VOTE ON APRIL 25

UNDERSTANDING YOUR TENTATIVE AGREEMENT

A guide for members

APRIL 2017

CONTENTS

MSPEI
MEDICAL SOCIETY
of Prince Edward Island

Message from President and Negotiations Committee Chair

DEAR COLLEAGUE,

Your Board of Directors and Negotiations Committee are pleased to present a Tentative Agreement for your consideration. This Agreement was unanimously endorsed by the Board of Directors.

Under the leadership of your Negotiations Committee we believe we have secured not only the best deal possible, given the current negotiations environment, but one that lays the foundation for important transformational change for the overall health and well-being of the profession and the role physicians will play in future health-system planning.

Across the board increases, the creation of new programs with funding, and increased investments in programs that work well are all important wins. Our incomes will not only stay whole, but we will also see modest increases – methodically placed in areas that promote high-quality and efficient patient care.

While the financial gains are important, the gains for our profession are also significant. It is no secret here on the Island, and across the country, that governments and health authorities are eager to tighten their health-care spending, seek increased returns on their investments, and ultimately have greater control over how the services they fund are delivered. While this is a movement happening outside of negotiations, we believe this Agreement has provided our profession with new influence and formal processes that will curtail government from making unilateral decisions and enable Health PEI to engage and consult with physicians in a more meaningful way.

We now ask you, our colleagues, to take the time to become informed on this Tentative Agreement and how it impacts the work that you do every day. Most importantly, please vote (voting schedule on pg 13). This is your opportunity to have a voice in not only your compensation but the foundation we set for our next round of bargaining and how you advocate for your patients in the future.

The Tentative Agreement requires a 50 per cent plus one favourable vote to pass.

Your Negotiations Committee will be making itself available by hosting six information sessions across the province (schedule on page 13). Please come out, ask your questions and vote.

Sincerely,

Dr. Scott Campbell, President MSPEI

Dr. Brad Brandon, Negotiations Committee, Chair

THE TENTATIVE AGREEMENT REQUIRES A 50 PER CENT PLUS ONE FAVOURABLE VOTE TO PASS.

THE TENTATIVE AGREEMENT

OVERALL INVESTMENT

AGREEMENT TERM

The Agreement will come into effect after it is ratified and signed - retroactive to April 1, 2015. It is a four-year Agreement that will expire on March 31, 2019.

OVERALL INVESTMENT

Over the life of the four-year Agreement, $5 million in new funding will be invested in physician services, system improvement and new support for the profession.

- Year 1 (April 1, 2015- March 31, 2016) - **Global Increase: 0%**
- Year 2 (April 1, 2016- March 31, 2017) - **Global Increase: 0%**
- Year 3 (April 1, 2017- March 31, 2018) - **Global Increase: 3%**
- Year 4 (April 1, 2018- March 31, 2019) - **Global Increase: 2%**

BARGAINING - A PRINCIPLED-APPROACH

With limited funds and great need and desire for investments in many specific areas across the profession, the Negotiations Committee took a principled approach when deciding how the new funding would be allocated.

The Committee followed these principles:

1. Physicians providing quality and efficient care should not be penalized.
2. Fairness between payment modalities.
3. Competitive compensation is required to address recruitment and retention hot spots.
4. Membership requests should be considered, while addressing the most critical issues first:
    - improving patient access,
    - driving quality care, and
    - remedying chronic issues and evidence-based inequities.

THE TENTATIVE AGREEMENT

SALARY AND CONTRACT-FOR-SERVICE

CONTENTIOUS COMPROMISE

Government and Health PEI's desire to have increased control over how and where physicians practice was their priority, and one of the most contentious issues at the negotiating table. In fact, the first 15-months of negotiations were largely focused on this issue. After a great deal of pressure, both at the negotiating table and to other levels of government, in December 2016, the Health PEI proposal to require all current fee-for-service physicians to sign contracts was removed. MSPEI could not convince them to remove the contract requirement for new fee-for-service physicians.

SALARY AND CONTRACT INCREASES AND CHANGES

- 2% increase for general salary
- An additional $2,000/year for contract-for-service in lieu of benefits (13.3% increase)
- 8.38% increase for specialist Level IV (to same as Level V)
- 9.96% increase for Chief and Deputy Chief Health Officer (same as specialist Level III)
- 10.7% increase in CWI payments (now Blended Payment model) from 28% to 31%
- Medical Oncology is now eligible for CWI

BLENDED PAYMENT (FORMERLY CWI)

All physicians currently paid through salary or contract, will be transitioned to a Blended Payment model.

