5) would be entitled to take up to one hundred twenty (120) days paid study leave.

(e) Accumulative study leave may be taken in respect to any three (3) year, four (4) year, or five (5) year period in accordance with the above.

(f) Study leave is available to prepare for and write the licensing and certification exams.

(g) Study leave must be requested in writing at least three (3) months prior to such leave and approved by the Employer and taken in respect of courses and programs recognized by the Employer.

(h) Salaried physicians will be paid full salary during study leave, assuming that the salaried physician received no additional remuneration.

(i) Study leave is not a terminal benefit. Salaried physicians taking accumulative study leave must agree to give twice the time as a return in service.

Article 39 Additional Billings

39.01 Billing for Non-Insured Services

Salaried physicians may bill for any services that are non-insured by MCP regulations. Salaried physicians are entitled to bill the Workplace Health, Safety and Compensation Commission for services provided to persons covered by the Workplace Health, Safety and Compensation Commission plan, insurance companies for routine medical examinations of insured people, and other

provincial medical care plans in respect of services provided to non-residents covered by such plans, etc. Salaried physicians may submit bills to individual residents of the province not covered by our Medical Care Plan. Persons include those covered by legislation of the Government of Canada, such as, war veterans with disabilities, members of the Canadian Armed Forces and members of the Royal Canadian Mounted Police.

39.02 Billing for Insured Services

Salaried physicians 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 Physician Services Division of the Department of Health and Community Services until such time as the blended payment model as set out in Article 12 herein is introduced and in effect for salaried physicians.

Article 40 Malpractice Insurance

40.01 Before commencing practice every salaried physician must obtain malpractice insurance. Salaried physicians are responsible for paying their own malpractice insurance.

For the calendar year 2011 (rebate paid out in 2012) and until the end of the term of this Agreement, the Regional Health Authority will reimburse the salaried physician for the difference between the total amount paid by the physician and 60 percent of the basic GP rate.

Article 41 Severance Pay

41.01 A salaried physician who has nine (9) years or more years of continuous employment with any Employer covered under these Terms and Conditions of Employment is entitled to be paid on resignation, non-disciplinary termination, death, or retirement, service pay equal to the amount obtained by multiplying the number of completed years of continuous employment with the Employer(s) by the salaried physician's weekly salary to a maximum of twenty (20) weeks.

41.02 Continuous service shall not be deemed to have been broken where a salaried physician is on approved unpaid leave. However, the time spent on such approved unpaid leave shall not be counted as part of the time worked in the computation of the entitlement to severance pay, except as specifically provided for in this Agreement. (e.g. maternity leave)

41.03 If a salaried physician qualifies and receives severance pay under (a) above, and is subsequently re-employed as a salaried physician by an Employer covered by this

Agreement within the time frame for which he/she was paid severance pay, the salaried physician shall repay to the Employer the balance of the severance pay, i.e., if the salaried physician received twenty (20) weeks' severance pay and was re-employed by an Employer as a salaried physician under the terms of this Agreement, fifteen (15) weeks after being terminated, the salaried physician would repay five (5) weeks' severance pay.

Article 42 Meal Rates and Kilometre Rates for Use of Own Vehicle

42.01 Salaried physicians, who are authorized by the Employer to travel on Employer business, shall be reimbursed the appropriate meal and mileage rates in accordance with the Travel Rules established by Treasury Board, which may be amended from time to time.

Article 43 Relocation Expenses

43.01 A salaried physician who is required by the Employer to relocate from one geographical location to another shall be compensated by the Employer for expenses that are legitimately and directly associated with this move. Such compensation shall be in accordance with the relocation expense policy of the Provincial Government, which may be amended from time to time.

Article 44 Contact Allowance - Waterford

44.01 Contact allowance shall be maintained for those salaried physicians at the Waterford Hospital who were in receipt of the allowance prior to April 1, 1998 and are currently receiving the contact allowance. The rate of the allowance shall be $3000.00 per annum. Salaried physicians hired after April 1, 1998 shall not receive any contact allowance.

Article 45 Damage or Loss of Personal Property

45.01 Where a salaried physician in the performance of his/her duties suffers a loss of any personal property, and it can be determined that the salaried physician would reasonably be expected to have such property in his/her possession during the performance of his/her duties, such loss shall be recorded in writing by the salaried physician within two (2) days of the loss, and if such loss was not due to the salaried physician's negligence, the Employer may compensate for such loss up to a maximum of three hundred dollars ($300.00).

