Historical

Provider compensation
Policy manual



Table of contents

Section A: Provider contracting

A.1: Contracting

A.2: Selection and rostering

A.3: Conflict of interest

A.4: Non-insured health services

A.5: Travel expenses

A.6: Coverage of ancillary expenses

A.7: Housing benefit

Historical



Introduction

Physician Compensation and Medical Affairs

The Physician Compensation and Medical Affairs Branch (the branch) is responsible for managing provider compensation, contracts, and governance to ensure fair, transparent and compliant practices. It develops and administers payment models, oversees provider agreements and credentialing, supports recruitment and retention efforts and ensures adherence to regulatory and organizational standards.

The branch also works closely with finance and leadership to monitor budgets, align provider resources with system priorities and foster strong relationships between providers and the branch, ultimately supporting high-quality, sustainable care.

Mission statement

To ensure fair, transparent, and accountable provider compensation and medical affairs practices that align with clinical excellence, regulatory compliance and organizational priorities.

Vision statement

A unified and transparent compensation and medical affairs framework that enables provider leadership, supports workforce sustainability and drives continuous improvement in patient care and system performance.

This policy manual

This policy manual serves as a guide for all employees working to execute provider contracts. All employees completing this work are expected to have a sound working knowledge of the policies that govern their work.

How the policies are formatted

Each policy is divided into sections that are formatted as follows.

- **Header:** Provides a summary of the office and branch to which the policy relates, the date on which the policy was approved, the date on which the policy was last updated, and the date of the next scheduled review.
- **Purpose:** Describes what the policy is trying to communicate and achieve.
- **Policy statements:** Formal statements that convey the 'rules' related to the policy topic.
- **Definitions:** Describes uncommon words and terms.
- **Authorities:** Provides a high-level overview of the statutes that govern the topic to which the policy relates.

Historical

- **Related policies and other documents:** Identifies other policies from the Provider Compensation and Medical Affairs policy manual that relate to or support the policy topic.
- **Procedures:** Outlines the steps to be followed by the registrar or deputy registrar.
- **Related forms and other documents:** Lists the forms, letters, spreadsheets, handouts and other documents used to support the policy requirements and administration.

Situations not covered in this manual

This manual provides guidance on how to handle the most common scenarios presented within the branch. This manual cannot anticipate all the unique and often complex needs of every provider. If a situation arises that is not covered in this manual, staff should review the matter with the Director and, if necessary, seek legal advice.

Policy clarification, updates and future development

Requests for support related to how to use this manual, including questions or clarification of policy statement and procedures, should first be discussed with the Director. If further clarification is required, Divisional Support Services may provide support, or legal advice may be obtained.

Any person may propose the creation or amendment of a policy to the Director. The Director and the Director of Divisional Support Services will collaboratively evaluate the need for the new or amended policy.

Historical

A.1: Contracting

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

Purpose

This policy describes the physician, nurse practitioner and locum contract types used by the Physician Compensation and Medical Affairs Branch and defines how practice areas, contracting requirements and work hours are established.

Policy

1. This policy applies to:
    - physicians in a substantive position;
    - physicians covering a substantive vacancy;
    - nurse practitioners in a substantive position;
    - nurse practitioners covering a substantive vacancy; and
    - locums.
2. The Physician Compensation and Medical Affairs Branch (the branch) contracts with **physicians** to provide insured health services within the following practice areas.
    - Health and Social Services clinics and programs, including:
        - the Centre de santé Constellation Health Centre;
        - Continuing Care;
        - the Referred Care Clinic;
        - community health centres (that is, the Beaver Creek Health Centre, Carcross Health Centre, Carmacks Health Centre, Dawson City Health Centre, Destruction Bay Health Centre, Faro Health Centre, Haines Junction Health Centre, Mayo Health Centre, Old Crow Health Centre, Pelly Crossing Health Centre, Ross River Health Centre and Teslin Health Centre); and
        - the Whitehorse Walk in Clinic.
    - Family physician specialties, specifically:
        - hospitalists;
        - oncology; and
        - palliative care.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

