



# MINISTERIAL DIRECTIVE

Department of Health and Social Services

*Locum Tenens Contract*  
**MD 2019-01**

## 1. Background

Since 2001, the Minister of Health and Social Services has ensured that Health and Social Services Authorities have implemented a standardized physician contract and locum rates.

Health and Social Services Authorities rely on locum tenens physicians to provide medical services when permanent physicians are not available.

This Directive rescinds Ministerial Directive 2013-03 - Locum Tenens Contract signed on July 29, 2013 and amended October 1, 2013.

## 2. Purpose

This Ministerial Directive requires that all Health and Social Services Authorities use the standardized Locum Tenens Contract when physicians who are Locum Practitioners are required to provide medical services. The Locum Tenens Contract is attached as Appendix 1.

This Directive also requires that all Health and Social Services Authorities pay Locum Practitioners based on the rates set out in Appendix 2.

Consistent application of the standardized Locum Tenens Contract is essential to ensure stable and predictable physician resources across the Northwest Territories and throughout the Health and Social Services System.

## 3. Definitions

**Health & Social Services Authorities** means the Territorial authority established under section 5(1), a Board of Management established under section 10(1) or referred to in subsection 10.2 or 10.3 of the *Hospital Insurance and Health and Social Services Administration Act*, or an organization, agency or firm contracted by the Minister pursuant to section 17 of the *Hospital Insurance and Health and Social Services Administration Act*.

**Medical Services** means the following services provide by the Locum Practitioner, including any:

- a) Medical services the Locum Practitioner is qualified to provide (including office- based clinics, hospital obstetrics, surgery, anaesthesia, Emergency Room and Outpatient Department ("ER/OPD") coverage, inpatient services, call backs, out- of-home community clinics and medevacs);
- b) Administrative services (including the completion of fee-for-service claims required in paragraph 7.2 of the Contract); and



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c) Additional services or duties specified in Schedule 1 of the Contract.

#### **4. Exceptions**

The only exceptions to the Locum Tenens Contract are:

- A. In the event of a declared health emergency, such as a pandemic, locums can be scheduled to work hours in excess of their regular shift.
- B. Where locum practitioners are scheduled to work more than their regular daily hours, they will be compensated for every additional hour at the hourly rate established in Appendix 2.
- C. Locum practitioners may be scheduled to work full days or partial days. Compensation for partial days will be paid at the hourly rate set out in Appendix 2.

No other exceptions to the terms, conditions or payments can be made to the Locum Tenens Contract unless approved by the Minister.

Health and Social Service Authorities may submit a request in writing to the Deputy Minister of Health and Social Services for consideration of an exception to the Locum Tenens Contract.

The Minister may, upon recommendation of the Deputy Minister, approve an exception to the Locum Tenens Contract.

The Authority shall reflect the approved exception in the contract of the Locum Practitioner.

#### **5. Length of Term**

The length of the service period of a Locum Practitioner will be the period set out in Schedule 1 of the Locum Tenens Contract.

#### **6. Amendment**

This Directive may be amended in writing by the Minister from time to time.

#### **7. Coming into Force**

This Directive is in effect, as amended from time to time, until it is repealed by the Minister.



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**8. Expiration Date**

This Directive is in effect, as amended from time to time, **until March 31, 2022.**

<original signed by>  
\_\_\_\_\_  
Glen Abernethy  
Minister of Health and Social Services

August 15, 2019  
\_\_\_\_\_  
Date