Article 46 Workers' Compensation

46.01 All salaried physicians shall be covered by the Workplace Health, Safety & Compensation Commission Act.

Article 47 Health Benefits

47.01 Salaried physicians are eligible for the group insurance benefits as outlined in the Government of Newfoundland Group Insurance Plan, which may be amended from time to time. A summary of the plan in effect at the date of signing will be attached as an Appendix to the Terms and Conditions of Employment for Salaried Physicians.

IN WITNESS WHEREOF the parties hereto have executed this Agreement the day and year first before written**.**

SIGNED on behalf of Treasury Board representing Her Majesty the Queen in Right of Newfoundland by the Honourable Thomas W. Marshall, Q.C., President of Treasury Board, and the Honourable Jerome Kennedy, Minister of Health and Community Services, in the presence of the witness hereto subscribing:

Witness	President of Treasury Board
Witness	Minister of Health and Community Services

SIGNED on behalf of the Newfoundland and Labrador Medical Association by its proper officers in the presence of the witness hereto subscribing:

Witness	

Schedule "A"

Waterford Physicians On-Call Payment Policy

Salaried General Practitioners employed at the Waterford Hospital (ERIHA) are required to remain on-site when designated to provide On-duty services, including emergent In-patient services and Emergency Department Coverage. In general, the GP designated as being "On-duty" provides 24 hours of coverage.

The GP designated as being "On-duty, on-site", will be eligible to receive payment, in addition to the provincial On-call, per diem fee in effect at the time. The on-duty, on-site per diem rates will be:

Weekdays – Monday to Friday (includes statutory holidays)

Effective October 1, 2009	$554
Effective October 1, 2010	$591
Effective October 1, 2011	$626

Weekends – Saturday and Sunday

Effective October 1, 2009	$830
Effective October 1, 2010	$885
Effective October 1, 2011	$938

In addition to the payment rates noted above, after a physician provides 3 weekday shifts and 1 weekend or statutory holiday shift in a month, the per diem rates will increase to $1330 and $2000 respectively.

"Schedule "B"

Institutional Workload Disruption Payment Policy

Policy:

In the event that a hospital is forced to:

a) adopt an "emergencies only" status, due to a major work disruption or stoppage resulting from a non-physician labour dispute; or

b) in the event that a hospital is forced to unexpectedly close all or a portion of their facility, i.e., "facility closure",

the following arrangement can be invoked which will provide an optional salaried arrangement for groups of institutionally-based, fee-for-service physicians.

Principles:

1. Any "group" of physicians can invoke this salaried payment in lieu of fee-for-service. A "group" is defined as any speciality (or subspecialty) group per facility that maintains a separate on-call rota. Specialities that provide city-wide call can be divided into groups by facility, provided the normal on-call rotation is maintained. To invoke this arrangement it is necessary that all members of the "group" who remain during the "emergencies only" or "facility closure" time accept this Agreement, with the exception noted in #2 below.

2. A physician who is part of a group noted under Section B) above may apply to remain on a FFS method of remuneration in situations where the closure is partial and some routine services are maintained or when start up is partial. When choosing to do so, it is for the full period of the partial or complete facility closure (see rules related to this outlined below).

3. It is understood that physician groups who accept this arrangement will be physically present during normal working hours. A physician who receives this method of payment will not be eligible for educational leave or vacation time.

4. Normal call coverage must continue to be provided during the "emergency only" period of the facility closure period.

Application:

1. Physician groups who invoke this arrangement will receive payments directly from MCP.

2. Payment will be at a rate equivalent to the top of the appropriate salaried physician scale in effect at the time, with no adjustment for fringe benefits.

3. Payments will be bi-weekly, based on current MCP fee-for-service payment dates, prorated for the applicable time period.

4. For those physicians who accept the agreement (except for those who are approved under principle #2), no fee-for-service or sessional claims will be accepted for services rendered while this arrangement is in effect. Following termination of this agreement, billings will be monitored to ensure that stock-piling of claims has not occurred.