- Specialists, specifically:
  - psychiatry, including addictions, geriatric, and pediatric psychiatry;
  - pediatrics; and
  - obstetrics and gynecology (OBGYN);
- Miscellaneous, specifically for:
  - gender affirming care assessments;
  - internal medicine consultations (that is, providing consultations about patients to other physicians);
  - locum orthopedic surgeon (top-up contract only);
  - the Kwanlin Dun Health Centre;
  - the Parhelion Medical Clinic (Watson Lake); and
  - the Yukon Young Offenders Facility.

3. The branch does not contract directly with physicians who provide insured health services at the Whitehorse Correctional Centre.
4. Modifications to the list of practice areas outlined in policy statement 2 are made at the sole discretion of the Government of Yukon based on whether:
   - patient volume is necessary to substantiate the service;
   - there are adequate personnel resources to provide acute care services;
   - there are fee-for-service fee codes available or applicable to the practice area;
   - additional control structures are required (for example, collaborative care); and/or
   - market conditions allow for or support changes.
5. The branch contracts with **nurse practitioners** within the following practice areas.
   - Alliance Health Primary Care Clinic
   - Yukon Sexual Health Clinic
   - Yukon Women's Midlife Health Clinic
6. Unless otherwise specified in this policy, any practice area not listed in:
   - policy statement 2 is remunerated through a fee-for-service payment model; and

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

- policy statement 5 is employed by the Government of Yukon.

Identifying service needs and contract requirements

7. The total annual hours for each practice area are based on the:
    - population health needs, including the:
        - size of the population;
        - demographics, such as age distribution, chronic disease burden and maternal or child health needs; and
        - epidemiology, such as the prevalence of conditions requiring provider care;
    - standard utilization rates, such as the average:
        - provider visits per person per year; and
        - time per visit;
    - access and equity standards, such as:
        - target wait times for appointments; and
        - geographic distribution and travel time;
    - stakeholder needs, such as meeting hospital volume or scheduling needs in compliance with the Yukon Hospital Corporation's policies and expectations;
    - legal, contractual and funding requirements, such as:
        - the total annual hours for each practice area;
        - individual commitment hours for each provider in a practice area;
        - community service obligations; and
        - accreditation or licensing standards;
    - care model and team composition, such as the use of virtual care appointments.
8. The number of providers required for each practice area is determined by the individual commitment hours of the providers supporting that practice area.
9. The branch determines the:
    - total annual hours for each practice area; and
    - individual commitment hours for each provider in a practice area.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

- Refer to Appendix B for a summary of the total annual hours for each practice area and individual commitment hours for each provider in a practice area.

10. The following positions may submit requests to the Director for increased annual hours.
    - Manager of Community Nursing
    - Director of Integrated Health Services
    - Director of Insured Health Services
    - Directors or other senior leaders within the Yukon Hospital Corporation
    - Physicians
    - Nurse practitioners
11. The Director is responsible for advancing requests for increased annual hours to the Assistant Deputy Minister of Innovation, Quality and Performance.
12. Providers must be selected in accordance with policy A.2.
13. Individual commitment hours may be negotiated with providers.
    - Shared individual commitment hours may be considered.
    - The Director must consider requests on a case-by-case basis.
    - The agreed upon arrangement must be:
        - in the best interests of the branch; and
        - economically sensible.
14. If a physician meets the minimum service commitment advertised in the position posting, the physician may be eligible for additional benefits in accordance with the MOA and policy A.7.
    - If two or more physicians share and meet the individual commitment hours, they may be eligible for shared benefits in accordance with the MOA and policy A.7.
    - Nurse practitioners are not eligible for benefits that are outlined in the MOA or policy A.7.

