New Brunswick Medical Society

Société Médicale du Nouveau-Brunswick

SALARIED PHYSICIAN NEGOTIATIONS FAQ

Updated: March 12, 2026

MEDICAL PAY PLAN

1. What is the Medical Pay Plan?

The Medical Pay Plan (**MPP**) is a schedule of the Physician Services Agreement (**PSA**) that specifies the salary scales. The term *Salaried Physicians* includes all physicians paid in accordance with the compensation rates established under the MPP for each year of the PSA.

2. What is the resource adjustment that will be applied to the MPP?

The resource adjustment is a one-time increase to the MPP that will help to immediately make Salaried Physicians incomes more competitive with other provinces. The resource adjustment will be applied retroactively to April 1, 2025.

The following table provides the resource adjustments for the different levels of Salaried Physicians:

Level	Resource Adjustment
Family Medicine Specialists	17.0%
Clinical Assistants	7.5%
Certified and Non-Certified Specialists	12.0%
Medical Health Officer I & II, Deputy Chief and Chief Medical Officer, Clinical Program Department Head	12.0%

3. What is the General Economic Increase that will be applied to the MPP?

The General Economic Increase (**GEI**) is an annual increase to the MPP for each year of the PSA.

The table below provides the GEI for the 4-year term of the PSA:

Effective Date	GEI
April 1, 2025	2.5%
April 1, 2026	3.5%
April 1, 2027	2.5%
April 1, 2028	4.0%

ADMINISTRATIVE SUPPORT

4. What determines Administrative Support for Salaried Physicians?

Health System Bulletin FN2016: Administrative Support to Salaried Physicians (**FN2016**) is the DH-RHA funding directive that determines what resources are allocated and funded from the Department of Health (**DH**) to the Regional Health Authorities (**RHA**) for Salaried Physicians. This includes funding for the costs of clerical staff, office supplies and office space.

5. Will FN2016 be updated?

The New Brunswick Medical Society (**NBMS**), with feedback and consultation from the DH and the RHAs, hired an external consultant to prepare a report with recommendations on how to improve administrative supports for Salaried Physicians, submitted in the Fall of 2024.

Under the PSA, the DH and RHAs have agreed to review the report and its proposed updates to FN2016. The decision on what recommendations may be adopted by the parties is strictly a decision of DH/RHA. The NBMS is encouraged that the DH and RHAs are all highly supportive of the recommended changes. The DH has agreed that any recommendations they accept will be funded and implemented within 6 months of the signing of the PSA.

FEE-FOR-SERVICE INCOME THRESHOLD

6. What is the Fee-for-Service Income Threshold?

The Fee-for-Service Income Threshold (**FIT**) is the maximum fee-for-service (**FFS**) earnings a Salaried Physician can bill at 100% outside of their salary, excluding on-call services.

7. What is the FIT ceiling?

Starting April 1, 2026, Salaried Physicians will be able to bill 100% FFS up to the new FIT maximum of $100,000. Any FFS billings beyond $100,000 will be paid at 50%.

The FIT will be increased by the GEI for the term of the PSA.

Effective Date	GEI	FIT
Previous FIT		*$58,924.19*
April 1, 2025	2.5%	$60,397.29
April 1, 2026	3.5%	$103,500.00
April 1, 2027	2.5%	$106,087.50
April 1, 2028	4.0%	$110,331.00

Exceptions to the FIT are considered on a case-by-case basis as approved by the RHAs.

8. Who is eligible to bill FFS under the FIT?

Salaried Physicians who fulfill their salaried employment responsibilities and wish to provide additional services may be eligible to bill FFS under the FIT if they meet the following criteria:

- The FFS work is done outside the physician's regular salaried working hours for services to patients outside the physician's normal salaried practice;
- The physician's expected salaried workload is being met;
- The FFS income work is being done in a space outside of RHA facilities. Otherwise, the physician may have to make overhead arrangements with the RHA;

- The physician's patients from their salaried practice cannot be referred to or followed as part of their FFS income work; and
- The physician cannot have a conflict of interest in performing the FFS income work.