Implementation:

1. To initiate this policy, it is required that written notice be sent by each hospital's administration to the Medical Director of MCP, stating the date the "emergencies only" or "facility closure" status was activated.

2. Written acceptance of the payment arrangement for the duration of the "emergencies only" or "facility closure" period must be received from every member of any eligible physician group.

3. For a physician or physicians who apply to remain FFS but is/are part of a group that has chosen to accept the salaried arrangement, such approval will only occur when there is conclusive evidence that the work/On call schedules have been maintained as would have prior to the work disruption. The VP of Medicine will request such information and provide it to the Medical Director, DHCS. The Medical Director (DHCS) will review the information and decide whether approval will be granted.

3. This Agreement will stay in effect for physicians who accept this mode of payment until written notice of the earlier of:

   - discontinuation of the "emergencies only" or "facility closure" status by the hospital administration to the Medical Director of MCP; or

   - written agreement by all "group" physicians to discontinue the arrangement.

Schedule "C"

Salaried Physician Retention Bonus 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 the parties.

Salaried General Practitioners Retention Bonus Table:

Category 0
Labrador

Category 1

Baie Verte	Buchans	Burgeo	Cow Head
Flowers Cove	Fogo	Hampden	Harbour Breton
Hermitage	Jackson's Arm	La Scie	Mose Ambrose
Norris Point	Port Saunders	Ramea	Roddicton
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	Grand Bank	Hare Bay	Lewisporte
Lourdes	Marystown	Musgrave Harbour	Musgravetown
Old Perlican	Placentia	Port aux Basques	Springdale
St. Anthony	St. George's	Stephenville Crossing	St. Lawrence
Terrenceville	Trinity	Twillingate	Virgin Arm
Western Bay	Whitbourne	Jefferies	

Category 3

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

Salaried Specialist Retention Bonus Table:

Category 0
Labrador

Category 1

Burin	St. Anthony

Category 2

Carbonear	Clarenville	Corner Brook	Gander
Grand Falls-Windsor	Stephenville		

Category 3 St. John's

Schedule "D"

Specialty Corrections Fund

Both parties agreed to the following disbursement of the $2,000,000 Specialty Corrections Fund as of October 1, 2003, based on the recommendations of the Specialties Corrections Fund Committee:

1 The $2,000,000 will be allocated annually to the following 4 specialty groups:

Specialty Group	**ATB % Increase**
Orthopedics	28.1%
Plastic Surgery	11.5%
Neurology	17.07%
Psychiatry	2.7%

2 Unless agreed to by both parties, the dollars associated with this fund will not be combined with any other specialty specific budgets for micro-allocation on new fee codes or rates published in the *MCP Payment Schedule.*

3 Unless agreed to by both parties, the specialty specific payment adjustments resulting from this addendum will continue indefinitely.

Schedule "E"

Alternate Payment Plans

The following is a list of Alternate Payment Plans (APP's) in effect as of October 1, 2009:

a) Adult Emergency Department Services, EH
b) Anaesthesia Services (GFW), CH
c) Cardiac Surgery Services, EH
d) Neonatology Services, EH
e) Obstetrical/Gynecology (Non-elective) Services, EH
f) Obstetrical Anaesthesia Services, EH
g) Pediatric Anaesthesia Services, EH
h) Pediatric Surgical Services, EH
I) Pediatric Orthopedic Services, EH
j) Pediatric Urology Services, EH
k) Pediatric Ophthalmology (Premature Infant) Services, EH
l) Otolaryngology Services – NCTRF, EH
m) Radiation Oncology Services – NCTRF, EH
n) Medical Oncology Services – NCTRF, EH
o) Anaesthesia Services – (Gander) CH
p) Pediatric Ophthalmology – EH
q) Cardiac Surgery Anesthesia – EH
r) Thoracic Surgery Services – EH
s) Orthopedic Surgery Services – WH
t) Anesthesia Services (CB) - WH
u) General Surgery – (GFW), CH

During the term of this Agreement, both parties agree to conduct a complete review of the general principles and current issues being experienced with APPs, based on the experiences in this province and others. Of particular note, productivity, accountability, reporting, termination dates, funding and the impact on recruitment are some of the issues to be reviewed. As part of the review, a document will be produced detailing the new principles and practices.

