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1. Purpose

This policy establishes the terms and conditions of employment for physicians remunerated in accordance with the Medical Pay Plan (MPP). The MPP is approved by the Province of New Brunswick's Board of Management.

[Management and Non-Union Human Resources Policies for Part I or Part III](#) shall apply to MPP physicians, unless otherwise stipulated in the [Addendum to the Medical Pay Plan](#) or in this policy.

2. Application

This policy applies to all physicians paid in accordance with the Medical Pay Plan regardless of the type of agreement, contract or license.

The term “**MPP Physicians**” is used throughout this policy to refer to the physicians described above.

3. Acronyms and Definitions

For the purpose of this policy, the following acronyms and definitions are provided in alphabetical order:

- **CME:** Continuing Medical Education
- **CMPA:** Canadian Medical Protective Association
- **CPSNB:** College of Physicians and Surgeons of New Brunswick
- **DH:** Department of Health
- **MPP:** Medical Pay Plan
- **NBMS:** New Brunswick Medical Society
- **Part I MPP Physicians:** Physicians who are employed by the Department of Health as listed in the First Schedule of the [Public Service Labour Relations Act](#). The Part I MPP physicians with employee status are covered by the Part I Management and Non-union Human Resources Policies.
- **Part III MPP physicians:** Physicians who are employed by a Regional Health Authority as listed in the First Schedule of the [Public Service Labour Relations Act](#). The Part III MPP physicians with employee status are covered by the Part III Human Resources Policies for Management and Non Union employees.
- **RHA:** Regional Health Authorities which are the Horizon Health Network and the Vitalité Health Network.
- **TB-TCB:** Treasury Board – Total Compensation and Benefits
- **Zones / Areas:** Each RHA is sub-divided in Zones or Areas.

4. Authority for Payment

The Medical Pay Plan is the designated remuneration model for physicians in the following types of practice:

- Community Health Centre / Collaborative Practice
- Pathology / Laboratory Medicine

The Medical Pay Plan can also be a remuneration model for other specialties as approved by the DH on a case by case basis.

The Board of Management requires that the RHAs adhere to the Medical Pay Plan. The RHA is responsible for the remuneration of the physician. Following the receipt and verification of an invoice, the DH will reimburse the RHA where the physician is employed.

The RHA is prohibited by the Board of Management to enter into any agreement with the physician for additional salary payments or benefits beyond the scope of the Medical Pay Plan.

5. Roles and Responsibilities

i. The Regional Health Authority:

- will pay the physician in accordance with the Medical Pay Plan;
- is the employer/hiring party of MPP physicians and as such is responsible for assessing and monitoring the physician's performance and success in achieving goals;
- will determine the type and range of medical services to be provided including on-call coverage and any other related duties;
- will monitor accountability benchmarks and follow-up with the physician when required;
- shall establish the work schedule/content in consultation with the physician for the normal hours of work in keeping with the service requirements of the RHA. Revisions to such work schedule/content shall not be made unless there has been consultation between the MPP physician and the RHA; and
- has the right, responsibility, and authority to assign work to the MPP physician within the parameters of the MPP physician's job description, within the confines of employment.

ii. The Department of Health:

- is responsible to plan, fund and monitor the activities related to physicians remunerated under the Medical Pay Plan;
- is not the employer/hiring party of Part III MPP physicians;

- is the employer/hiring party of MPP physician(s) who work for the DH (Part I);
- is responsible to develop and implement policies related to MPP physicians that are in line with Board of Management directives; and
- provide physician data to the RHAs upon request.

iii. MPP physician

The **Part I** MPP physician's responsibilities are outlined in his/her job description and s/he will comply with [Management and Non-Bargaining Human Resources Policies \(Part I\)](#) and applicable [Administrative Manual Policies](#), unless otherwise specified in the [Addendum to the Medical Pay Plan](#).

The **Part III** MPP physician's responsibilities are outlined in the sections below:

a. Normal Hours of Work

MPP physicians, who are full-time (i.e. 1.0 full-time equivalent – 1.0 FTE), are expected to work a **minimum** of 37 ½ hours of work per week. The hours of work shall normally be provided between 0800 and 1800 hours, Monday to Friday, unless otherwise agreed to between the MPP physician and the RHA.

MPP physicians shall declare in writing to their respective Vice President Medical, Medical Director or designate, the normal daily working hours, Monday to Friday, during which no fee-for-service billings shall be permitted.

b. Patient Rounds

MPP physicians are responsible for ensuring that patient rounds are being provided to patients during the **week, weekend and holidays**. Patient rounds (daily care) are included in the scope of the MPP physician employment regardless of time or day including weekends. These services cannot be billed as on-call or fee-for-service at any time. These services must only be shadow-billed. Providing on-call coverage for hospitalized patients includes the following services and therefore they cannot be billed on a fee-for-service basis as these services are included in the MPP physician's regular salaried remuneration; however, they must be shadow-billed:

- Daily hospital care (i.e. patient rounds), supportive care, extended care, discharge;
- Scheduled admissions / visits;
- Routine consultations.

c. Working on Statutory Holidays

- MPP physicians who participate in a mandated on-call rotation or the province-wide on-call program and are scheduled to work on a statutory holiday will have an alternate day off rescheduled at a later date. The

date will be agreed to mutually between the MPP physician and the Zone/Area.