The key changes to the Blended Payment model:

1. CWI now becomes the shadow billing portion of a "Blended Payment";
2. Increased Blended Payment rates from 28% to 31% (overall increase of 10.7%)
3. Effective October 1, 2017, thresholds will no longer require minimum number of claims or consults, or fixed-dollar shadow billing. Instead, thresholds to receive Blended Payment will be based on shadow-billing meeting a percentage of salary/contract amount.
4. New Blended Payment shadow-billing thresholds (as percentage of salary/contract amount):
   - GPs: 80% (Oct. 1, 2017) and 85% (Oct. 1, 2018)
   - Specialists: 73% (Oct. 1, 2017) and 77% (Oct. 1, 2018)

The quarterly payment schedule will remain the same.

INCUMBENT PHYSICIANS (SALARIED AND CONTRACT-FOR-SERVICE)

Incumbent physicians currently paid by salary and contract-for-service will see new conditions added to their contracts when this Agreement becomes effective. They include:

- All current salary/contract physicians will be required to sign new contracts. The new contracts and job descriptions will mirror the scope of practice provided today.
- To bill fee-for-service outside salary/contract hours, the following criteria must be met:
  - Same fee-for-service work performed in past 12 months;
  - Must maintain productivity by meeting Blended Payment model thresholds; and
  - Must fulfill contract responsibilities.

If all these criteria are not met, Health PEI authorization will be required to bill fee for service outside salary/contract hours.

- Salary or contract-for-service physicians who wish to convert to fee-for-service, may continue do so, however they will be required to commit to providing the same service in the same region unless Health PEI authorizes a change in these parameters.
- Salaried Physicians Retirement Allowance: Physicians must now be at least 55 years of age **and** have provided 10 or more years of continuous service as a salaried physician to receive a retirement allowance. Previously, a physician was entitled to the retirement allowance at the age of 60, regardless of years of service. This notable change will affect physicians aged 60 or over who have not yet fulfilled 10 years of salaried service. The new conditions mirror what is offered to other public servants. The value of the retirement allowance (five-days pay for each full-year of continuous salaried service to a maximum of 130 days) remains unchanged.
- There are stricter rules around CME funding for salaried physicians. Physicians will be entitled to receive up to 75 hours (37.5 hours for part-time physicians working less than 0.6 FTE) paid leave for attending CME. The following conditions apply for qualifying CME:
    - The physician must identify how the education opportunity will advance his/her practice and advantage their patients and the health system.
    - A minimum of five hours must be spent on CME to claim one full day. (Less than 5 hours is claimed hourly and hours not spent doing CME will be considered vacation time).
    - For travel to an out-of-province CME event, up to a maximum of 15 hours of CME leave may be claimed per CME event.
    - As required previously, CME must be pre-approved (30 days prior) and proof of CME must be provided.

NEW PHYSICIANS (HIRED AFTER THE SIGNING OF THE NEW MASTER AGREEMENT):

1. All new fee-for-service physicians must sign a letter of confirmation which will stipulate the type and location of practice.
2. All new non-FFS physicians – salaried, contract-for-service, sessional (ER, hospitalists) – must seek permission from Health PEI to bill fee-for-service outside their alternate payment hours.

NEGOTIATIONS FROM START TO FINISH

DATE	MILESTONE
NOVEMBER 2013	Members asked to submit requests
OCTOBER 2014	Economics advisor hired
OCTOBER – NOVEMBER 2014	Five MSPEI Round Tables held
JANUARY – MARCH 2015	MSPEI and government share organizations' strategic priorities
	MSPEI builds internal governance and management foundation to be in strong negotiations position
	MSPEI issues government formal notice to commence bargaining
	Cross-country analysis and costing review
	Launched Second Table
	Master Agreement expired – March 31,2015
MARCH - MAY 2015	Second Table identifies bargaining priorities over four meetings
SEPTEMBER 2015	Bargaining begins
FEBRUARY 2016	Talks on hold – progress stalled
SEPTEMBER– DECEMBER 2016	Negotiating Committee seeks direction from Board based on negotiations status, arbitration considered. Decision made to proceed with bargaining.
	Government proposes amendment to *Health Services Payment Act* that places new restrictions on physicians' scope and geography of practice.
DECEMBER 2016	Following MSPEI pressure, Health PEI withdraws demand for all incumbent FFS physicians to sign new contracts and reduces restrictions for salaried physicians doing fee-for-service work outside of salaried hours.
	Productive talks resume
FEBRUARY – MARCH 2017	Productive talks continue and all issues resolved including gross funding increase.
	Extensive costing and allocation analysis and negotiation completed in 2 weeks (previously took 6 months).

