Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé **PRIMARY HEALTH CARE OPERATIONAL GUIDELINES**	**Operational Guideline:** *Physician Scheduling and Job Sharing*	**Guideline Number:** *PCOG#27*
	Approved By: *Primary Care Service Area Leadership*	**Pages:** *1 of 8*
	Approval Date: *March 16, 2022*	**Supercedes:** *September 13, 2019*

1. INTENT

1.1 To provide a consistent and transparent process to support recruitment and retention of Physicians and job sharing partnerships

1.2 To establish a minimum daily Physician staffing baseline that will provide assurance within an interprofessional team environment of the ability to respond to patients in a safe and timely way. Some examples may include:

- Reciprocal Physician coverage arrangement is in place whereby when one Physician is not working, another Physician is caring for their patients;
- Physician is available on site to consult with and write prescriptions for patients presenting that day for all interprofessional team appointments;
- Physician is available to respond to critical results that may need consultation on a differential diagnosis based on that critical result;
- Physician is available to support emergency management of acutely mental ill patients requiring Form 4 completion (application by Physician for Involuntary Psychiatric Assessment which authorizes that an individual be taken to a Psychiatric Facility for an assessment by a Psychiatrist) or;
- Physician is available to support any member of the interprofessional team who may need a second opinion at the time of a patient appointment

1.3 To support the Patient's Medical Home; a safe patient-centered model of care that provides timely access to appointments and continuity of care through a strategic and planned distribution of Physician resources

1.4 To support Advanced Access planning and improve patient flow by managing and balancing the supply and demand of clinic appointments at any given time

2. DEFINITIONS

Time Adjustment Form (TAF) - a form completed by the Community Area Director (or designate) that calculates the amount of time away from the clinic that must be scheduled for each Physician in order to ensure the contracted hours worked are met for the contract duration. The formula calculates the number of Physician contracted hours (excludes Site Medical Lead (SML) hours) based on their annual contracted EFT.

EXAMPLE 1: 1.0 EFT = 1760 Hours

Physician works 40 hrs/wk (8 hrs/day) x 52 wks/yr = 2080 workable hrs
11 stats/yr x 8 hrs/day = 88 stat hrs/yr
2080 workable hrs – 88 stat hrs/yr = 1992 workable hrs
1991 workable hrs – 1760 contracted hrs = 232 hrs of time to be adjusted

EXAMPLE 2: 0.8 EFT = 1408 Hours

Physician works 32 hrs/wk (6.5 hrs/day) x 52 wks/yr = 1664 workable hrs
11 stats/yr x 6.5 hrs/day = 71.5 stat hrs/yr
1664 workable hrs – 71.5 stat hrs/yr = 1592.5 workable hrs
1592.5 workable hrs – 1408 contracted hrs = 184.5 hrs of time to be adjusted

The entitlement form includes the Physician's clinical schedule start and end time for each day of the week for the entire contractual year (See examples in APPENDIX A).

Work Schedule Adjustment (WSA) – a form completed by all WRHA Contracted and Sessional Physicians to request a schedule adjustment. Approval is based on the clinical Physician *minimum* baseline requirements to balance the variation of demand and supports collaborative practice (refer to *APPENDIX A - Physician Time Adjustment Form (TAF) and Work Schedule Adjustment (WSA) Request Form SAMPLES*).

Advanced Access Creating Contingency Plans – Time off/vacation polices that address how to meet the demand with the diminished supply of providers. First step is to assess and identify the minimum supply of providers it takes to meet the demand and then commit to not go under that minimum. The team must agree on how to handle multiple requests for time away during the same time frame. Any conflict experienced will be managed by the SML or Community Area Director.

Job Sharing – An alternate work schedule whereby Physicians work part-time sharing a panel of patients; involves scheduling two providers to ensure up to equivalent full time hours across the partnership. Benefits may include:

- Improved patient access
- Improved ability to meet strategic policy goals (Advanced Access, Patient Flow, Panel Sizes, Attachment, etc.)
- Increased continuity of care due to increased availability of one of two physicians that may be associated to the individual patient
- Achievement of work-life balance or professional development priorities of the Physician who wants a reduced work schedule
- Opportunity for retention of Physicians wanting to wind down their practice or incorporate mentorship for new graduates
- Combines the collective intelligence of two providers in the best interests of the patient while promoting interprofessional practice
- Reduces additional workload on the full practice by reducing the need to spread coverage across the entire practice

3. GUIDELINE

Physician Scheduling

3.1 During the last quarter of each fiscal year the SML, Community Area Director and Team Manager will establish yearly Physician Work Schedule Adjustment (WSA) plans to meet operational supply/demand fluctuations for clinic scheduling purposes. The SML, Community Area Director and Team Manager with collaborative Physician input will establish a minimum baseline number of Physician(s) to be on-site at any given time to support operational clinic requirements.

