

NEGOTIATIONS REQUEST FORM

It is critical that the Negotiations Team enter bargaining feeling like they have a comprehensive understanding of the issues facing their colleagues and the profession in general including those related to billing practices, fee codes, rates, contracts, administration and workplace stressors. While the recent Negotiations Survey and face-to-face roundtable meetings provided excellent high-level input, we want to make sure we identify and understand specific issues or opportunities underpinning those themes. This form has been created for that purpose—to give physicians a tool to bring specific issues or opportunities to the team's attention while, at the same time, providing the Committee with a fair, transparent and consistent format in which to receive these requests.

Please complete the following form to the best of your ability. With complete information, the Negotiations Team will have the information and context necessary to decide where your request may fit in the overall bargaining strategy. It is important to note, that while all requests will be carefully reviewed and considered by the Team, they may not all be advanced to the priority list for the Negotiations Team. As we hope you can all appreciate, the Negotiations Team is tasked with the difficult challenge of prioritizing the various needs into a strategy that will have the greatest impact on the profession and patient care, while considering where government is most interested in investing.

DEADLINE: Sept. 3, 2019

EMAIL COMPLETE FORM TO: tamzin@mspei.org

Note: Handwritten forms will not be accepted.

Questions or Support:

Derek Law

MSPEI Economics Advisor/ Negotiations Committee Staff Support

E: derek@mspei.org

P: 902-481-4916

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You must have Acrobat Adobe installed on your device to complete the online form. If working from a mobile device, open the document in Adobe in order to complete the form. Once completed, save (or export) the document and send it to tamzin@mspei.org. If you require technical assistance, contact Donna Lamont at 902-368-7303.

A. Applicant(s) Information:

- Name of Physician submitting this Request for review and consideration:

Name: _____

Specialty: _____

- Are other Physicians Co-Sponsoring this Request? If so, please provide their names and indicate whether they have reviewed this Form prior to it being submitted. (**Please note, that while a Co-Sponsoring Physician is not required to submit a request, it would assist the Committee when reviewing applications and developing priorities to know the degree of physician support for a particular request).

Co-Sponsoring Physician(s) Name/Specialty:

Have they reviewed this Form?

YES	NO

- Applicant Contact Information:

Phone Number

E-mail

Mailing Address:

B. My request relates to:

an Incentive or Program in the Master Agreement

the Master Agreement Tariff (i.e. either the Fee Code schedule or supporting Preamble)

a change to a Master Agreement standard form contract (i.e. Salaried Contract, Contract for Services Contracts, etc.)

a change to the services or benefits provided in the Master Agreement

other (please describe): _____

C. What are you requesting?

Please provide an executive summary of your request. If your request relates to a change to the present wording of the Master Agreement, please be sure to identify the section(s) you are referring to.

D. What problem are you trying to solve with this request?

Why are you making this request? What issue, challenge or opportunity would you like the Negotiations Team to be aware of?

E. Who will benefit from this Request?

What physician(s) or group(s) of physicians (including numbers of physicians) will benefit from this request?

F. If approved, how will this request support the profession, improve patient care and/or advance the health-care system? (This information will support the Negotiations Team in evaluating the impact and assess how the issue aligns with MSPEI's bargaining strategy and government priorities.)

G. Additional Information to Support your Request:

Depending on the nature of your request, the following sections may not all apply. **Please fill-out the section(s) which do apply** to provide the Negotiations Committee with the necessary information to understand and assess your request:

1. Please identify other PEI fee codes, services, incentives or programs, and associated values, that compare in time, responsibility and complexity to this request:
2. How are your colleagues across the country compensated for this service/incentive?
3. Is there other evidence to support this request (literature, research, reports, anecdotal)?

4. In the following table, please provide benchmarking evidence citing the jurisdiction and value assigned to this service/incentive, including reference information for negotiation committee verification.(Reference: [Fee schedules across Canada](#)).

Prov/Terr	Code/ Incentive	Fee Value	Source
BC			published fee schedule other (please reference)
AB			published fee schedule - other (please reference)
SK			published fee schedule other (please reference)
MB			published fee schedule o other (please reference)
ON			published fee schedule o other (please reference)
NB			published fee schedule o other (please reference)
NS			published fee schedule o other (please reference)
NL			published fee schedule other (please reference)
YK			published fee schedule o other (please reference)
NV			published fee schedule o other (please reference)
NWT			published fee schedule o other (please reference)

5. If your request relates to a change to the wording of the current Master Agreement (i.e. Tariff, Preamble, Contract, etc.), please provide: a) current section number and wording; b) proposed amended wording; and c) information as to how the issue is dealt with in other provinces.

THANK YOU

Please save the PDF form and email it to
tamzin@mspei.org