1. **INTENT**

1.1 To provide a consistent and transparent process to support the operational requirements at all WRHA Operated Primary Care sites while balancing and responding to Physician Work Schedule Adjustment Requests.

1.2 Establishment of a Physician minimum baseline to support Physicians to have successful intraprofessional teams to provide reciprocal coverage arrangements to promote Physician satisfaction (i.e., coverage while a Physician is not working another Physician is caring for their patients). Provides assurance within an interprofessional team environment to be able to respond to patients in a safe and timely way examples include:

   - 1.2.1 Physician available on site to consult with and write triplicate prescriptions for patients presenting that day for NP’s and PA’s appointments;
   - 1.2.2 Physician available to respond to critical results that may need consultation on a differential diagnosis based on that critical result;
   - 1.2.3 Physician available to support emergency management of acutely mental ill patients who may require Form 4 completion (Form 4-Application by Physician for Involuntary Psychiatric Assessment which authorizes that an individual be taken to a psychiatric facility for an assessment by a psychiatrist) and;
   - 1.2.4 Newly Graduated Physicians and or Nurse Practitioners (or students) into primary care practice that may need a second opinion at the time of an appointment when seeing a patient. It is recommended these interprofessional clinical practice outcomes are achieved with a minimum Physician baseline set.

1.3 To support the Patient’s Medical Home, a patient-centred model of care that provides timely access to appointments and continuity of care, through adequate distribution of Physician resources to provide high quality safe patient centered care.

1.4 To support the three principles of Triple C:

   - Comprehensive
   - Focused on Continuity of Education and Patient Care
   - Centered in Family Medicine.¹

   Populations with better access to continuing care from the same personal Physician have fewer hospitalizations and better health outcomes³.

1.5 To support Advanced Access contingency planning in order to manage and balance supply and demand ⁴ and meet the objectives outlined in the 2013 WRHA Primary Care Direct Ops Process Review. First step is to assess the minimum supply of providers it takes to meet the demand and then commit to remain at the minimum. This means the team must also agree on how to handle multiple requests for time away during the same time frame.⁷

2. **DEFINITIONS**

   **Time Adjustment Form (TAF)** - a form completed by the Director responsible for Primary Care services) 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 and Community Area Network Lead Hours):

Calculate Contractual Hours based on the Physician’s EFT:

Example: Dr. A
1.0 EFT = 1760 hours
Physician works 40 hrs/wk (8 hours per 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
1992 workable hrs - 1760 contract hrs = 232 hrs of time to be adjusted

Example: Dr. B
0.8 EFT = 1408 hours
Physician works 32 hrs/wk (6.5 hours per 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 contract 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 Appendix A).

Physician Work Schedule Adjustment Request Form (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 (see Appendix A)

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.

3. GUIDELINE

3.1 During the last quarter of each fiscal year, the SML, Director responsible for Primary Care services and Team Manager will establish yearly Physician Work Schedule Adjustment plans to meet operational supply/demand fluctuations for clinic scheduling purposes. The SML, Director responsible for Primary Care services and Team Manager with collaborative Physician input will establish a minimum baseline number of Physician(s) to support operational clinic requirements.

3.2 It is important that the 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. These could be by day, week or month.
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 the following:

**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

Mark Murray (2008) states time off policies based on predicted demand is an effective strategy to balance supply and demand. Mark Murray provides this example, “it makes no sense to have ¾ of the practice gone on a Monday or Friday when the practice knows that most of the demand will occur on a Monday or Friday.” Clinic operations should flex resources to meet the demand. 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 Physician Work Schedule Adjustment Requests (WSA) to avoid the rework involved to reschedule patients.

3.3.2 Physicians should consider 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, consider urgent labs, diagnostics and prescription refills are addressed prior to your departure.

3.3.4 The Site Medical Lead (SML) or Director responsible for Primary Care services in the absence of a SML (or designate) and the supervising Physician will ensure student arrangements are made to meet all educational opportunities the clinic has agreed to.

3.4 Physician work schedule adjustment request form process:

3.4.0 A joint communication from the SML, Director responsible for Primary Care services and Team Manager in writing to all clinic Physicians with a cc to the
Family Medicine Primary Care Medical Director of the Physician minimum clinic baseline decision (per day, week, month, etc.) to occur.

3.4.1 By February 1st of each year, the Director responsible for Primary Care services or designate will complete the Time Adjustment Form (TAF) for each Contracted and Sessional Physician for the next fiscal year (excludes Site Medical Lead and Community Area Network Lead hours).

