



STRENGTHENING THE CAPACITY OF MEDICAL SERVICES: INCENTIVIZING RETIRED PHYSICIANS PROGRAM

Program Information

The Department of Health and Community Services (HCS) and the Newfoundland and Labrador Medical Association (NLMA) have signed an agreement to pilot a one-year program that aims to encourage retired family physicians to reactivate their medical licence to strengthen the capacity of medical services throughout Newfoundland and Labrador by expanding the pool of locums in family practice.

Practice Requirements

Program participants will need to demonstrate that they have provided a minimum of 30 days of service to qualify for reimbursements. A day of service may count as having provided:

- One day of work with a Regional Health Authority (RHA); or
- Two half-day sessionals; or,
- Submitting fee-for-service (FFS) billings for 20 or more patients per day.

Note: Physicians may opt to bill either FFS or sessional for the duration of each clinic. Payment modalities cannot be mixed on the same day.

Physician Service Location and Payment

Participants may provide locum service in a community-based family practice or RHA of their choosing, and may bill FFS or receive sessional payments for their locum work. Additionally, HCS will provide participating physicians in eligible communities with a prorated rural retention bonus for every month of service they provide under this program.

Program participants will be connected with the RHAs once their application has been received and approved by HCS, so that they may work collaboratively with the RHAs to determine opportunities for their services.

Note: To receive sessional payments, all physicians participating in this program must receive pre-approval from the Vice-President of Medical Services of the relevant RHA.



APPLICANT INFORMATION

Surname: _____	Given Name: _____	Initial: _____
Date of Birth (DD/MM/YYYY): _____		
Current Mailing Address: _____		
Telephone: _____	Email: _____	

LICENSURE HISTORY

Program eligibility: Currently retired family physicians who reinstate their license with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL).

Applicant has previously held licensure with CPSNL:

Date of Retirement (DD/MM/YYYY): _____

Applicant has practiced a minimum of 120 days in the past 3 years:

REIMBURSEMENT OPTIONS

Please indicate the items for which you would like full reimbursement:

- Licensure and/or registration fees with the College of Physicians and Surgeons of Newfoundland and Labrador, the College of Family Physicians of Canada, and the College of Family Physicians of Newfoundland and Labrador.
- Canadian Medical Protective Association liability protection.
- Waiver of NLMA membership fees*.

** Note: All applicants requesting a waiver of their NLMA membership fees will have their information shared with the NLMA as part of the application process.*



DECLARATION BY APPLICANT

I certify that all information given on this application is complete and true to the best of my knowledge.

*I acknowledge that the Department of Health and Community Services is collecting the information contained in and included with this form for the purposes of considering and approving my application for funding under the **INCENTIVIZING RETIRED PHYSICIANS PROGRAM**. I authorize the Department to collect my personal information and to use and disclose such information to other parties as it considers necessary for the purposes of considering and approving this application and assessing the efficacy of this program.*

*I understand that any statements made on this application found, at any time, to be false and/or incomplete shall be sufficient cause for immediate repayment of current funding and disqualification from receiving future incentives. The Department of Health and Community Services has my consent to the collection, use and disclosure of my personal information in accordance with the **Access to Information and Protection of Privacy Act, 2015**.*

Applicant Signature: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATIONS VIA MAIL OR EMAIL TO:

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P.O. Box 8700, St. John's, NL A1B 4J6
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