If a Salaried Physician meets the above eligibility criteria, they can submit a Work Declaration Form (**WDF**) to their Department Head and Medical Director for approval to bill FFS under the FIT.

AUTOPSY RATES & PSYCHIATRIC FEES

9. Have the Autopsy Rates been increased?

Yes. Both Autopsy Fees – Type I: Sudden and Unexpected Death and Type II: Forensic – will be increased by the GEI for the term of the PSA.

Effective Date	GEI	Type I	Type II
Previous Rates		*$838.83*	*$1,372.00*
April 1, 2025	2.5%	$859.80	$1,406.30
April 1, 2026	3.5%	$889.89	$1,455.52
April 1, 2027	2.5%	$912.14	$1,491.91
April 1, 2028	4.0%	$948.63	$1,551.58

10. Have the Psychiatric Fees been increased?

Yes. The Psychiatric Fees for on-site coverage at the psychiatric facilities of Centracare and Restigouche will be increased by the GEI for the term of the PSA.

Effective Date	GEI	Night	Weekend & Holiday
Previous Fees		*$160.00*	*$240.00*
April 1, 2025	2.5%	$164.00	$246.00
April 1, 2026	3.5%	$169.74	$254.61
April 1, 2027	2.5%	$173.98	$260.98
April 1, 2028	4.0%	$180.94	$271.41

TIME OFF IN LIEU

11. What is *time-off in lieu* for excessive hours?

If a Salaried Physician is not on-call and works excessive hours outside their regular hours of work (with approval of the RHA), they are eligible for *time off in lieu* (time off with pay) up to a maximum of 5 days (37.5 hours) per year.

12. Was access to *time-off in lieu* for excessive hours protected?

Yes. Salaried Physicians' access to up to 5 days of *time off in lieu* was protected and will continue under the new PSA.

13. What is *time-off in lieu* for statutory holidays?

If a Salaried Physician is required/scheduled to work on a statutory holiday, they are eligible for *time off in lieu* (time off with pay). Any days accumulated under this benefit are separate and apart from the excessive hours policy, referred to above. There is no cap on the total number of days a physician may accumulate when required to work on statutory holidays (limited only by the 12 statutory holidays eligible each year).

14. Was *time-off in lieu* for statutory holidays increased?

Yes. *Time off in lieu* was increased from 1.0 day to 1.5 days for each statutory holiday worked or on-call.

DEDICATED TIME FOR RESEARCH & TRAINING

15. Do Salaried Physicians have dedicated time for research and teaching?

Unless separately negotiated between a Salaried Physician and their RHA, Salaried Physicians do not currently have dedicated time for research and teaching.

16. Can Salaried Physicians apply for dedicated time for research and teaching?

The NBMS and DH have agreed to refer this matter to the NBMS/DH/RHA Tripartite Committee. The parties have acknowledged that there is already a process for physicians to apply for dedicated time for research and teaching, up to 0.2 FTE. The Tripartite Committee will review and provide clarification on that process for interested Salaried Physicians.

PRIMARY CARE

17. What Primary Care changes impact Salaried Family Medicine Specialists?

Effective April 1, 2025, Salaried Family Medicine Specialists will receive a resource adjustment of 17% to their level on the salary scale. Their salaries will also increase by the GEI (12.5%) over the four-year term of the PSA, as outlined in Question #3.

18. What should Salaried Family Medicine Specialists consider if they are interested in one of the new FFS Primary Care compensation models?

If a Salaried Family Medicine Specialist is interested in one of the new FFS compensation models – Solo Practice, Group-based Practice, or Collaborative Care Clinic – there may be opportunities to change their compensation model. Those that are interested should consider the following:

- RHA support – engage your medical director to identify your interest in shifting compensation models.

- Comparison of benefits of salaried employment against FFS practice. This may include the costs of administrative support, overhead support, health and dental benefits and the value of pension contributions under the Shared Risk Pension Plan
- Physicians should seek professional advice regarding financial planning, use of a professional corporation, and associated considerations before switching compensation models.
- Willingness to hire and manage staff, such as a Medical Office Administrator, nurse, allied health providers.

