

APPENDIX K
“For Information Only”

HEALTH PEI
POLICIES AND PROCEDURES MANUAL

POLICY NAME: **PHYSICIAN HONORARIA POLICY**

EFFECTIVE DATE: April 1, 2001

APPROVED BY: _____
 Health PEI

INTRODUCTION:

The Health PEI believes that a team-based approach is an effective means for problem-solving and developing solutions to the many issues in the delivery of the health care system.

In order to ensure active team member participation in this process, the Health PEI shall provide remuneration to physicians who are participating on approved committees/working groups. A schedule of meetings, approximate duration of the activities of the Committee, and budget shall be required in advance of approval.

1.0 INTERPRETATION/DEFINITIONS:

Committees shall be considered by the Health PEI on an individual basis. For the purpose of this policy and its implementation, the following definitions shall apply:

- (a) "Chairperson" means the person appointed by the Health PEI to hold that position or to act as chairperson in the absence of the appointed chairperson

- (b) "Committee" means all Provincial committees established by the Health PEI. This excludes those committees where physicians are required to participate as part of their usual medical staff functions or as a condition to having admitting privileges in that facility.

- (c) "Honoraria" means rate of compensation paid to a person for attending a committee meeting or any other meeting the person is requested to attend, based on their capacity as chairperson or member of a committee.

2.0 APPROVAL PROCESS:

In order for a committee to qualify under the Honoraria Policy, it must satisfy one or more of the following criteria:

- 1) mandated by legislation, e.g., Health Services Payment Advisory Committee, Physician Resource Planning Committee;
- 2) arising from the Master Agreement between the Medical Society of P.E.I. and the Health PEI;
- 3) created by the Health PEI in response to a provincial issue;
- 4) in response to a regional request whereby decisions made would have a provincial impact;
- 5) a joint planning committee agreed to by the Health PEI and the Medical Society.

3.0 ELIGIBILITY FOR HONORARIA:

Honoraria shall be paid to all fee-for-service physicians who participate on approved committees. Salaried and alternately paid physicians shall only be paid an honoraria for committee participation outside of the scheduled contracted hours.

4.0 HONORARIA RATES:

As per Article C9 in the Master Agreement.

NOTE: Meeting time does not include travel time.

5.0 TRAVEL EXPENSES:

Mileage shall be paid at the approved Treasury Board rate. A minimum of 50 kilometers (return) must be traveled to be eligible for any reimbursement.

6.0 ADMINISTRATION:

Honoraria payments to physicians shall be made by the Health PEI on a quarterly basis (March, June, September, December). Physicians shall submit their invoice, using the form attached hereto, to Health PEI (Attention: Manager of Physician Services, Medical Services Division) within thirty (30) days after the end of the quarter.

PHYSICIAN HONORARIUM PAYMENT FORM

Honoraria payments to eligible physicians shall be made by the Health PEI on a quarterly basis (March, June, September, December). To receive honoraria payments, physicians must submit their invoice using this form to Health PEI (Attention: Manager of Physician Services, Medical Services Division) within 30 days after the end of the quarter.

Eligibility: Honoraria shall be paid to all fee-for-service physicians who participate on approved committees. Salaried and alternately paid physicians shall only be paid an honorarium for committee participation outside of the scheduled contracted hours.

Honorarium amount: Health PEI shall provide reimbursement directly to eligible physicians at the rate \$200/hour, or part thereof in excess of 15 minutes, to a maximum of \$1,200/day.

Travel: Honoraria will be paid for meeting time only, not travel time. Mileage claims in excess of 50 km (return trip) are eligible for reimbursement at approved Treasury Board rates, as determined on a monthly basis.

Physician Name: _____ Employee ID: _____

Address: _____

Committee Name	Meeting Date	Start Time	End Time	Honorarium Amount	Travel Distance
TOTAL:				\$	km

Prepared By: _____ Date Prepared: _____

Approved By: _____ Date Approved: _____

FOR OFFICE USE ONLY:

Mileage rate: \$ _____/km Travel reimbursement: \$ _____