- During the MPP Physician's normal working hours of the statutory holiday, no fee-for-service billings shall be permitted. The MPP physician will only be able to bill fee-for-service for emergent and urgent care work performed any time outside their declared normal hours of work, for which there is evidence that s/he was called. **For MPP physicians, the After Hours Emergency Premiums (AHEP) for statutory holidays only apply after their declared normal hours of work.**
 - For this specific instance, this policy supersedes the After Hours Emergency Premium criteria outlined in the [Physician's Manual](#) (i.e. the Fee Schedule).
- A MPP physician who chooses to work on a statutory holiday and thus is not on-call cannot take an alternate day off.
- Statutory Holidays are granted as outlined in the [Management and Non-union Employees Human Resources Policy – Part III of the Public Service](#).

d. Working Excessive Hours

The purpose of this section is to guide the Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head in implementing the policy on Working Excessive Hours.

POLICY

1. Full-time MPP physicians are expected to work a minimum of 37 ½ hours weekly as described in section 5. iii. a) above.
2. MPP physicians cannot claim overtime or bill fee-for-service for work performed after hours for work related to their salaried practice. There is no provision for overtime compensation under the Medical Pay Plan.
3. Work may be required in excess of this amount, depending upon the nature of the work and as necessary to accomplish the job assignment (i.e. work that is normally done within the MPP physician's regular salaried working hours for services to patients within the normal salaried practice). On occasion, work demands necessitate extra hours, and there is a corresponding understanding that these MPP physicians may, from time to time, balance personal needs when work pressures are less demanding. If a MPP physician is not on-call and works excessive hours outside the normal hours of work (including weekend rounding), then time off with pay (time off in lieu) may be granted with the approval of the MPP physician's Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head. A process will be determined by the RHA on how this will be administered.

4. The Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head, may authorize leave with pay, where excessive hours have been worked only when the MPP physician's expected workload is being met. The applicable Accountability Benchmark Policy must be considered when reviewing the request.

PROCEDURE

1. Balancing of Personal Needs

- 1.1 A MPP physician may request, from time to time, a certain degree of flexibility in his or her work schedule as a means to balance the needs of their personal and professional work life.
- 1.2 A MPP physician's Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head is responsible for deciding whether to grant a certain degree of flexibility in the MPP physician's work schedule, based on the department's operational needs and the nature of the position of the MPP physician making the request.
- 1.3 Flexible hours must in no case generate additional costs for the employer.
- 1.4 Flexible hours will be granted within the confines of a single pay period. Breaks and meal times may not be used to obtain a certain degree of flexibility in a MPP physician's work schedule. The Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head are responsible for ensuring that the flexible hours granted do not hinder their department's work level of service provided.
- 1.5 The health of the MPP physician must not be affected by a flexible work arrangement.

2. Paid Leave Where Excessive Hours Have Been Worked

- 2.1 MPP physicians may be required to work additional hours to meet the requirements of their position and/or to take part in an on-call roster for their zone, without corresponding remuneration. As a result, they may receive recognition for this in the form of compensatory leave.
- 2.2 The Regional Health Authority will allow eligible MPP physicians to have a compensatory time bank, which is capped at 37.5 hours per year (from July 1 to June 30 each year).

- 2.3 MPP physicians are only eligible for compensatory time after 40 hours of work per week, on average. Breaks and meal times may not be used to request compensatory time.
- 2.4 Compensatory time must be taken during the year in which it is banked and will in no case be paid out or carried over to a subsequent year. Unused banked hours will be reset to zero during the first full pay period in July of each year.
- 2.5 Banked hours must be authorized by the MPP physician's Vice President Medical, Medical Director or designate in consultation with the Clinical Department Head and coded appropriately. Hours taken from the bank must also be coded appropriately with a different code.
- 2.6 This procedure shall become effective on June 1, 2017.