Advisory contracts

15. The branch contracts with physicians to provide **advisory services** in the following positions and to the following programs.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

- Chief Medical Officer of Health
- Deputy Chief Medical Officer of Health
- Dawson City Medical Clinic team lead
- Residency program medical site directors
- Medical Travel Program
- Physician Claims Unit
- Extended Health Care Benefit Programs
- Integrated Health Services Branch
- Sexualized Assault Response Team
- Parhelion Medical Clinic team lead

16. The Government of Yukon has the authority to add and remove advisory service contracts from the list outlined in policy statement 15 at their discretion.

Guiding principles

17. All contracts must comply with:
    - federal legislation, such as the *Canada Health Act*; and
    - territorial legislation, including but not limited to the:
        - *Access to Information and Protection of Privacy Act*;
        - *Financial Administration Act*;
        - *Health Act*;
        - *Health Care Insurance Plan Act*;
        - *Health Professions Act*;
        - *Medical Profession Act*; and
        - *Health Information Privacy and Management Act* (HIPMA).

18. All contracts for:
    - physicians and locums must be developed in alignment with the current Memorandum of Agreement between the Government of Yukon, Department of Health and Social Services and the Yukon Medical Association; and

Historical

- nurse practitioners must be developed in alignment with what has been negotiated with the Yukon Registered Nurses Association.

19. The branch does not normally provide indemnities to providers who deliver services under contract.
    - However, the branch will provide an indemnity when physicians are:
        - entitled to an indemnity under the *Health Professional Indemnity Regulation* or the *Emergency Medical Services Indemnity Regulation*; and/or
        - contracted to provide standing orders.
    - The *Health Professional Indemnity Regulation* and the *Emergency Medical Services Indemnity Regulation* relieves the branch of the burden of getting the indemnity approved.
    - An indemnity clause is included in the advisor contract template.
    - Liability for professional acts or omissions arising from services performed under contract remains with the contracting provider, who is responsible for maintaining appropriate professional liability coverage.

Contracts

20. The branch may enter individual contracts or individual contracts for group practice with physicians.
    - Physicians entering an individual contract for group practice are collectively responsible for ensuring coverage of the practice area.
21. The branch may hold multiple concurrent contracts with a provider for separate practice areas.
22. The contract template specific to each practice area must be utilized when entering a contract with a provider.
    - The current contract template must be used.
        - Precedent contracts are not permitted.
23. Amendments to the contract template and rates of remuneration for:

Historical

- physicians must be negotiated by the Yukon Medical Association and the Government of Yukon in accordance with the *Act Respecting the Yukon Medical Association;* and
- nurse practitioners must be negotiated directly with individual nurse practitioners.

24. The type of contract the branch enters with a provider may be dependent on whether the practice area meets the definition of an agent or a custodian in accordance with the HIPMA.
    - When a practice area is provided:
        - within a Health and Social Services clinic, program or facility, the definition of *agent* applies;
        - in hospital, the definition of *custodian* applies; or
        - outside of a Health and Social Services clinic or program, the definition of *custodian* applies.
    - Refer to Appendix A for more a summarized chart that outlines whether a practice area is an agent or custodian.
25. Whenever possible, contracts must have a:
    - start date of April 1; and
    - end date of March 31.
26. Whenever possible, contracts for the same practice area must end on the same date.
27. The duration of contracts must:
    - be as long as possible; and
    - not exceed three years unless specifically authorized in accordance with the *Financial Administration Act*.

Contract review and approval process

28. Prior to entering a contract with a:
    - physician, the branch must ensure that:
        - the physician is licensed by the Yukon Medical Council; and
        - if the physician operates under a professional corporation, that their professional corporation is registered in the Yukon;

Historical

- nurse practitioner, the branch must ensure that the nurse practitioner is licensed by the Yukon Registered Nurses Association.

