

Physician Retention Program

The purpose of the Physician Retention Program is to promote the retention of physicians to remain in practice in Yukon through the use of financial incentives.

The following criteria will be used to determine payment levels, eligibility and administrative requirements.

1. Eligibility

- 1.1 Fee-for-service and alternate payment physicians are eligible for retention payment benefits.
- 1.2 Physicians are required to sign a Service Agreement indicating their intention to reside and practice in the Yukon for a period of three years.
- 1.3 Two levels of benefits have been established. Physicians will also be eligible for full-time or part-time benefits depending on insured services earnings (full-time physicians provide \$125,000 or more in insured services, and part-time physicians provide \$50,000 to \$125,000 in insured services).

Level I Benefit Eligibility	Level II Benefit Eligibility
<ul style="list-style-type: none"> - Family physicians who practice and reside in a rural community in Yukon. - Specialists who reside and practice in Yukon - Family physicians who practice and reside in Whitehorse and have admitting privileges and regularly practice at the Whitehorse General Hospital 	<ul style="list-style-type: none"> -Physicians who do not meet Level I criteria shall be designated as Level II.
<p>Exceptions may be made based on individual merit and circumstance. Examples may include those who practice in rural communities, but reside in Whitehorse. Each case shall be considered individually.</p>	

2. Retention Payments

- 2.1 Level I and Level II payments will be made following the signing of a retention agreement. Payments will be adjusted for individual insured health services earnings during the fiscal year (full-time, part-time). Payments are detailed in the table below:

	Criteria / Insured Services Earnings* Details	Year 1 Initial Payment	Year 2 Payment on Completion	Year 3 Payment on Completion
Level I <i>Full-time Benefit (\$125,000 +)</i>	-services provided in at least three quarters, and -insured services earnings over \$125k per year	\$18,000	\$0	\$36,000
Level I <i>Half-time Benefit (\$50,000 to \$125,000)</i>	-services provided in at least three quarters, and -insured services earnings under \$125k but over \$50k per year	\$9,000	\$0	\$18,000
Level II <i>Full-time Benefit (\$125,000 +)</i>	-services provided in at least three quarters, and - insured services earnings over \$125k per year	\$9,000	\$0	\$18,000
Level II <i>Half-time Benefit (\$50,000 to \$125,000)</i>	-services provided in at least three quarters, and - insured services earnings under \$125k but over \$50k per year	\$4,500	\$0	\$9,000
No Benefit	-services provided in two or fewer quarters, or -physicians no longer resides in Yukon, or - insured services earnings under \$50k	Nil	Nil	Nil
Exceptions	-see section 2.2	To be Determined	To be Determined	To be Determined

* See Section 4.

2.2 In exceptional cases, a physician who otherwise meets the criteria, except for the practice time criterion, may be deemed by the parties to have earned benefits. For example, a physician has provided a written undertaking to return to the Yukon following an extended illness, extended education leave, maternity leave or other absence acceptable to the parties. Each case shall be considered on its own merits.

3. Service Agreement

3.1 The Service Agreement stipulates the physician's commitment to reside and practice in the Yukon for a period of three years in return for the applicable retention payment.

3.2 For ease of administration, there will be four quarters established during each year. These quarters shall begin on

- ♣ January 1st
- ♣ April 1st
- ♣ July 1st
- ♣ October 1st

3.3 The effective date of each Service Agreement will start on the date of the next quarter - whichever is closest to the date the Service Agreement is signed. For example, if signed on June 13th the Service Agreement will come into effect July 1st. (Physicians practicing in Yukon as of April 1, 2004 will be able to enter this program retroactively to that date).

3.4 Physicians who do not fulfill the three-year service commitment will lose their eligibility and be required to repay to the Yukon Medical Association a pro-rata amount of the Year 1 payment based on the number of uncompleted months of service. No portion of the final payment due at the end of year 3 will be made.

4. Insured Services Earnings

4.1 For the purposes of Section 1.3 and Section 2 of this program, insured services earnings include the following:

- ♣ FFS earnings from insured services provided in Yukon (as per YHCIP).
- ♣ Alternative payment (contract) earnings from insured services provided in Yukon (as per YHCIP).

4.2 The calculation of insured services earnings does not include:

- ♣ On call payments.
- ♣ Non-insured services (as per YHCIP).
- ♣ Services covered by WCHSB or another agency.
- ♣ Travel honoraria, per diems or other payments for non-insured services received under contract.

4.3 Applicable insured services earnings data will be compiled based on the four quarterly periods stipulated in the Service Agreement pursuant to Section 3.2.

5. Retention Payments

5.1 Physicians will receive the applicable Year 1 retention payment pursuant to Section 2.1 upon signing the Service Agreement.

5.2 New physicians must declare at the time they sign the retention agreement as to which category they will fall into. The initial payment will be made based on this declaration. Adjustments to this payment will be made based upon actual services provided (this applies to all physicians participating in the program).

- 5.3 Upon completion of the three-year service commitment, physicians shall receive the applicable retention payment pursuant to Section 2.
- 5.4 The physician is solely responsible for all other contractual agreements entered into during the term of the three-year service period. This includes service contracts, office practice agreements, shared practice agreements, etc.. Should the termination of one of these agreements affect the ability of the physician to fulfill the obligations of this agreement, repayment will be required as per Section 3.4.