19. How can Salaried Family Medicine Specialists access the new FFS Primary Care compensation models?

If a Salaried Family Medicine Specialist wishes to move to one of the new FFS Primary Care compensation models, they will need to provide adequate notice to their employer (the RHA) to terminate their salaried employment. Prior to giving notice of termination, physicians should ensure the RHA is in support and transition plans are agreed by the parties. The NBMS can assist members in navigating any such transition.

ALTERNATE FUNDING PLANS

Hospitalist Program

20. How will the Hospitalist Program be funded?

The Hospitalist Program will continue to be funded through Alternative Funding Plans (**AFP**). The current model will continue with enhancements to compensation rates and program structure.

21. What is the new Hospitalist Program funding formula?

The new funding formula is a daily rate of $1,800 per line of 16 patients for 8-hours on-site coverage and 16-hours off-site coverage. This is purely a formula which allocates funding to the program. The Practice Plan for each site will be agreed upon by the RHA/physicians to ensure compensation reflects local needs are addressed.

22. How will Salaried Physicians be paid under the Hospitalist Program?

Salaried Physicians will continue to be paid in the same way to participate in each Hospitalist Program. Enhanced rates will be reflected in daily supplementary funding, and in regular daily rates paid on weekends/holidays, pursuant to the relevant practice plan.

23. Will Key Performance Indicators impact Salaried Physician remuneration?

No. Key Performance Indicators will continue to be monitored by the RHA, but they will not impact Physician remuneration under the Hospitalist Program.

Closed Intensive Care Units

24. How will the Closed Intensive Care Units be funded?

The Closed Intensive Care Units (**ICU**) will continue to be funded through their respective AFP Agreements. Where salaried physicians participate in ICU coverage, they may be eligible for supplementary payments, pursuant to the relevant practice plan.

25. How will Salaried Physicians be paid under the Closed ICU AFPs?

Salaried Physicians will continue to be paid in the same way to participate in Closed ICUs. Enhanced rates will be reflected in daily supplementary funding, and on weekends, pursuant to each ICU's practice plan.

ON-CALL PROGRAMS

Note: All rate increases are effective April 1, 2026.

26. Has the Mandated On-Call rate been increased?

Yes, the Mandated On-Call rate (for 1st and 2nd call) has been increased to $300 per night.

27. Has the Provincial On-Call rate been increased?

Yes, the Provincial On-Call rate has been increased to $600 per night.

28. Has the Provincial Correctional Facility On-Call rate been increased?

Yes, the Provincial Correctional Facility On-Call rate has been increased to $300 per night.

29. Has the Medical Officer of Health On-Call rate been increased?

Yes, the Medical Officer of Health On-Call rate has been increased to $215 per night.

30. Has the Nursing Home On-Call rate been increased?

Yes, the Nursing Home On-Call rate has been increased to $215 per night.

NURSING HOME SESSIONAL RATE

31. Will the Nursing Home sessional rate be increased?

The NBMS and the DH have agreed to establish a working group to review the Nursing Home sessional hours formula. The review will be completed within 1 year of the signing of the PSA.

BILLING NUMBER SYSTEM

32. Will there be changes to the billing number system?

The NBMS and the DH have agreed to establish a working group to review how legacy impacts from billing numbers may negatively impact physicians and their ability to practice in New Brunswick. This working group will generate recommendations on eliminating obstacles for physicians and expanding opportunities to encourage physicians to practice in New Brunswick.

Salaried Physicians are encouraged to reach out to the NBMS if they have experienced any issues or obstacles to their practice because of billing number policies.

NBMS WELLNESS

33. What is NBMS Wellness?

NBMS Wellness provides supports to physicians and their families, medical residents, and medical students who may be coping with the demands of practice, relationships, addition, and other mental health or life challenges. Funding has been enhanced to $500,000.00 per year in order to allow continued growth in the program.

34. What does NBMS Wellness offer?

NBMS Wellness offers access to multiple programs, which include:

- Connecting members with tailored counselling services/primary care provider/peer-support physicians and customized coaching services.
- Providing financial assistance for local physician initiatives and events centered on engagement, wellness and collegiality.