All existing APPs will be reviewed and for those where agreement by all parties exists to continue, the APPs must be rewritten to conform to the new principles and policies. For those where agreement to continue is not received, appropriate notification to the signatories of the APP will occur and the proper processes, as outlined in the APP agreements, will be followed for the termination of same.

Schedule "F"
FFS Percentage Increases By FFS Specialty Group - Schedule

The table below shows the Across the Board (ATB) percentage increases to be applied to the currently published fees (as detailed in the MCP Payment Schedule; effective April 1st, 2009) by FFS Specialty Group, save and until the upcoming FFS Microallocations process is completed.

	FFS Increases Pending the Completion of Microallocations			
Specialty	**October 1st, 2009 to September 30th, 2010**	**October 1st, 2010 to September 30th, 2011**	**October 1st, 2011 to September 30th, 2012**	**October 1st, 2012 to September 30th, 2013**
General Practice	10.95%	21.90%	21.90%	**29.36%**
Anaesthesia	4.75%	9.50%	9.50%	**16.20%**
Radiology	2.50%	5.06%	7.69%	**10.38%**
Nuclear Medicine	2.50%	5.06%	7.69%	**10.38%**
ICU/CCU	2.50%	5.06%	7.69%	**10.38%**
Medical Specialties				
Dermatology	2.50%	5.00%	5.00%	**11.43%**
Internal Medicine	8.70%	17.40%	17.40%	**24.59%**
Neurology	2.50%	5.06%	7.69%	**10.38%**
Paediatrics	2.50%	5.06%	7.69%	**10.38%**
Psychiatry	7.70%	15.40%	15.40%	**22.46%**
Surgical Specialties				
Obstetrics & Gynaecology	10.50%	21.00%	21.00%	**28.41%**
Ophthalmology	2.50%	5.06%	7.69%	**10.38%**
Otolaryngology	5.15%	10.30%	10.30%	**17.05%**
Surgery				
General	5.50%	11.00%	11.00%	**17.79%**

Cardiac	2.50%	5.06%	7.69%	**10.38%**
Neuro	2.50%	5.06%	7.69%	**10.38%**
Orthopaedic	2.50%	5.06%	7.69%	**10.38%**
Plastic	2.50%	5.06%	7.69%	**10.38%**
Urology	7.00%	14.00%	14.00%	**20.98%**

Schedule "G"

Approved Category "A" Facilities
24-Hour On-Site Emergency Department Coverage

Hospital Number	Hospital Name
0302	Burin Peninsula Health Care Centre, Burin
0230	Carbonear General Hospital, Carbonear
0213	Central Nfld. Regional Health Centre, Grand Falls-Windsor
0248	Dr. G.B. Cross Memorial Hospital, Clarenville
0205	James Paton Memorial Hospital, Gander
0175	Western Memorial Regional Hospital, Corner Brook
0256	General Hospital, Health Sciences Centre, St. John's
0281	Janeway Children's Health & Rehabilitation Centre, 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	Labrador Health Centre, Happy Valley-Goose Bay
0141	Dr. Charles S. Curtis Memorial Hospital, St. Anthony

Schedule "H"

Approved Category "B" Facilities
24-Hour Emergency Department Coverage

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

Schedule **"I"**

Obstetrical Bonus Policy for Fee-for-service General Practitioners

Under this policy, there is dedicated funding for a bonus, payable to fee-for-service General/Family Practitioners who provide labor and delivery obstetrical services. The bonus is paid in addition to the *MCP Payment Schedule* fees.

Eligibility

Practicing fee-for-service General Practitioners, who provide obstetric services billable as either fee code 80004 - *Delivery* or 80014 - *Attendance at labor*, are eligible to receive a bonus payment after the end of each fiscal year.

Calculation of the Bonus

The bonus amount for an individual physician will be calculated by multiplying the total number of *normal delivery* and *attendance at labor* codes (80004 plus 80014) paid to that physician times $100 and adding the result to the applicable figure from the following table:

Total Units 80004 + 80014	Bonus Contribution
1-5	$2,500
6-15	$5,000
16-30	$7,500
31 or more	$10,000

Applying for the Bonus

Eligible FFS General Practitioners must submit an application for the bonus within 90 days of the end of each fiscal year (March 31st). The application form can be printed from the MCP website.