29. Prior to the provider's first day of contracted work, the branch must ensure that the provider has met all the qualification requirements listed in the position posting.
    - In exceptional circumstances, the Director may authorize a provider to begin their contracted work if the provider has not yet met all the qualification requirements but can demonstrate active progress toward meeting them.
        - This exception does not apply to licensure by the Yukon Medical Council or Yukon Registered Nurses Association.
        - Active progress includes but is not limited to having:
            - submitted an application;
            - booked an examination; and/or
            - enrolled in training.
    - The timeframe in which the provider must complete the outstanding qualification requirements must be noted in the provider's contract.
    - If the outstanding qualification requirements are not met within the established timeframe, the provider's contract may be paused or terminated.
    - Refer to the policy A.2 for more information about qualification requirements that are likely to be listed in the position posting.
30. All contracts must be processed in accordance with the Government of Yukon's General Administration Manual (GAM), specifically policy 2.6.
    - Contracts that relate to providing:
        - physician services are exempt from the GAM, policy 2.6; and
        - services that are not physician services (for example, advisory service and nurse practitioner contracts) are subject to the GAM, policy 2.6.

Definitions

Advisor: When a physician provides advisory or consulting services to the Government of Yukon, including as a member of a committee; oversees or assists in the implementation or delivery of specific health or health-related programs for the Government of Yukon; and

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

practices medicine only in an administrative capacity; or is appointed or designated under an enactment as a public officer or as the deputy of a public officer.

Agent: As per the *Health Information Privacy and Management Act*, an agent is "a person (other than a person who is prescribed not to be an agent of the custodian) who acts for or on behalf of the custodian in respect of personal health information, including for greater certainty such a person who is (a) an employee of the custodian; (b) a person who performs a service for the custodian under a contract or agency relationship with the custodian; (c) an appointee, volunteer or student; (d) an insurer or liability protection provider; (e) an information manager; (f) if the custodian is a corporation, an officer or director of the corporation; or (g) a prescribed person."

Custodian: As per the *Health Information Privacy and Management Act*, a custodian is "a person (other than a person who is prescribed not to be a custodian) who is (a) the Department; (b) the operator of a hospital or health facility; (c) a health care provider; (d) a prescribed branch, operation or program of a Yukon First Nation; (e) the Minister; (f) a person who, in another province (i) performs functions substantially similar to the functions performed by a health care provider and (ii) is, in the performance of those functions, subject to an enactment, of Canada or a province, that governs the collection, use and disclosure of personal information or personal health information; or (g) a prescribed person."

Extended Health Care Benefit Programs: The Chronic Disease and Disability Benefit Program, the Pharmacare Program, the Extended Health Care Benefits Program, the Children's Drug and Optical Program and the Yukon Dental Program.

Fee-for-service: A way of delivering and paying for services where each individual patient service is billed and paid for separately, rather than being bundled into a flat rate or ongoing funding arrangement.

Group practice: Individual physician contracts that define shared responsibility among multiple physicians for the collective delivery of insured health services.

Individual commitment hours: The number of hours a physician or nurse practitioner agrees to work for a specific practice area.

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Nurse practitioner: A person who is registered as a nurse practitioner under the *Registered Nurses Profession Act*.

Physician services: Any medically required services rendered by a medical practitioner.

Historical

A.1: Contracting

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

Practice area: A domain of clinic, advisory or service activity focused on a specific population, condition or health system function. It encompasses the coordinated work of one or more physicians who contribute through direct care, consultation or strategic guidance.

Principal provider: A provider who is not a locum.

Precedent contract: A previously established contract that is used as a reference or model when creating new contracts.

Provider: A physician, nurse practitioner and/or locum.

Qualification requirements: The education and licensing requirements listed in a position posting.

Specialist: A physician or surgeon registered as such by the Royal College of Physicians and Surgeons of Canada, or by the equivalent authority of the jurisdiction where the service is rendered.

Substantive position: An ongoing, officially recognized clinical role and specialty within a practice area, as opposed to temporary or acting assignments.

