



The Practice Level Agreement (PLA) is an addendum within the Service Contract, the details of which are negotiated between the NP and the practice they are joining. Both the NP and all members of the practice must sign this document in advance of the Service Contract being finalized. Once the PLA is completed it is shared with contract administrator at which point the entire service contract is signed off by the NP. The PLA is reviewed on an annual basis and with any addition of practitioners to the team.

Clarity within the PLA is important to ensure all parties have aligned expectations of workload, finances, and shared governance. We strongly advise that PLAs, at minimum, clarify the following details: Overhead allocation to the clinic, corresponding administrative/ technological support provided to the NP for their overhead contribution, access to and long-term storage of clinic electronic medical record systems, scheduling, locum/vacation coverage, requirements for privileging and cross coverage, and after-hours coverage or call rotations within the practice setting. Each practice setting is unique and poses different requirements that each NP will need to consider carefully during respectful negotiations with their team.

Members of the NNPBC Provincial/Regional Leadership team can be sought out during PLA negotiations for additional advice as needed.

Below are some examples of elements that may be specified in a PLA:

Overhead Allocation:

- Specific amount of overhead to be paid to the practice monthly and if any overhead will be preserved by the NP for additional expenses.
- Details and timing of overhead remittance
- Details regarding plans for overhead remittance if unexpected leave occurs and during times that NP has a locum.

Resources included for overhead allocation

- Onsite resources provided such as amount of MOA coverage; computer/ office equipment access/ exam room access/exam room supplies/ administrative supplies/ dictation programs and supplies etc.
- Off-site resources - i.e., if expectations of NP to work from home to provide virtual care, then what % of OH will be allocated for NP to provide those resources
- Additional resources i.e., will some resource costs fall outside of OH allocation i.e., if practice decides to buy a new piece of equipment not already established/paid for in OH allocation

Scheduling & time away

- Details of how work hours will be determined; will these be set by NP/all practitioners in the clinic on individual basis or is there an expected timeframe in which to provide care.
- How much work is expected to be virtual? Where will virtual work take place? Can virtual work take place at the clinic?
- Will exam rooms be available as needed or is there a schedule for exam room use?
- Call/after-hours coverage and long-term coverage:
- Details of expectations around after-hours coverage or call schedule.
- Is there an after-hours call rota and if so, are privileges required? Same for hospital/LTC coverage of clinic pts.