3.4.2 By February 15th 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 Director responsible for Primary Care services.

3.4.3 Any adjustments or discrepancies to the TAF including start and end time must be by mutual agreement between the Physician, SML and Director responsible for Primary Care services.

3.4.4 The TAF is to be signed by the Physician, SML and Director responsible for Primary Care services. The approved TAF is forwarded by the Director responsible for Primary Care services (or designate) to the Physician with a copy to the SML and Team Manager.

3.4.5 By March 15th of each year all Contract and Sessional Physicians will plan for the majority of their time off and submit the work schedule adjustment hours on the Physician Work Schedule Adjustment Request Form (WSA) to the Director responsible for Primary Care services (or designate).

3.4.6 All Physician WSA requests will be approved in order from highest to lowest total hours worked (includes total Physician hours worked in WRHA Direct Ops and funded Community Health Agency sites) beginning with Contracted and then moving to Sessional adjustment requests.

3.4.7 If the Director responsible for Primary Care services (or designate) is unable to approve the WSA it will be noted as unable to approve and forwarded to the SML or in the absence of the SML, the Director responsible for Primary Care services to follow up directly with the Physician.

3.4.8 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 (i.e., Physician requests to change April 19 as not working to working and instead request June 19 as time away from the clinic). WSA Request Forms will be approved as they are received. Physicians to ensure all patient bookings, on-call responsibilities and meetings have been rescheduled or arrangements made for coverage.

3.4.9 Physicians will submit their WSA Request Forms to the Senior Primary Care Assistant (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 Primary Care Assistant (or designate) will make the adjustment to the clinic schedule.

3.4.10 The Senior Primary Care Assistant tasks 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.

3.4.11 The Senior Primary Care Assistant will 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 are met.

3.4.12 If the Team Manager is not able to approve the WSA Request Form it will be forwarded to either the SML or in the absence of SML, the Director responsible for Primary Care services to follow up directly with Physician.

3.4.13 For newly hired Physicians it is the responsibility of the Director responsible for Primary Care services (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.

3.4.14 At any point during the Physician TAF or WSA Time off planning and approval process, consultation with the WRHA Family Medicine Primary Care Medical Director may occur as needed (see Appendix B).

4. APPENDICES

- Appendix A – SAMPLE, Time Adjustment Form (TAF) and Work Schedule Adjustment Request Form (WSA)
- Appendix B - Physician Work Schedule Planning and Process

5. CONSULTATION PROCESS

- Primary Care Program Team distributed for feedback to Dr. Sheldon Permac, Margaret Kozlowski, Jeanette Edwards August 28, 2013
- Primary Care Direct Ops Team Manager Meeting September 25, 2013 and October 31, 2013
- Wide Distribution to all WRHA Operated Primary Care Clinic Physicians (September 18, 2013)

6. SOURCE/REFERENCES

1. The College of Family Physicians of Canada - Triple C Competency -based Curriculum Canada's Family Medicine Curriculum
Operational Guideline:
Physician Work Schedule Planning and Process

Guideline Number:
PCOG 27

Approved By:
Primary Care Management Team

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Approval Date:
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Primary Care
Operational Guidelines

2 College of Family Physicians of Canada September 2011 A Vision for Canada: Family Practice - The Patient's Medical Home

3 Best Advice – Timely Access to Appointments in Family Practice Same-Day/Advanced Access Scheduling

4 Create Contingency Plans Institute for Health Care Improvement Last modified 4/27/2011
http://www.ihi.org/knowledge/Pages/Changes/CreateContingencyPlans.aspx

5 Mark Murray & Associates 2008 Manitoba Health Training Contingency Planning provided to all WRHA Operated Direct operational sites enrolled sites in Advanced Access Training Access River East, Access Transcona, Access Downtown, Aikins Primary Care Clinic and Corydon Primary Care Clinic

6 Acknowledgements to the 1001 Corydon Primary Care team who assisted in the development of the TAF and WSA documents that has supported both clinic operations and contingency planning (August 2013)

7 PRIMARY AUTHORS

• Dr. Sheldon Permack, Family Medicine Primary Care Medical Director
• Jo-Anne Kilgour, Family Medicine Primary Care Program Specialist
• Kevin Mozdzen, Family Medicine Primary Care Program Specialist

8 ALTERNATE CONTACT

• Margaret Kozlowski, Family Medicine Primary Care Director of Community Services

CC: Inserted into Physician Orientation Checklist and Hiring Package