THE TENTATIVE AGREEMENT

FEES

When members were asked to submit their wish lists for the next Master Agreement, increases to many fees were requested. In fact, almost $10.5 million of the $17 million in asks were related to increased fees.

Taking the principled-approach (see page 3) decisions were made to change the following fees.

FEE INCREASE HIGHLIGHTS

$3 million was invested in increasing fees, rates, premiums and making preamble changes.

FEE INCREASES HIGHLIGHTS (SEE FULL LIST NEXT PAGE)

- 4% General Fee Codes
- 15% Hospital (in-patient) fee codes
- 50% Telephone RX renewal
- 8% -167% specific fee codes increases for various procedures (see full list)
- 33.3% On-call retainer fee for GPs (same as specialists – $300)
- 12.5% Delegated function rate (from 66 2/3% to 75%)
- 25% Administrative meetings (0050) and Honoraria ($160 to $200/hour)

OTHER FEE INCREASES

PREMIUMS

- **Morbid Obesity Premium - $100** for all anesthesia + designated neck/abdo/pelvic/hip/knee surgery
- **ED sessional weekend premium – 10%** (increased from 8%)
- **ED sessional night shift premium – 25%** (new)

PREAMBLE

- **Post-partum hospital visit fee** (0704) – apply to C-sections
- **Assessment of labour fee** (0701) – eligible for after-hours premium
- **Salpingectomy** (6700) – payable in addition to hysterectomy
- **Telephone consults** - eligibility extended to all specialists
- **On-call retainer fee** – eligibility extended to radiation oncology
- **Palliative Care (0163/0164)** – designated physicians can now bill for palliative services under the Provincial Palliative Care Program for inpatient services in community or extended care hospitals
- **Emergency Department bedside ultrasound** – extended to critical care physicians

ELIMINATED FEES

- **New Patient Fee ($150)** – *April 1, 2017*
- **Basic Office Visit (0123)** – *effective Oct. 1, 2017*
  To be replaced with a walk-in clinic fee at $25

FROZEN FEES

- **ER Sessional rate**
- **On-call retainer fee** (specialist)
- **On-call retainer fee** (hospitalist)
- **Intravitreal Injection of eye**
- **Cataract extraction with intra-ocular lens insertion**

RESTRUCTURED FEES

- **Limited Office Visit (0113)** Remove 10-minute rule, for office use only
- **Health Promotion Counselling (2505)** Minimum 15 min, maximum 60 mins/month

FEE CODE ADVISORY COMMITTEE
TOTAL INVESTMENT: $175,000

This new joint decision-making body is established to amend, add or potentially reduce fee codes. Requests can be brought forward from physicians, Health PEI and government.

Almost 100 requests were made for new or increased fee codes during the information gathering phase of negotiations preparations. There is a need to have a process to adjust fee codes in between contract negotiations.

The FCAC's first line of work will be to create a clear application process and fee-setting criteria, including how to prioritize requests in a way that is fair and transparent while best serving the profession and patient care. It is expected the fee value will be established based on evidence that considers the complexity of the service, benefits to patients and national competitiveness. $50,000 of funds will be used to establish this process.

The committee will have three representatives from MSPEI, two Health PEI representatives and one government representative, and will be the only avenue for changes to the Tariff during the life of the Master Agreement.

TAKE NOTE

The Negotiations Committee made an eyes-wide-open decision that this process would also enable government to reduce fees. Cross-country analysis demonstrates this is the new reality. By establishing an open process, with MSPEI representation, we curtail government's ability to make unilateral fee changes. If fees are reduced, after due process, funds recovered will be held by the FCAC to reallocate to new fees or increase existing fees. Government will not experience savings through this process.