For questions or further details about this policy, please contact the RHA.

e. Part-Time Position

- MPP physicians who have a part-time position must work a minimum of 0.33 of a full-time equivalent (0.33 FTE).
- The following are pro-rated according to the FTE:
 - Hours of work
 - Benefits
 - Leave provisions
 - The Fee-for-Service Income Threshold.

f. Other Responsibilities

The MPP physician:

- will primarily cover duties associated with his/her specialty and includes any work done during regular salaried hours regardless of where the entitled service is rendered;
- must maintain his/her license to practice active and in good standing in accordance with the rules of the CPSNB and the code of professional ethics applicable to members of such College;
- must maintain his/her privileges with the RHA in good standing and in accordance with the [bylaws](#) of the RHA;
- undertakes to comply with the provisions of the [Regional Health Authorities Act](#), the [Hospital Services Act](#), and the [Medical Services Payment Act](#) and their regulations;
- undertakes to comply with the RHA [bylaws](#), medical staff rules, regulations, policies and procedures;

- shall at all times maintain professional liability protection through the CMPA or another insurer, which shall provide primary protection for any claims made against the MPP physician in relation to services provided by the MPP physician or any alleged acts of negligence;
- will elect to use the CMPA or another insurer for the purpose of his/her defense and for the payment of any amount that may become liable to be paid, in the event an action is commenced against the MPP physician;
- will maintain and develop professional competence through continuing professional education that meets the criteria established by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada; and
- will comply with [Management and Non-Bargaining Human Resources Policies \(Part III\)](#) and applicable [Administrative Manual Policies](#), unless otherwise specified in the [Addendum to the Medical Pay Plan](#).

g. Research

The New Brunswick [Regulation 84-20](#) (Schedule 2, f.1 and f.2) under the [Medical Services Payments Act](#) indicates that Medicare does not pay for applied research and services that are provided in conjunction with or in relation to applied research.

6. Remuneration

i. Classification and Remuneration

In accordance the RHA Board [by-laws](#), all MPP physicians shall be on probation for a minimum of 12 months from the date the MPP physician begins working as a MPP physician in an approved position as validated by the Department of Health's Physician Resources Advisor.

The MPP physician's classification level and step are determined by the RHA in accordance with the Medical Pay Plan and after consultation with DH. This determination takes into consideration the MPP physician's speciality, the license granted by the CPSNB and years of experience as outlined in the [Pay Scale Progression Policy](#) under Section 23 of this Policy.

Refer to the [Medical Pay Plan](#) to see the biweekly and annual salaries.

As per classification specifications, the [Medical Pay Plan](#) remuneration levels are as follows:

- General Practitioner;
- Non-certified Specialist/Medical Officer of Health I;
- Certified Specialist/Medical Officer of Health II;
- Clinical Program Department Head/Chief Medical Officer of Health; and
- Deputy Chief Medical Health Officer.

ii. Pay Adjustments

a. Medical Pay Plan Increases

If increases apply, the RHA is responsible to grant a MPP physician the **annual** pay increment until such time as the MPP physician reaches the maximum step for the classification level of the [Medical Pay Plan](#).

For further details, refer to the [Pay Scale Progression Policy](#) (see Section 23).

b. Certification Increases

The DH and the RHA must receive from the CPSNB the proof of changes to a MPP physician's certification status before the move to the new salary level and step can be made. For details on certification increases, refer to the [Pay Scale Progression Policy](#) under Section 23 of this Policy.

c. Clinical Department Heads / Supervisory Allowance

A working group with representatives from the DH, RHAs and TB-TCB (formerly known as the Department of Human Resources) was created in the fall of 2011. It was tasked with the development of standardized remuneration guidelines and practices for stipends paid to physicians for administrative and supervisory work. This new remuneration model was implemented effective July 1, 2013.

Effective September 1, 2013, the remuneration for the Department Head classification and the supervisory duties will continue to be paid on a "Present Incumbent Only" (PIO) basis. This remuneration will continue to be in effect until such time as another physician replaces that particular incumbent, **in the role of the Department Head** (i.e. the new physician will then be remunerated using the new model).

The new Administrative Stipend model applies to the Department Heads and the Chief of Medical Departments only. The new model does not apply to Medical Program Directors, i.e. Medical Director of Surgical Program, Infection Disease Control Program, etc.

iii. Remuneration for Mandated On-Call

In accordance with the [Addendum to the Medical Pay Plan](#), MPP physicians who take part in an on-call rotation may bill fee-for-service when called in to render urgent and emergent services. Fee-for-service earnings related to on-call will not be applied against the Fee-for-Service Income Threshold.

Immediate attendance because of personal choice or availability is not considered payable under on-call nor is the After Hours Emergency Premium (AHEP) applicable.

a. Mandated On-Call/Second Call Program:

All physicians participating in the New Brunswick Mandated On-call / Second Call Programs must adhere to the guidelines set out in Chapter 4, section 2.15.17 of the New Brunswick Physician's Manual.

In order to start billing fee-for-service for after-hours on-call related work, the MPP physician needs to be on-call and performing emergent and urgent work as a result of being called in. This work must also be performed outside his/her declared normal hours of work.