6. Program Administration

Applications and agreement forms can be obtained from the Yukon Medical Association's web site (www.yma.yk.ca) or from Cathy Grimley, the YMA Fund Manager. Applications must be submitted to Cathy Grimley at the following address:

**Cathy Grimley
YMA Fund Manager
406 Lambert Street
Whitehorse, Yukon Y1A 1Z7
Fax (867) 393-6601**

Yukon Physician Recruitment & Retention Program

SERVICE AGREEMENT

WHEREAS the Government of Yukon, Department of Health & Social Services and the Yukon Medical Association wish to encourage the recruitment and retention of physicians and specialists to the territory, they have established the Yukon Physician Recruitment & Retention Program. (Hereinafter referred to as the “Program”).

AND WHEREAS the terms and conditions of this Program are incorporated within and made pursuant to the Memorandum of Understanding between the Parties effective April 1, 2004 to March 31, 2008 and the Physician Recruitment & Retention Program Description dated July 12, 2004.

AND WHEREAS by signature of the Service Agreement the physician or specialist named herein agrees to the terms and conditions inclusive of the Memorandum of Understanding and Program Description as noted above.

NOW THEREFORE, I _____ (please print) **AGREE AS FOLLOWS:**

- Pursuant to the attached “Schedule A”, it is my intention to practice at the following Benefit Level, upon establishing a medical practice in a Yukon community: *(Check only one box.)*

<u>LEVEL</u>	<u>INITIAL PAYMENT</u>	<u>FINAL PAYMENT</u>
<input type="checkbox"/> Level I – Full-time Benefit	\$18,000	\$36,000
<input type="checkbox"/> Level I – Half-time Benefit	\$ 9,000	\$18,000
<input type="checkbox"/> Level II – Full-time Benefit	\$ 9,000	\$18,000
<input type="checkbox"/> Level II – Half-time Benefit	\$ 4,500	\$ 9,000

- It is my intention to practice in a Yukon community for a minimum period of three consecutive years beginning: *(Check only one box.)*

<input type="checkbox"/> April 1, 2004	(expires: March 31, 2007)
<input type="checkbox"/> July 1, 2004	(expires: June 30, 2007)
<input type="checkbox"/> October 1, 2004	(expires: September 30, 2007)
<input type="checkbox"/> January 1, 2005	(expires: December 31, 2007)

3. In the event I should discontinue my medical practice prior to the end date indicated in Section 2, I shall repay a pro-rated portion of the initial payment identified in Section 1, to the Yukon Medical Association for each full month of non-service the period of this Agreement. (For clarification, an \$18,000 payment would result in a \$500.00 per month re-payment amount.)
4. In the event I should fail to maintain hospital privileges at the Whitehorse General Hospital while practicing in Whitehorse at any time over the three years, I understand my initial payment amount shall be reduced accordingly and a correction will be made to the amount of the final payment.
5. In the event I should fail to meet the minimum earning levels in any of the three years, I understand my initial payment amount shall be amended by a reduction to the amount of the final payment.
6. In the case of circumstances that may require consideration outside the terms and conditions of the Service Agreement, I shall recognize the decision of the Joint Committee as final and binding. I understand an alternate appeal mechanism is not available to me.

IN WITNESS WHEREOF the Physician has signed this Agreement

on the _____ day of _____, 2004.

Physician's signature

Date

Witness (Please print)

Witness's signature

Date

SCHEDULE 'A'

ELIGIBILITY

Level I Benefit Eligibility	Level II Benefit Eligibility
<ul style="list-style-type: none"> - Family physicians who practice and reside in a rural community in Yukon. - Specialists who reside and practice in Yukon - Family physicians who practice and reside in Whitehorse and have admitting privileges and regularly practice at the Whitehorse General Hospital 	<ul style="list-style-type: none"> -Physicians who do not meet Level I criteria shall be designated as Level II.
<p>Exceptions may be made based on individual merit and circumstance. Examples may include those who practice in rural communities, but reside in Whitehorse. Each case shall be considered individually.</p>	

PAYMENTS

	Criteria / Insured Services Earnings* Details	Year 1 Initial Payment	Year 2 Payment on Completion	Year 3 Payment on Completion
Level I <i>Full-time Benefit</i> <i>(\$125,000 +)</i>	<ul style="list-style-type: none"> -services provided in at least three quarters, and -insured services earnings over \$125k per year 	\$18,000	\$0	\$36,000
Level I <i>Half-time Benefit</i> <i>(\$50,000 to \$125,000)</i>	<ul style="list-style-type: none"> -services provided in at least three quarters, and -insured services earnings under \$125k but over \$50k per year 	\$9,000	\$0	\$18,000
Level II <i>Full-time Benefit</i> <i>(\$125,000 +)</i>	<ul style="list-style-type: none"> -services provided in at least three quarters, and - insured services earnings over \$125k per year 	\$9,000	\$0	\$18,000
Level II <i>Half-time Benefit</i> <i>(\$50,000 to \$125,000)</i>	<ul style="list-style-type: none"> -services provided in at least three quarters, and - insured services earnings under \$125k but over \$50k per year 	\$4,500	\$0	\$9,000
No Benefit	<ul style="list-style-type: none"> -services provided in two or fewer quarters, or -physicians no longer resides in Yukon, or - insured services earnings under \$50k 	Nil	Nil	Nil
Exceptions	-see section 2.2	To be Determined	To be Determined	To be Determined