ADDITIONAL FEE CODE INCREASES

FEE	FEE CODE	OLD FEE	NEW FEE	INCREASE
Geriatric home visit	2821	75.00	100.00	33.3%
Dressing change fee	2010	10.70	20.00	86.9%
Injection (Buras/Joint)	2168	26.75	30.00	12.1%
Venepuncture - adult or child age ≥ 6 yrs	2238	10.00	11.00	10.0%
Incision & Drainage - Perianal or Pilonidal abscess (local)	3003	42.80	60.00	40.2%
Incision & Drainage - Ischiorectal abscess (local)	3005	42.80	60.00	40.2%
Foreign body removal - Skin (local)	3012	42.80	50.00	16.8%
Excision biopsy - Skin lesion	3030	44.94	50.00	11.3%
Sebaceous cyst excision (face / neck)	3034	44.94	100.00	122.5%
Sebaceous cyst excision (other area)	3035	40.66	75.00	84.5%
Toenail or Fingernail removal (simple)	3036	48.15	75.00	55.8%
Toenail or Fingernail removal (including nail bed & matrix)	3037	51.36	75.00	46.0%
Toenail or Fingernail removal (radical)	3038	115.72	150.00	29.6%
Lipoma - simple (local)	3039	46.22	75.00	62.3%
Laceration suture - skin (simple)	3050	60.00	75.00	25.0%
Various breast surgery codes	various			11.0%
Bronchoscopy	4201	152.31	225.00	47.7%
Bronchoscopy with biopsy	4202	152.31	225.00	47.7%
Bronchoscopy with insertion of radioactive substance	4203	152.31	225.00	47.7%
Quadroscopy	4209	201.05	225.00	11.9%
Lymph gland biopsy - cervical, axillary, inguinal	4911	82.60	100.00	21.1%
Sentinel Node Biopsy	4805	236.47	307.41	30.0%
Excision of simple lip lesion	5022	69.44	100.00	44.0%
Local excision simple tongue tumor	5041	115.72	125.00	8.0%
Tonsillectomy +/- adenoidectomy (child)	5129	173.34	210.00	21.1%
Tonsillectomy +/- adenoidectomy (adult)	5130	173.34	210.00	21.1%
Surgery on Intestines, Mesentery, Appendix,Rectum	various			11.0%
Insufflation and endometrial biopsy	6917	69.44	100.00	44.0%
IUCD insertion	6919	75.65	100.00	32.2%
Strabismus procedure	7300	330.31	475.00	43.8%
Strabismus procedure - subsequent operation	7301	173.61	275.00	58.4%
Excision biopsy - Ear lesion	7702	80.25	100.00	24.6%
Fiberoptic endoscopy of ear	7714	19.47	30.00	54.1%
Cystoscopy - with retrograde pyelogram	8242	92.50	135.00	45.9%
Ureteroscopy	8588	100.95	270.00	167.5%
Circumcision - infant over 10 days or child under 12 years	8404	138.55	175.00	26.3%
Circumcision – adult	8405	138.10	175.00	26.7%
Vasectomy (bilateral)	8543	141.24	160.00	13.3%

THE TENTATIVE AGREEMENT

TRANSFORMATIVE CHANGE

PHYSICIAN ENGAGEMENT

Physicians' perspective and expertise are critical, and often missing, when important health-care system decisions are made. This contract stipulates that Health PEI must engage physicians, in a meaningful way, on all changes that impact physicians. MSPEI will be the conduit between Health PEI and the physicians to ensure the most appropriate expertise and representation is provided.

PHYSICIAN LEADERSHIP DEVELOPMENT
TOTAL INVESTMENT: $300,000

Fiscal limitations, evolving scopes of practice and sicker patients have governments and administrators focused on changing the way health-care is delivered. This is no exception on the Island. The Leadership Development fund will help develop physician leadership capacity to have:

- more effective influence in health policy development, priority-setting and decision-making;
- stronger leadership when working with health administrators and other health-care providers to improve patient care and outcomes;
- influence in patient and population health advocacy.

This investment is timely as it will complement Health PEI's new commitment to invite physicians' input into health-system decisions.

PHYSICIAN HEALTH AND WELLNESS
TOTAL INVESTMENT: $200,000

More investment into physician health and well-being was a top priority brought forward by the membership and reinforced by the Second Table. Currently, PEI is the only medical association in Canada that does not have a physician health program. In addition to creating a physician health program, the funding will be used to introduce new supports to help physicians:

- Liaise and resolve conflict with Health PEI on human resources, policy and billing matters,
- Create practice efficiencies, and
- Bill effectively.

PRACTICE TRANSITION AND SUCCESSION PLANNING

With so many physicians nearing retirement age, a program to support the transition of a practice was desired by both MSPEI and Health PEI.

The Practice Transition and Succession Planning program will offer an overlapping practice with an incoming physician:

- Four weeks for GPs,
- Eight weeks for non-surgical specialists, and
- Twelve weeks for surgeons.

Both physicians will share space and are entitled to full FFS billing or shadow billing.

Transition agreements are voluntary for retiring physicians. The retiring physician will provide at least six-months-notice of his/her planned retirement. That physician will sign a "Transition Agreement". He/she may not continue to practice via any payment modality, after the declared retirement date, without written consent from Health PEI. The retirement date is set by the physician.

IMPROVED EMPLOYER-EMPLOYEE RELATIONS

Salaried physicians have said they often do not clearly understand what benefits are available to them and what is expected of them as an employee. Regular Information sessions on rights and responsibilities of employee-employer relationships and employee benefits will be offered.

THE TENTATIVE AGREEMENT

CONTINUED PROGRAM FUNDING

CMPA ASSISTANCE PROGRAM

Funding increased from $600,000 to $675,000. Should costs exceed this amount the difference will be split between Health PEI (75%) and MSPEI physicians (25%).

Physicians will now be required to pay the first $1,500 rather than the previous $1,000.

While physicians will be required to pay an additional $500 upfront, the new Tentative Agreement brings more financial protection and stability to physicians should CMPA premiums spike again, as they did in 2015. The current contract only obligates Health PEI to pay the fixed amount of $600,000. Due to strong relationships, Health PEI agreed to a one-time absorption of the additional costs when the CMPA premium spiked in 2015. Under this new Agreement, Health PEI is required to absorb 75% of the costs –beyond the already funded $675,000. Physicians will be required to pay 25% of the additional costs. It provides physicians with increased protection should such increases occur in the future. Based on current CMPA premium rates, physicians are not expected to pay beyond the $1,500.

OTHER CONTINUED PROGRAMS

PHYSICIAN RETENTION PROGRAM
CURRENT FUNDING OF $500,000 UNCHANGED.

This annual retention incentive of $2,000 to physicians who have been an Ordinary Member of MSPEI for previous 5 years and received at least $20,000 in remuneration under Master Agreement will continue.

CME FUNDING (NON-SALARIED)
FUNDING DOUBLED FROM $140,000 TO $280,000

Calculated to allow approximately $2,000 per year per eligible non-salaried physician.

PARENTAL BENEFITS PROGRAM
FUNDING INCREASED FROM $61,200 TO $122,400

Funding doubled to support more physicians who wish to take parental leave. Historically this program has been underfunded leaving a delay or uncertainty of payment for physicians on parental leave.

COLLABORATIVE FAMILY PRACTICE INCENTIVE PROGRAM
$350,000 (DECREASE FROM $450,000)

This program is designed to encourage and support collaborative care teams. The reduced funding is based on its historical actual spend. The program criteria have not changed.

DISCONTINUED PROGRAM FUNDING

(FUNDS REALLOCATED TO NEW PROGRAMS)

These programs were traditionally underutilized and not deemed to be of high value to the membership.

- Medical Trainee Sponsorship Program
- Clinical Skill Upgrade Program
- Summer Medical Student Program

THE CONTEXT

NEGOTIATIONS: INSIDERS' VIEW

18 months

MSPEI began preparing for negotiations, long before the last contract expired. The first priority was to ensure we were well armed with the expertise and talent we needed to secure the best contract possible. We worked on building a strong foundation of professionalism, expertise and skill that would put us in the best position possible for a positive negotiations outcome. This included hiring an Economics Advisor (Derek Law), securing top labour negotiator Mr. Ron Pink and recruiting strong physician representatives for the Negotiations Committee. This helped ensure those at the table offered the strongest and most credible representation for the profession.

UNDERSTANDING OUR NEGOTIATING LANDSCAPE

DID YOU KNOW?
There were 170 items in total on the original wish list valued at approximately $17 million.