3.2 It is important that Primary Care Advanced Access indicators are completed and used to support an overall clinic trending analysis to inform the decisions of Physician baseline

variation numbers. Analysis of overall trends in the Advanced Access measurement tool will assist and inform seasonal and daily variations. Seasonal and daily variation examples include but are not limited to:

Seasonal Variations:

- Flu season
- Allergy season
- Back to school or school vacation
- Summer and winter vacation seasons

Daily Variations:

- Days of the week with the highest demand
- Days of the week with lowest supply

Clinic operations must flex resources to meet the demand. It makes no sense to have ¾ of the practice gone on a Monday or a Friday of a long weekend when the practice knows that most of the demand will occur on that day. This can be analyzed by using the Advanced Access Primary Care Data Collection Tool demand/supply/activity indicators to measure supply and demand variations.

3.3 Physician considerations when requesting an adjustment to their work schedule:

3.3.1 Every effort shall be made on the part of the Physician to provide adequate notice of any WSA request to avoid the rework involved to reschedule patients

3.3.2 Physicians should schedule WSA requests on days, weeks or months when demand trends are lower than supply and activity

3.3.3 Consider using return appointments to “load-level” when Physicians are planning to be away. Preplanning for the days the Physician is not scheduled to work may alleviate unnecessary pressures for other team members. For example: ensure urgent labs, diagnostics and prescription refills are addressed prior to departure.

3.3.4 The SML or Community Area Director (or designate) and the supervising Physician should ensure student arrangements are made to meet all educational opportunities the clinic has agreed to

3.4 Physician WSA request form process:

3.4.1 A joint communication from the SML, Community Area Director and Team Manager in writing will be forwarded to all clinic Physicians (with a copy to the Regional Medical Specialty Lead) of the Physician minimum clinic baseline decision (per day, week, month, etc.) to occur

3.4.2 By February 1 of each year, the Community Area Director (or designate) will complete the Time Adjustment Form (TAF) for each Contracted and Sessional Physician for the next fiscal year (excludes SML hours)

3.4.3 By February 15 the Physician will be provided a TAF which will outline the time not needed to be worked (or time away from the clinic) for the year. This will also include the start time and end time as mutually agreed by the SML and Community Area Director.

3.4.4 Any adjustments to the TAF including start and end time must be by mutual agreement between the Physician, SML and Community Area Director

3.4.5 The TAF is to be signed by the Physician, SML and Community Area Director. The approved TAF is forwarded by the Community Area Director (or designate) to the Physician with a copy to the SML and Team Manager.

3.4.6 By March 15 of each year all Contract and Sessional Physicians will plan for the majority of their time off and submit their work schedule adjustment hours on the Physician WSA request form to the Community Area Director (or designate)

3.4.7 All Physician WSA requests will be approved in order from highest to lowest total hours worked (includes total Physician hours worked in Primary Care Direct Operated Clinics and funded Community Health Agency sites) beginning with Contracted and then moving to Sessional adjustment requests

3.4.8 If the Community Area Director (or designate) is unable to approve the WSA it will be noted as unable to approve and forwarded to the SML for follow up directly with the Physician

3.4.9 To support the Physicians need for flexibility, should they wish to alter their planned time away from the clinic they are required to complete an updated WSA form outlining the requested change. WSA request forms will be approved as they are received. Physicians will ensure all patient bookings, on-call responsibilities and meetings have been rescheduled or arrangements made for coverage.

3.4.10 Physicians will submit their WSA request forms to the Senior Primary Care Assistant (PCA) (or designate) who will ensure the day is available based on the defined Physician minimum baseline. Provided the WSA request meets the established baseline, the Senior PCA will make the adjustment to the clinic schedule.

3.4.11 The Senior PCA will task the Primary Care Assistant Phone Manager (or designate) if it is necessary to reschedule patients. Patients are to be notified and rescheduled as soon as possible.

3.4.12 The Senior PCA will then forward all Physician WSA request forms to the Team Manager for approval to ensure the minimum baseline number of Physicians required to support clinic operations is met

3.4.13 If the Team Manager is not able to approve the WSA request form it will be forwarded to either the SML or Community Area Director (or designate) to follow up directly with Physician

3.4.14 For newly hired Physicians it is the responsibility of the Community Area Director (or designate) to complete the TAF. To ensure any Physician WSA requests negotiated at time of hire are able to be approved, the Physician WSA request form must be completed prior to the newly hired Physicians start date and forwarded to the Team Manager.

