

Contract Positions – Nurse Practitioners

WHAT CAN THE NURSE PRACTITIONER EXPECT?

- A Primary Care Service Contract with the Health Authority:
 - ✓ The contract term is 3 years. At the end of the contract term, NPs may choose to continue on the Service Contract or transition to an alternative compensation option. Compensation options, alternative to fee-for-service and employment arrangements, are currently being implemented in a phased approach to support the PCN service plans.
 - ✓ The ability for either party to terminate the contract without cause upon six months written notice to the other party.
 - ✓ Practitioners engaged through these contracts will be independent contractors. They will not be Health Authority employees.
 - ✓ Full time contracted hours are a minimum of 1,680 hours annually over a minimum of 220 days. Contracts may be factored up to half-time (.5 FTE).
 - ✓ Regular payments (semi-monthly, monthly) based on invoices.
 - ✓ Requirement to build a patient panel of at least 500 in year one, 800 in year 2 and 1,000 in year 3.
 - ✓ The ability to retain the Service Contract and move to a different group practice so long as a new Practice Agreement is established, primary care access is maintained for the contracted practitioner's attached patients, and College guidelines are followed.
 - ✓ Practitioners may commit to other opportunities; however, it is expected that the practitioner will do so only if they are able to fully meet all the obligations under the Service Contract and the Practice Agreement with the group practice (including any extended/after hours and on-call requirements) and that the work is clearly done outside the Service Contract required hours and panel commitments.
 - ✓ There is an expectation to work with the PCN in the area.
- A Practice Agreement with the Clinic:
 - ✓ The NP will provide longitudinal, full scope primary health care services. The NP will work to full scope of practice as determined by the BC College of Nursing Professionals (formerly CRNBC), have flexibility in how to practice, and work with clinics to meet the needs of patients in the community.
 - ✓ Negotiated schedule, responsibilities, and expectations in accordance with the Service Contract with the Health Authority.
 - ✓ Payment for overhead negotiated between the NP and the clinic.
 - ✓ The NP can participate in after-hours call and any services provided while on-call can be included in the hours under contract.

WHAT CAN THE CLINIC EXPECT?

- A Practice Agreement with the Nurse Practitioner:
 - ✓ The ability to negotiate overhead contribution on a fixed contract amount (rather than a % on a panel that is being developed over time).

- ✓ If the relationship does not work, the ability for the NP to move to a different group practice so long as a new Practice Agreement is established, primary care access is maintained for the contracted NP's attached patients, and College guidelines are followed.
- ✓ In the event the Service Contract is terminated and the practitioner does not intend to maintain the attachment relationship with their patients, the practitioner is obligated under the Service Contract to work with the clinic, the health authority and other health system partners to maintain primary care access for the patients and to attach patients to another family practice. The practitioner must abide by their College's respective standards and guidelines.
- ✓ For an expected leave, the NP should look for another NP to take over the contract for the duration of the leave. If this is not possible due to a lack of availability of alternative providers, a discussion with the clinic about coverage for the time away will need to occur and a mutually agreed upon arrangement decided.
- ✓ The practitioner must agree to use Advanced Access Scheduling.