Armed with a strong and competent team, our next priority was to ensure we had a thorough understanding and analysis of the economic landscape and physician compensation competitiveness on the Island and nationally. The analysis was all encompassing, covering everything from inflation to tax competitiveness to population growth. We also conducted a thorough national analysis of the current working environment including physician/patient ratios, workload measures and population health.

This knowledge provided important context for negotiations preparations, but also equipped us with valuable expertise at the bargaining table.

PRIORITY SETTING

Following an extensive outreach with members and input from a representative member advisory table (the Second Table), the Negotiations Committee was faced with the considerable task of narrowing down a massive wish list brought forward by members. This was accomplished using a principle-based approach (see pg. 3).

CHALLENGING GOVERNMENT RELATIONS

From early discussions, it was clear that this round of bargaining would be challenging. Along with a long period of seeing no new money put on the table, little attention was placed on pursuing opportunities that could transform how care was delivered. Health PEI brought a single-priority of increasing accountability by introducing severe, and what MSPEI considered, detrimental restrictions to how and where physicians practice.

The Negotiations Committee also faced changes in government leadership and Health PEI leadership, including one member at the negotiations table. This contributed to lost momentum and a two-steps-forward, three-steps-back bargaining environment.

In addition, government's move to introduce a regulatory amendment to the *Health Services Payment Act* (while we were still at the bargaining table) distracted all parties from reaching a mutually beneficial agreement.

PERSEVERANCE AND SUCCESS

In spite of the long and challenging journey, bargaining proceeded and concluded. Nineteen days were spent at the table and the MSPEI Negotiations Committee dedicated an additional 300+ hours in preparing, drafting counter proposals and strategizing how to achieve the best outcome.

Today we find ourselves with a new Tentative Agreement that sees an additional $5 million being invested in the Master Agreement, protection of some key benefits and the profession securing a new foundation that will equip it to be influential and effective patient advocates for system change.

NEGOTIATIONS COMMITTEE MEMBERSHIP

Ron Pink
Lead Negotiator
Lawyer

Brad Brandon
Negotiations Committee Chair
Emergency Physician

Megan Armstrong
Family Physician

Derek Chaudhary
Nephrologist

Larry Pan
Radiation Oncologist

Lea Bryden
CEO, MSPEI

Derek Law
Economics Advisor, MSPEI

WHY VOTE "YES"?

Your Board of Directors and Negotiations Committee representatives have brought this Tentative Agreement before you because:

1. They firmly believe they have secured the **best deal possible** in a very challenging negotiating environment.
2. This Tentative Agreement offers:
   - $5 million in new funding (five per cent increase over life of contract). A significant investment when compared to other provinces.
   - New protections from previously exposed areas, such as CWI and limited coverage in the event of CMPA premium spikes.
   - A first-of-its kind formal avenue for physicians to have a say in health-system planning, allowing you to be a stronger advocate for your patients and for a healthier working environment for the profession.
   - Funding, using a fair and transparent process, to introduce new or increase the value of current fee codes in between bargaining. The process also applies to fee reductions, preventing unilateral government fee reductions. If fees are reduced, funding recovered will stay in the committee for future spending.
3. MSPEI will have new capacity to offer a much-needed physician health program and offer additional support with navigating health-system administration, creating practice efficiencies and using effective billing practices.
4. They prevented cutbacks and curtailed Health PEI's ability to make unilateral health policy and fee decisions; a plight and growing trend for the profession in other parts of the country.
5. This is a short contract term (only two years remaining), which offers us a strong jumping off point for our next round of bargaining.

IMPACT OF VOTING "NO"

When making the important decision to endorse the Tentative Agreement, it is also helpful to understand the risks and implications of not ratifying the Agreement. While government is always in the position to do what it wishes, under these circumstances, the Negotiations Committee's collective experience suggests the following could, and in some cases likely will, happen:

1. ***MSPEI will not be given the opportunity to proceed with further negotiations. Government has made it clear there will be no more money.***

   This likely means arbitration. Arbitration is a risk for MSPEI and will bring significant cost and unpredictability. New funding achieved in the Tentative Agreement for new benefits and programs would likely be removed as arbitrators are traditionally reluctant to make these types of decisions. Rulings are typically restricted to a wage settlement.
2. ***Government could introduce a regulatory amendment to the* Health Services Payment Act *to limit physicians' autonomy; and***
3. ***Legislation – which dictates the funding increase - could be introduced as done in Manitoba and for teachers in Nova Scotia.***

VOTING

VOTER ELIGIBILITY AND VOTING PROCESS

VOTING DATES
Voting will take place **in-person on April 25** at various polling stations across the Island. An **advanced poll will be offered on April 21**.