MPP physicians who participate in a mandated on-call rotation shall declare in writing to their respective Vice President Medical, Medical Director or designate, the normal daily working hours, Monday to Friday, during which no fee-for-service on-call billings shall be permitted (these services must be shadow-billed when they are provided during normal working hours). Any time outside these declared normal hours of work is then considered the after-hours period for the purposes of billing fee-for-service for on-call related work, when called in for emergent and urgent care. These services are billed at their regular rate.

After Hours Emergency Premiums (AHEP) only apply between 1800 and 0800 hours on weekdays and all day on **Saturdays and Sundays** for specified services only, as outlined in Chapter 4, section 2.12 of the New Brunswick Physician's Manual. For MPP physicians, the AHEP for **statutory holidays** only apply after the MPP Physician's declared normal working hours (see Working on Statutory Holidays section for further details).

Calls received during a regular workday (or during the on-call period) which, in the opinion of the mandated on-call physician do not need to be attended immediately but must be seen before the end of their on-call day, are payable on a fee-for-service basis if the on-call physician attends the patient after the end of that regular workday and before the start of their next regular workday. **After Hours Emergency Premium (AHEP) is not payable** where a call is received during a regular workday but the patient is not attended until after the end of that regular workday. The After Hours Emergency Premium (AHEP) rules are explained in the New Brunswick Physician's Manual (Chapter 4, section 2.12).

b. Stipend:

Details on the Stipend can be found in Chapter 4, section 2.15.17 of the New Brunswick Physician's Manual.

c. Billing for the On-Call Stipend:

Mandated on-call stipends are billed electronically.

MPP physicians are required to establish an on-call account to which all on-call services are billed. For further details refer to the [Accounts Policy](#) under Section 23 of this Policy. When billing fee-for-service while on-call, it is necessary to select the on-call box (indicator flag) and the applicable mandated on-call rotation indicator code must be indicated on each claim.

d. Called in when not participating in the Mandated On-Call Program (or other programs)

A physician who is not mandated to be on-call cannot usually bill fee-for-service. Exceptional circumstances may be considered but would be required to have supporting clinical notes.

For example, when a physician is called by the on-call physician for either a sub-specialty expertise or where there are a large number of patients waiting to be seen in the emergency department, the second physician does not receive the on-call stipend but may bill fee-for-service for the emergent or urgent care provided, after the MPP Physician's declared normal working hours. If a physician is called during their declared normal working hours, the services must be shadow-billed. All such requests for the services of the second physician must be initiated by the on-call physician and verifiable as per the Records Standards (Chapter 1, section 7.2) of the [New Brunswick Physician's Manual](#).

The rules outlined in section 6 iii a. of this policy must still be honoured even if the physician is not participating in the Mandated On-Call Program. This means no double billing is permitted.

e. Provincial-Wide On-Call Program

The NBMS and the DH have reached an agreement on the framework and funding for the Provincial-Wide On-Call Program. Although other specialties may be added in the future, this program currently applies to the following specialties:

- Plastic Surgery (effective April 1, 2013)
- Vascular Surgery (effective April 1, 2013)
- Neurology (effective July 12, 2013)

Please contact the [NBMS](#) for details about this program.

iv. Fee-for-Service Income Threshold (FIT)

In accordance with the [Addendum to the Medical Pay Plan](#), fee-for-service earnings other than on-call services are paid at 100% up to a maximum amount established for that fiscal year (i.e. April 1 to March 31). Once the FIT has been reached, subsequent earnings are paid at 50% of their listed value in the [New Brunswick Physician's Manual](#). The threshold is pro-rated for all part-time MPP physicians (for example, the FIT for fiscal year 2022-23 is set at \$57,195.46 for a Full-time physician, and prorated to \$28,597.73 for a 0.5 Full Time Equivalent (0.5 FTE)). Please refer to the [Addendum to the Medical Pay Plan](#) for the appropriate rate.

The threshold is also prorated for new MPP physicians based on their specific start date relative to the remaining months in the fiscal year and for MPP physicians who depart based on their specific termination date relative to the remaining months in the fiscal year.

The FIT applies to fee-for-service income generated outside of a physician's declared normal working hours for services provided to patients who are not part of the physician's salaried practice. For more details on the rules and procedures, see Fee-for-Service Income. Guidelines can be found under the next section of this Policy.

On-call payments (including the Mandated On-Call Stipend), sessional payments and AFP work are **excluded** from the FIT.

FFS income for locum coverage may be excluded from the FIT calculation provided prior approval has been granted by Medicare via MedSalPhys@gnb.ca.

Exceptions to this policy will be considered on a case-by-case basis for priority services as agreed upon by the parties.

v. Fee-for-Service Income Guidelines

Purpose: The purpose of these guidelines is to clarify if and when an MPP Physician may bill NB Medicare on a fee-for-service basis. These services are referred to as Fee-for-Service (FFS) Income and include **fee-for-service work, sessional remuneration (e.g. working in the ER, Nursing Home, etc.) or Alternate Funding Plan (AFP) income**. These guidelines do not preclude the physicians from billing FFS for on-call services when they are called in for urgent or emergent services.

In order for a MPP physician to earn private practice FFS Income, services must be provided outside their normal declared working hours, **if all of the following 5 criteria are met:**

Criteria:

1. The FFS Income work is outside the scope of the Medical Pay Plan with the RHA. It must be work done outside of the physician's regular salaried working hours for services to patients outside the normal salaried practice.
 - a. For example, after-hours immunization clinics must be open to the public and meet all the criteria.
2. The MPP physician's expected workload is being met as determined by the Clinical Department Head and the Medical Director. The applicable [Accountability Benchmark Policy](#) should be considered when determining workload.
3. The FFS Income work is performed in a workspace paid for by the MPP physician and not paid for by the RHA. (This criterion does not apply to sessional and AFP agreements.) If the work is being done in an RHA facility, the MPP physician may be required to make overhead arrangements with the RHA.
4. Patients from the salaried practice cannot be referred to or followed in the FFS Income practice or vice versa.
5. There must not be any conflict of interest (as per the [Conflict of Interest Policy](#) AD-2915).

NOTE: After Hours Emergency Premiums (AHEP) may not be billed for private practice FFS Income work rendered by MPP Physicians.

Therefore, a MPP physician may earn additional FFS Income if ALL criteria above are met (fee-for-service income is described in bold in the "Purpose" paragraph). If one or more criteria are not met, the physician must not bill fee-for-service other than for on-call related services when called-in for urgent or emergent work. The FFS Income Threshold (FIT) applies to these services; refer to the [FIT](#) under section 6.iv.

All MPP physicians who bill for Fee-for-Service Income (FFS, sessional or AFP) must declare in writing the nature of this work and indicate whether they have met the criteria above. Contact your Medical Staff Office or MedSalPhys@gnb.ca for the Written Declaration Form of Fee-for-Service Income for MPP physicians.

The written declaration must be filled out, signed, scanned and sent via email to MedSalPhys@gnb.ca.
Failure to do so will result in the services not being paid.

These claims and clinical documentation must include the time of day (based on a 24-hour format e.g. if the service is provided at 8 a.m., this would be reflected as 0800) and they must be billed to the physician's personal account. The FFS Income Threshold (FIT) applies to these services.

vi. On Site Coverage in the Psychiatric Facilities of Centracare and Restigouche

In accordance with the [Addendum to the Medical Pay Plan](#), an all-inclusive fee (single fee) can be applied to any number of visits or to on-site coverage beyond the regular daytime hours.

vii. Autopsy Fees

The autopsy fees related to sudden and unexpected deaths (Type I) and to forensic autopsies (Type II) are outlined in the [Addendum to the Medical Pay Plan](#) and can be billed during the pathologist's salaried hours. Details on the premium can also be found in the [Addendum to the Medical Pay Plan](#).

Routine hospital autopsies are considered within the scope of the salaried arrangement and therefore not billable.

7. Non-Clinical Program Funding**i. Canadian Medical Protective Association (CMPA)**

The MPP physician is responsible for the payment of the CMPA expense and is eligible to apply for partial reimbursement through the NBMS.

For further details see the [Addendum to the Medical Pay Plan](#).

Please contact the [NBMS](#) for details about this program.

ii. Continuing Medical Education (CME)

MPP physicians are eligible for funding from the NBMS under its Program of Supplementary Funding for CME, once the MPP physician has been employed for more than six (6) months.

For further details see the [Addendum to the Medical Pay Plan](#) or contact the [NBMS](#).

8. Shadow-Billing/History-Only Billing

Shadow-billing is mandatory for all MPP Physicians. Shadow-billing must be completed in accordance with the Physicians' Manual. The rules of the Physician's Manual also apply to MPP physicians. For further details, see the [Shadow-Billing Policy](#) and the [Table of Additional Service Codes for Shadow-Billing](#).

Below are the only specialties that are currently exempt from shadow-billing as they do not have

clinical billings codes:

- Pathology
- Medical Microbiology and Medical Biochemistry

9. Accountability Benchmarks

Accountability Benchmarks have been developed for most specialties.

As a general principle, 80% to 90% of a physician's time is spent on clinical and indirect clinical care, and a maximum of 10% to 20% of time is spent on non-clinical care and other functions as approved by the zone.

For further details see the [Accountability Benchmarks Policies](#), under Section 23 of this Policy.

10. Benefits

MPP physicians who participate in the employee benefits package **must** participate in:

- The Province of New Brunswick pension plan (Public Service Shared Risk Plan – NBPSPP – [Pension Plans | Vestcor](#)).
- Basic Group Life and basic Accidental Death and Dismemberment (AD&D) insurance;
- Long Term Disability (LTD); and
- Other benefits as may be stipulated for management / non-bargaining employees.

MPP physicians **may** also elect to participate in:

- Health/Travel and Dental Insurance (*single or family*);
- Supplementary Group Life Insurance;
- Dependent Group Life Insurance;
- Voluntary Accidental Death and Dismemberment (AD&D); and
- Other optional benefits available to management / non-bargaining employees.

A part-time MPP physician must work a minimum of 0.33 of a Full-Time Equivalent (0.33 FTE) to participate in the benefits package.

MPP physicians who have a Personal Services Contract of Employment:

As of March 28, 2013, the Personal Services Contract of Employment, which allowed MPP physicians to select to receive 10% on their base salary in lieu of insured benefits, is no longer a remuneration option that is available to new MPP physicians. This type contract is only offered to existing MPP physicians who are currently remunerated under this model (i.e. salary + 10% in lieu of benefits as indicated in the contract). These physicians who are paid in accordance with the Medical Pay Plan who have this type of contract are **not eligible** for the following benefits:

- Pension;
- Basic Group Life and basic Accidental Death and Dismemberment (AD&D) insurance;
- Long Term Disability (LTD);
- Health/Travel and Dental Insurance (*single or family*);
- Supplementary Group Life Insurance;
- Dependent Group Life Insurance;
- Voluntary AD&D; and
- Other optional benefits available to management / non-bargaining employees.

Physicians who have a Professional Corporation Contract:

As of April 11, 2011, the Professional Services Contract (Corporation), which allowed physicians to select to receive 10% on their base Medical Pay Plan in lieu of insured benefits, is no longer a remuneration option that is available to new physicians. This type of contract is only available for existing physicians who are currently remunerated under this model. These physicians who are paid in accordance with the Medical Pay Plan who have this type of contract are **not eligible** to the following benefits:

- Pension;
- Basic Group Life and basic Accidental Death and Dismemberment (AD&D) insurance;
- Long Term Disability (LTD);
- Health/Travel and Dental Insurance (*single or family*);
- Supplementary Group Life Insurance;
- Dependent Group Life Insurance;
- Voluntary AD&D;
- Other optional benefits available to management / non-bargaining employees;
- Maternity Leave;
- Parental/Child Care Leave;
- Sick Leave;
- Other Leave;
- Retirement Allowance;
- Severance; and
- Statutory Deductions.

Salaried Locums:

Locums paid in accordance with the Medical Pay Plan (MPP) will have statutory deductions made and will receive 10% in lieu of benefits, a percentage amount of the base salary as per the Medical Pay Plan. This amount will be added to the physicians' daily remuneration in lieu of the following benefits listed below. Therefore, they are **not entitled** to the following benefits:

1) Paid Leaves:

- a. Statutory Holidays;
- b. Public Holidays;
- c. Vacation leave;
- d. Sick leave; and
- e. Any other paid leaves as identified in the Management and Non-Union Employees Human Resources Policies (Part III) of the Public Service.

2) Other Benefits:

- a. Pension;
- b. Any Group Life and any Accidental Death and Dismemberment (AD&D) insurance;
- c. Long Term Disability (LTD); and
- d. Health & dental coverage (should they become eligible).

11. Statutory Deductions

Statutory deductions will be made by the employer (DH or RHA) for statutory programs such as Income Tax, Canadian Pension Plan (CPP) and Employment Insurance (EI) for MPP physicians other than those with a Professional Corporation Contract.

Final determination, with respect to the existence of an employee-employer relationship rests with the Canadian Revenue Agency (CRA).

12. Leaves

Vacation leave credits are accumulated as outlined in the [Addendum to the Medical Pay Plan](#).

Sick leave credits and other leaves are accrued as outlined in the [Management and Non-union Employees Human Resources Policy – Part III of the Public Service](#) or the [Management and Non-union Employees Human Resources Policy – Part I of the Public Service](#).

Years of service should take into consideration years of active experience in medical practice. Vacation leave cannot exceed the maximum annual benefit (25 days) under the [Addendum to the Medical Pay Plan](#).

Residency or fellowship training is not considered part of the years of experience for the purposes of determining vacation entitlement. Active experience means independent and unsupervised medical practice.

Sick credits are not portable from other jurisdictions (i.e. other provinces).

The MPP physician will provide the RHA with a record of all leaves taken in accordance with RHA's policies.

Statutory Holidays are accrued as outlined in the [Management and Non-union Employees Human Resources Policy – Part III of the Public Service](#) or the [Management and Non-union Employees Human Resources Policy – Part I of the Public Service](#).

13. Locums

Locums must be coordinated through the MPP physician's Medical Staff Office in compliance with Medicare's [locum policies](#) (see Section 23 of this Policy).