3.4.15 At any point during the Physician TAF or WSA time off planning and approval process, consultation with the Regional Medical Specialty Lead for Primary Health Care may occur as needed (refer to *APPENDIX B - Physician Time Adjustment Form (TAF) and Work Schedule Adjustment (WSA) Process ALGORITHM*)

Job Sharing

3.5 When establishing a job sharing partnership whereby two Physicians voluntarily share the responsibility of one full time patient panel, a joint dialogue must occur involving the Physicians, SML, Community Area Director, Team Manager, and Regional Medical Specialty Lead for Primary Health Care to work out and agree upon:

- shared responsibilities and duties
- operational details
- expectations
- deliverables

3.6 To ensure success of the job sharing partnership, all responsibilities and duties identified during the planning process must be shared equally between the two Physicians. This may include but not limited to:

- Administrative work (i.e., paperwork, insurance forms, email messages, meetings, etc.)
- Laboratory results
- Call backs
- Prescriptions
- Teaching
- After-hours call

3.7 Principles to consider when exploring a job sharing partnership include:

- Sharing available clinic appointment slots equally between the two practices
- Sharing a roster of patients and competing work as it is generated (completing today's work today)
- Copying each other on important email messages
- Ensuring only one attends a meeting and provides opinions on behalf of both – do not "double up"
- Off-setting hours where possible to ensure coverage during all regular office hours. If the job share is not equivalent to full time, then agreement that one

partner will be in the office daily, or at minimum of only one office day off between patient appointments so patient call backs and Advanced Access requirements are met in a timely manner.
- Developing/reviewing schedules, including vacation plans, at a minimum of 3 months at a time, and in the context of all Physicians within the clinic

3.8 Tips for a Physician considering entry into a job sharing partnership include:
- Remember you are sharing 1 position, not 2 part-time jobs
- Make it easy and seamless for those who communicate with you by being sure that each person in the job share is aware of what the other is doing (and communicate well with your administrative staff)
- Set aside time to discuss and troubleshoot problems
- Support your partner's decisions; work out disagreements privately
- Enjoy the flexibility of the job share
- Brainstorm together – remember the "collective intelligence" will provide you with more ideas and solutions
- Ensure you are both taking credit appropriately for paired and individual work

3.9 Open communication and a means for the Physicians to work together occasionally are critical to the success of sharing a patient panel

3.10 Creating a successful job share requires trust, open communication, shared beliefs, a common work ethic and practice style. A desire by the Physician to be in a job share is critical as well as being involved in the selection of appropriate job share partners. A commitment to the job share is needed to ensure that work schedules and days off are aligned within the partnership. Routine monitoring of the relationship by the SML or Community Area Director (or designate) and managing any constraints will minimize the impact over the long run.

3.11 There must be clear education and communication to the patient about the partnership model and how their care will be handed. The job sharing partnership is an extension of the collaborative care model already in place. The SML, Community Area Director, and Team Manager will collectively strategize on the best method for accomplishing this goal.

3.12 Any job sharing partnership model being established must be done within existing medical remuneration budgets, no new funds are available

3.13 Every Physician entering into a job sharing partnership is obligated to fulfill their own contractual hours based on the annual EFT negotiated in their respective Medical Remuneration Contract Summary each year. Partnership hours are not to be combined to fulfill overall contractual obligations.

To ensure individual contractual obligations are on track, it is recommended the SML and Community Area Director regularly review and reconcile the *Physician Contracted Hours Tracking Spreadsheet* and *Medical Remuneration Budget* as provided by the

Medical Remuneration Administrative Assistant or Primary Care Program Specialist at the end of each quarter.

3.14 A minimum 0.5 EFT contract is expected when recruiting any new Physician or renegotiating existing annual Physician contracts at all Primary Care Direct Operated Clinics. Exceptions may be necessary and will be considered on a case by case basis by the SML, Community Area Director and Regional Medical Specialty Lead for Primary Health Care.

4. REFERENCES

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- Create Contingency Plans Institute for Health Care Improvement (April 2011) http://www.ihi.org/knowledge/Pages/Changes/CreateContingencyPlans.aspx
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- Consultation with Primary Care Service Area Leadership, Primary Care Direct Operated Clinic Team Managers, Community Area Directors and Site Medical Leads (September 2019)

5. APPENDICES

- **APPENDIX A** - Physician Time Adjustment Form (TAF) and Work Schedule Adjustment (WSA) Request Form SAMPLES
- **APPENDIX B** - Physician Time Adjustment Form (TAF) and Work Schedule Adjustment (WSA) Process ALGORITHM

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SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics only. Walk In Connected Care Clinics are out of scope of this guideline.

Kildonan Medical Centre and Northern Connection Medical Centre are currently out of scope of this guideline as the Medical Remuneration budgets for these specific clinics reside with the University and not the WRHA.

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership