

Individual contract for new-to-practice family physicians

What is it?

An hours based contract for individual family physicians who do not have a patient panel and wish to join an existing group practice to build a panel of attached patients. The contract template is accessible to Doctors of BC members only.

Who is it for?

The contract is for individual physicians who do not have an established practice with their own patient panel. It is available to physicians who meet the following criteria:

- The physician is prepared to provide community longitudinal family practice services.
- The physician does not have an established patient panel, and
- The physician is prepared to join a full-service group clinic.

Length of contract

The contract duration is for a maximum of 2 years and provides either party the option to terminate without cause with 6 months' notice.

Subject to the agreement of the other physicians in the clinic, a physician may also terminate the contract on 60 days' notice where the physician's earnings will increase by changing payment modalities as follows:

- Where the physician works in a clinic that is paid under the Group Contract for Practicing Full Service Family Physicians and the physician's income will increase by joining the in-practice contract, the physician may terminate the NTP contract and join the other physicians under the in-practice contract.
- Where the physicians works in a clinic where the other physicians are paid under FFS and the physician's income will increase by moving to FFS the physician may terminate the NTP contract and move to FFS on the condition that the physician continues to provide the services for the balance of the term of the contract.

Payment and Expectations

Expectations

The new-to-practice physician and the physicians in the clinic must agree to provide community longitudinal primary care services aligned with the principles of a [Patient Medical Home](#) and either participate in an existing [Primary Care Network \(PCN\)](#), or commit to actively support the development of a PCN in the community where one is planned.

The physicians in the clinic must also agree to include the new physician in the practice. The NTP contract requires that clinic physicians and the new physician sign a Practice Agreement that outlines how they will co-ordinate their work to provide services to patients and they must provide that agreement to the Health Authority to confirm that the Practice Agreement supports or enables the NTP physician in meeting their contractual obligations.

The new physician must agree to act as the regular and most responsible primary care provider for a balanced patient panel of at least 800 new patients by the end of the first year of the contract and 1,250 by the end of the second year.

Payment

Payment under the contract is based on hours worked and made directly to the physician for longitudinal family practice services provided in the clinic. The contract requires a full-time physician to provide a minimum of 1680 hours of service to a maximum of 2100 hours of service per year. The minimum contribution of a physician working under a part time adjusted contract is half time (a minimum of 840 hours per year).

The annual compensation for a full time physician varies from year to year as follows:

- Year 1: \$279,664 (which includes a \$10,000 year end bonus for completing QI training activities and meeting panel targets in year 1)
- Year 2: \$295,457 (base rate, plus \$20,000 for ongoing QI activities, plus a 2% annual increase effective April 1, 2021)

The physician is entitled to bill FFS separately for services outside the scope of the contract, including:

- Services provided outside of the clinic.
- Services provided to third parties.
- Specialized services provided to referred patients who are not attached to the practice, and
- GPSC networking fees and fees for the [Long Term Care Initiative](#).

Time spent for services that are outside the scope of the contract and billed under FFS cannot contribute to the contract's hours requirement.

A physician under the contract is required to contribute to the overhead costs of the clinic at the rate set out in the Practice Agreement.

Administration

The contract is administered by the regional health authority.

How to know if the contract is right for you

You are an individual general practitioner who is interested in income security while establishing a full-service family practice and building your own patient panel within a community group clinic.

For newly practicing physicians interested in providing community longitudinal care this provides an opportunity for a stable income while building a practice panel.