14. Office Overhead and Personnel

In accordance with Hospital Services Bulletin FN2016 and other RHA related policies, expenses related to the operation of the MPP physician's office (standard computer with network and internet access, telephone, stationary and supplies, furniture, equipment and medical and surgical supplies) and secretarial/clerical support for the MPP physician shall be the responsibility of the RHA.

15. Ownership of Materials

The RHA purchases, provides and retains ownership of a functional office including general and medical supplies, equipment and furnishings for use by the MPP physician in the performance of his/her duties.

The RHA is and remains the sole property owner of all original materials, documents, data, specifications, tapes, programs, including patient records, whether in written, magnetic or electronic form, which are provided by the RHA to the MPP physician or which are generated by the MPP physician in the performance of his/her duties or for the purposes of fulfilling his/her responsibilities or which are prepared or produced by the MPP physician specifically for the RHA.

The MPP physician will take reasonable steps to ensure the security of the office and all its contents, including patient and confidential information, so long as s/he works for the RHA and until direct custody of such property and information has been transferred to the RHA pursuant

to the immediately following paragraph. The MPP physician shall report any suspected or actual security, confidentiality or privacy breaches to the RHA immediately. Such **breaches** include, but are not limited to, unauthorized access to, or collection, use or disclosure of personal information that occurs in contravention of applicable privacy legislation or RHA regulations.

Upon termination or expiration of employment, the MPP physician shall immediately return and/or turn over to the RHA all property noted above. The MPP physician shall be granted reasonable access to patient records if the need for access occurs.

All equipment, tools or materials which are purchased or provided by the MPP physician in the performance of the services or for the purposes of fulfilling his/her responsibilities shall be and remain the sole property of the MPP physician, other than patient information or any medium on which patient information is recorded, which shall be the sole property of the RHA.

16. Medicare Funded Positions

DH funded positions are allocated to the RHAs and each physician must be assigned a position.

The Medicare funded position occupied by the physician cannot be transferred or otherwise changed without the DH and the RHAs approval, which should be communicated to the DH's Physician Resources Advisor. In the event the employment is terminated, the funded position remains with the RHA.

17. Return of Service on Incentives and/or Relocation Expenses

If a MPP physician has benefited from incentives and/or relocation expenses, the return of service obligations must be fulfilled or repaid as per the terms of the applicable agreement.

18. Monitoring and Compliance

As outlined in Chapter 1, Section 7 of the New Brunswick Physician's Manual and as per the [Medical Services Payment Act](#) and [Regulation 84-20](#), the RHA and the DH have the authority to monitor for compliance reviews. All billings for services can be monitored and are subject to monitoring and compliance procedures by the DH.

19. Changes

The TB-TCB and the DH will consult with the NBMS and the RHA regarding any changes to this policy.

20. Authorities

- [Medical Services Payment Act](#)
- [Financial Administration Act](#)
- [Regional Health Authorities Act](#)

21. Distribution

The following will be made aware of this policy and any changes:

- MPP physicians
- Regional Health Authorities
 - VP Medical, Medical Directors, VP Finance and VP Human Resources
- Department of Health
 - Medicare and Physician Services
 - Financial Services – Medicare Payments
 - Health Workforce Planning
 - Department of Health – Human Resources Client Services Manager
- New Brunswick Medical Society
- Treasury Board – Total Compensation and Benefits
- UNB Student Health Centre
- Internal and external stakeholders as appropriate

This policy, as well as the Medicare Policy Manual, are available on the DH's intranet site (<http://intra.gnb.ca/dhw-msme/medicare/policies-e.asp>) and the RHAs' intranet sites (<http://skyline.rha-rrs.ca> and <http://boulevard.rha-rrs.ca>). The signed originals are kept in Medicare and Physician Services.

Physicians may also get a copy of this policy by contacting their Medical Staff Office or by contacting the DH's Salaried Physicians Services at MedSalPhys@gnb.ca.

22. Contact Information

Department of Health

Salaried Physicians Services

520 King Street

Fredericton, NB E3B 6G3

(506) 453-8275

Fax: (506) 462-5163

MedSalPhys@gnb.ca

New Brunswick Medical Society

General Enquiries

21 Alison Boulevard

Fredericton, NB E3C 2N5

(506) 458-8860

Fax: (506) 458-9853

nbms@nb.aibn.com

Electronic Communication

System (ECP) – User Support

(506) 453-8274, select language preference, then option 4

23. List of Links

Part 1: Intranet

These links will only work for physicians who have access to the government intranet sites:

- **Boulevard** for the Vitalité Health Network at <http://boulevard.rha-rrs.ca>;
- **Skyline** for the Horizon Health Network at <http://skyline.rha-rrs.ca>; and
- **YourNet** for the DH at <http://intra.gnb.ca/dhw-msme/YourNet/index-e.asp>.

