



FAQ - Work Disruption Policy for Pandemic Event

1. How do I apply for payment under this Policy?

Please download the fillable PDF application form using the link below. Please note that while most parts of the form are fillable on your computer, you will be required to print the form in order to include your hand-written signature. The form must then be emailed directly to the Office of the VP Medical Services in your health authority. This can be achieved by scanning the completed form and emailing it to the VP Medical Services. If you do not have a scanner, you may consider taking a photo of the completed form with your smartphone before emailing to the VP Medical Services.

https://www.health.gov.nl.ca/health/department/branches/divisions/pdf/App_Form-FFS_Physician_Work_Disruption_Policy_for_Pandemic_Event_Covid19.pdf.

2. Where do I submit my completed form?

Based on your location of practice, forms should be submitted to:

EH: Janelle Hillier (Janelle.Hillier@easternhealth.ca)

CH: Melanie Hewlett (Melanie.Hewlett@centralhealth.nl.ca)

WH: Gertie Mai Muise (gertiemaimuise@westernhealth.nl.ca)

LGH: Dr. Gabe Woolam (gabe.woollam@lghealth.ca)

3. How does the policy work if I have not been working for 26 pay periods? Is it based on my average to date?

If you feel that the pay that you have received is not representative of your average earnings, make a note in the comments section in Addendum B to elaborate on your specific situation.

A tripartite committee has been formed between the RHA, HCS and NLMA to discuss unique situations to ensure proper and fair adjudication in determining an appropriate benchmark for average earnings.

4. How do I request the exclusion of pay periods last year when I was billing less than normal or not at all?

You should complete the necessary sections in Addendum B.

5. After I have signed an Agreement, do I have to bill FFS every day to get compensated?

You are expected to bill for the “additional services” that you provide, although it is recognized that in some service areas the billing opportunities may be low. On days when you are not providing “additional services” you are expected to provide and bill for normal services to your existing patients. Normal services may be provided virtually or in-person, from your office or an alternate location.

6. Who decides what competencies each physician has?

The physician must clearly communicate to the RHA their competencies if the work expectations they are requested to perform are outside those competencies. If you have questions or require clarification you should consult directly with your VP Medical Services/designate or Clinical Chief.

7. Can I choose to not participate in COVID care?

Yes, and the policy will no longer be applicable. Those who do not commit to the policy continue to do normal work (including Virtual Care) to the extent it is available, and on-call as expected by their practice or group.

8. Why was an 'equal pay for equal work' approach not used in the policy?

The policy is based on the H1N1 framework. Guaranteeing average income on an individual basis is an objective, standardized approach. Recognizing that there is significant variation in overhead, time constraint in getting a policy in place to ensure the flow of income to FFS physicians, and weighing competing options, it was agreed to move forward with this policy.

9. What is meant by "additional services"? How many hours will I be expected to provide? Can I choose which type of additional service to provide?

"Additional services" are defined in general terms in the Policy, and the specifics will be determined in consultation with the VP Medical. Such services could be outside the type of services you normally provide in your practice but must be within your competency.

Once a physician has applied to be available, details of your additional services will be worked out with the RHA through the VP of Medical Services, or the clinical chief of your service. One of the main criteria, with regard to number of hours of Pandemic services expected, will be the amount of available time you have now in comparison to what you were working before the Pandemic.

We understand that additional services will be needed in a variety of settings, some directly related to Covid-19 patients and some in support of other RHA services. Each RHA will be defining the services they need and may have limited ability to accommodate preferences. The physician should discuss these with the RHA.

10. If my own health, or the health of my family is already compromised, can I opt out of the policy?

You are encouraged to discuss specific situations such as this directly with your VP of Medical Services or clinical chief. There are many types of "additional services" needed during the pandemic and some may address your circumstances. Physicians should then use their discretion, based on their own health/family's health situation, whether they will commit to be available for additional services.

11. If I decline “additional services” because of a medical or personal issue, and my income from normal practice is very low, what help can I get?

Please write the NLMA (nlma@nlma.nl.ca) about your circumstances. Currently the only two income replacement approaches are Pandemic Virtual Care Assessment code and the Pandemic Work Disruption Policy, but we will continue to advocate for physicians based on special circumstances.

12. If I decline the Policy can I still help the RHA provide “additional services”?

Yes, please contact the VP Medical or appropriate designate of the VP.

13. Why am I forced to apply for this Policy when it could take me away from my regular patients who still need ongoing care?

Maintenance of ongoing practices is important during the pandemic. Some physicians who are sustaining reasonable revenue based on virtual care or other continuing services may elect not to apply for the Policy.

Others who apply for the Policy may find, depending on the specific assignment they are asked to provide, that they can balance both additional and normal services.

However, it is also possible that some physicians will not be able to balance both, and they will have to decide whether to stay within the Policy or decline.

The NLMA wants to know your individual circumstances if you believe the implementation of the Policy is producing unintended or negative effects on services to patients.

14. How will physicians who work outside of MCP (i.e. civilian work for the military) be compensated if they choose to provide service during pandemic?

Services provided to third parties and noninsured services are outside of this policy.

15. If a physician’s typical office schedule is Monday - Friday, 9 - 5, could they be called upon to work overnight between their usual duties? Are there any protections on the number of hours worked in a given week?

It is likely that some additional services will be normal working hours and others will be after hours, depending on the service that is requested (e.g. assessment clinic, ER shift etc.). The RHAs have told us that all physicians can expect discussions with the VP Medical or delegate about additional services, and these will be balanced against the clinical services that are being provided to each physician’s patients.

We expect common sense will prevail as many factors need to be balanced as the pandemic unfolds.

The CMPA's case files demonstrate that physicians should be aware of the risks associated with care provided during night shifts and maintain an appropriate level of situational awareness. They should prepare for night shifts and pay attention to their level of fatigue. As on day shifts, physicians working at night are reminded of the importance of responding to calls and attending to patients in a timely fashion. Effective communication and documentation is important, day or night.

16. I have just started a period of leave (e.g., parental leave or sabbatical). Can I be covered by the Policy?

You can only be covered by the Policy if you are available for work and provide “additional services”.

17. If I work with Covid-19 patients, will I be provided with accommodations, so I do not have to return to my family with the potential of infecting them?

Provincial guiding principles around the provision of safe temporary accommodations for staff and physicians who have tested positive for COVID-19; who are contacts of a positive or suspect case for COVID-19 and those who are directed by Occupational Health/Public Health to self-isolate, have been released and are now posted to the COVID-19 intranet page, under resources.

18. When will cash flow start?

The Department will advise when it is ready to start processing supplementary payments. It is likely to be a month or more from April 1st. As this process is new, we ask that all physicians keep good records on the following:

- Date and copy of application
- Date of discussions with Department
- Date and copy of signed agreement
- Start date of additional services and type of additional services
- Start and end times of shifts or other periods of time working in additional services, and location.