The voting process has been authorized and will be overseen by audit firm MRSB.

The contract will be considered ratified with a 50% +1 favourable vote.

Voting will take place in-person on April 25 at various polling stations across the Island. An advanced poll will be offered on April 21. Members' names must appear on the eligible voter's list in order to vote. **Identification will be required.**

SPECIAL REQUEST E-VOTE

Members who are travelling on both voting days may make a special request to vote by email. E-voting must take place during the same time as in-person voting. **To be added to the e-vote list, members must, by midnight April 18, 2017** contact Heather Mullen, heather@mspei.org.

Members approved for e-voting will be removed from the polling stations eligible voter list. Special e-vote privledges will only be granted to those out of province.

BRING WITH YOU

- Proof of identification (i.e. valid driver's license, a provincial photo ID card, or a physician photo ID tag for a Prince Edward Island hospital or health centre).

ELIGIBLE VOTERS

The following members (as defined in The Medical Society of Prince Edward Island (MSPEI) Bylaws June 2016) will be eligible to one vote:

- Ordinary Members in good standing (has paid dues prior to 12:00 midnight April 18, 2017).
- Senior Members
- Life Members
- Locum classified as long-term (6 months or more) who have been confirmed with Health PEI

** Applicants who have had their membership approved pending payment of dues will be considered eligible to vote if dues are paid prior to 12:00 midnight April 18, 2017 and become an Ordinary Member prior to April 19, 2017.*

Those members who fall into the following Membership categories are ineligible to vote:

- Honorary Members
- Medical Student Members
- Resident Members
- Non-resident Membership
- Retired Members
- Visiting Specialists
- Locums with terms of less than 6 months

VOTING SCHEDULE AND POLL STATION LOCATIONS

ADVANCE POLL - FRIDAY, APRIL 21

7 a.m. – 7 p.m.
Prince County Hospital, Summerside, Room# 2804
7 a.m. – 7 p.m.
Medical Society Office, 2 Myrtle Stree, Stratford

VOTING DAY - TUESDAY, APRIL 25

CHARLOTTETOWN

7 a.m. – 7 p.m. ***Queen Elizabeth Hospital***
Room # 71018, Charlottetown
7 a.m. – 7 p.m. ***Medical Society Office***,
Stratford

PRINCE COUNTY

7 a.m. – 7 p.m. ***Prince County Hospital***
Room # 2804, Summerside
7 a.m. – 10 a.m. ***Western Hospital***
Room TBC*, Alberton
11:15 a.m. – 1:15 p.m. ***O'Leary Community Hospital***
Room TBC*
2:30 p.m. – 5 p.m. ***Tyne Valley Health Centre***

KING'S COUNTY

7 a.m.– 10 a.m. ***Souris Hospital***
Room TBC*
11:15 a.m. – 1:15 p.m. ***Kings County Memorial Hospital***
Room TBC*

**When the exact locations for the poll stations are confirmed, details will be sent to members by email.*

LEARN MORE

INFORMATION SESSIONS

To help members make an informed vote, representatives from MSPEI staff, the Negotiations Committee and Board will be hosting the following information sessions.

TUESDAY, APRIL 18

6 p.m. ***Mill River Resort***, Bloomfield

WEDNESDAY, APRIL 19

7 a.m. ***Loyalist Country Inn***, Summerside
6 p.m. ***Loyalist Country Inn***, Summerside

THURSDAY, APRIL 20

7 a.m. ***Holiday Inn Express***, Charlottetown
11:30 a.m. ***River House Inn & Cottages***, Montague
6 p.m. ***Holiday Inn Express***, Charlottetown

QUESTIONS?

VOTING QUESTIONS

Heather Mullen
Director of Physician Programs and Services
P: 902-368-7303 ext. 103
C: 902-393-7490
E: heather@mspei.org

CONTRACT QUESTIONS

Derek Law
Economics Advisor
P: 1-902-223-3014
E: derek@mspei.org