Physicians may also get copies of these documents by contacting their Medical Staff Office or by contacting the DH's Salaried Physicians Services at MedSalPhys@gnb.ca.

i. Medical Pay Plan

- Medical-Officer Clinical: [Compensation and Classification Section - Compensation \(Pay Tables - Medical Pay Plan / Medical Officer-Clinical\) \(gnb.ca\) \(gnb.ca\)](#)
- Medical-Officer Administrative: [Compensation and Classification Section - Compensation \(Pay Tables - Medical Pay Plan / Medical Officer-Administrative\) \(gnb.ca\)](#)

ii. Addendum to the Medical Pay Plan

http://intranet/intellinet/ccb/compensation/wage/medical/addendum_medical_payplan.pdf

iii. Management and Non-union Employees Human Resources Policy – Part I of the Public Service

<http://www2.gnb.ca/content/dam/gnb/Departments/ohr-brh/pdf/hrp/policies1-2-e.pdf>

iv. Management and Non-union Employees Human Resources Policy – Part III of the Public Service

<http://www2.gnb.ca/content/dam/gnb/Departments/ohr-brh/pdf/hrp/policies3-e.pdf>

v. Administrative Manual Policies

[Administration Manual System - Home \(gnb.ca\)](#)

- **Respectful Workplace Policy (AD-2913)**
[Respectful Workplace \(AD-2913\) \(gnb.ca\)](#)
- **Conflict of Interest Policy (AD-2915)**
[Conflict of Interest \(AD-2915\) \(gnb.ca\)](#)

vi. Selected Medicare Policies

The policies listed below can be access through the Medicare Policy Table of Contents:

<http://intra.gnb.ca/dhw-msme/medicare/policies-e.asp>

In the Table of Contents, look for the section number and policy number of the desired policy by scrolling up or down.

Once you have located the desired policy, click on the link to view the PDF version.

Note: The most recent version will always be available on this Intranet site.

- **Accountability Benchmarks Policies (Section 13)**
- **Accounts Policy (Section 6, Policy 2)**
- **Locum Policies (Section 9, Policies 1, 7 and 8)**
- **Pay Scale Progression Policy (Section 12, Policy 3)**
- **Remuneration Framework – General Practitioners in a Community Health Centre or Collaborative Practice (Section 12, Policy 4)**
- **Shadow-Billing Policy (Section 6, Policy 18)**
- **Table of Additional Services Codes for Shadow-Billing (Section 6, Policy 18.1)**

Part 2: Internet

These links will work with basic **Internet** access (no intranet access is required):

- i. **New Brunswick Physician's Manual**
http://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/Physicians/new_brunswick_physicians_manual.pdf
- ii. **Horizon Board By-Laws**
[Horizon Health Network Bi-Laws](#)
or for more information [Meetings - Horizon Health Network \(horizonnb.ca\)](#)
- iii. **Vitalité Board By-Laws**
[Vitalite Board Network Bi-Laws](#) or for more information [Board of Directors Meetings | Vitalité \(vitalitenb.ca\)](#)
- iv. **Pension - Public Service Shared Risk Plan**
[Pension Plans | Vestcor](#)

v. Selected Acts:

- a. Medical Act**
http://www.cpsnb.org/english/MedicalAct/documents/MedicalAct2009_000.pdf
- b. Personal Health Information Privacy and Access Act**
<http://laws.gnb.ca/en/ShowPdf/cs/P-7.05.pdf>
- c. Medical Services Payment Act**
<http://laws.gnb.ca/en/ShowPdf/cs/M-7.pdf>
Regulation 84-20: <http://laws.gnb.ca/en/ShowPdf/cr/84-20.pdf>
- d. Hospital Services Act**
<http://laws.gnb.ca/en/ShowPdf/cs/H-9.pdf>
- e. Hospital Act**
<http://laws.gnb.ca/en/ShowPdf/cs/H-6.1.pdf>
- f. Regional Health Authority Act**
<http://laws.gnb.ca/en/ShowPdf/cs/2011-c.217.pdf>
- g. Public Service Labour Relations Act**
<http://laws.gnb.ca/en/ShowPdf/cs/P-25.pdf>
- h. Financial Administration Act**
<http://laws.gnb.ca/en/ShowPdf/cs/2011-c.160.pdf>

This is the link to the official site for New Brunswick Acts and Regulations:
[Acts and Regulations - Attorney General \(gnb.ca\)](http://www.gnb.ca)

This policy is administered in compliance to the *Personal Health Information Privacy and Access Act* (PHIPPA) and Section 8(1) and (2) of the *Medical Services Payment Act*.

The Department of Health is committed to safeguarding your privacy. For more information on our privacy practices and about your rights regarding this issue, go to www.gnb.ca (key word – Privacy Notice).