Substantive vacancy: An unoccupied substantive position. The role itself exists on an ongoing basis but is currently unfilled because there is no provider engaged in it. Substantive vacancies are different from temporary absences, such as maternity leave or sick leave, where the provider in the substantive position still exists but is away.

Authorities

- *Access to Information and Protection of Privacy Act (Yukon), 2018, c.9*
- *Act Respecting the Yukon Medical Association (Yukon), 2025, c.9*
- *Financial Administration Act (Yukon), 2002, c.87*
    - *Health Professional Indemnity Regulation, OIC 2019/095*
- General Administration Manual, policy 2.6: Procurement policy
- *Health Act (Yukon), 2002, c.106*
- *Health Care Insurance Plan Act (Yukon), 2002, c.107*
- *Health Information Privacy and Management Act (Yukon), 2013, c.16*
- *Health Professions Act (Yukon), 2003, c.24*
- *Medical Profession Act (Yukon), 2002, c.149*

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.1	Review date: July 9, 2029

- *Regulations respecting Health Care Insurance Services, CO 1971/275, s.7(4)*

- *Registered Nurses Profession Act (Yukon), 2002, c.194*

Related policies and other documents

- A.2: Selection and rostering
- A.3: Conflict of interest
- A.5: Travel expenses
- A.7: Housing benefit

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

Appendix A: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.1	Review date: July 9, 2029

Appendix A

This appendix provides a summary of how the practice areas relate and apply to both the *Health Information Privacy and Management Act* and the General Administration Manual policy 2.6.

Practice area	Health Information Privacy and Management Act status	Health and Social Services program or clinic	Exempt from GAM policy 2.6	Group practice
Health and Social Services program or clinic				
Beaver Creek Health Centre	Agent	Yes	Yes	No
Carcross Health Centre	Agent	Yes	Yes	No
Carmacks Health Centre	Agent	Yes	Yes	No
Dawson City Health Centre	Agent	Yes	Yes	No
Destruction Bay Health Centre	Agent	Yes	Yes	No
Faro Health Centre	Agent	Yes	Yes	No
Haines Junction Health Centre	Agent	Yes	Yes	No
Mayo Health Centre	Agent	Yes	Yes	No
Old Crow Health Centre	Agent	Yes	Yes	No
Pelly Crossing Health Centre	Agent	Yes	Yes	No
Ross River Health Centre	Agent	Yes	Yes	No
Teslin Health Centre	Agent	Yes	Yes	No
Centre de santé Constellation Health Centre	Agent	Yes	Yes	No
Continuing Care	Agent	Yes	Yes	No
Referred Care Clinic	Agent	Yes	Yes	No
Whitehorse Walk in Clinic	Agent	Yes	Yes	No

DRAFT

Appendix A: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.1	Review date: July 9, 2029

Practice area	Health Information Privacy and Management Act status	Health and Social Services program or clinic	Exempt from GAM policy 2.6	Group practice
Family physician specialties				
Hospitalist	Custodian	No	Yes	No
Oncology	Custodian	No	Yes	Yes
Bariatrics	Custodian	No	Yes	No
Palliative care	Custodian	No	Yes	Yes
Specialists				
Psychiatry	Agent or custodian, depending on location	Some locations	Yes	Yes
Geriatric psychiatry	Custodian	Yes	Yes	No
Addiction psychiatry	Custodian	Yes	Yes	No
Pediatric psychiatry	Custodian	No	Yes	No
Pediatrics	Custodian	No	Yes	Yes
Obstetrics and gynecology (OBGYN)	Custodian	No	Yes	Yes
Miscellaneous				
Gender affirming care assessments	Custodian	No	Yes	No
Internal medicine consultants	Custodian	No	Yes	No
Kwanlin Dun Health Centre	Custodian	No	Yes	No
Locum orthopedic surgeons	Custodian	No	Yes	No
Parhelion Medical Clinic (Watson Lake)	Custodian	No	Yes	No
Yukon Young Offenders Facility	Agent	Yes	Yes	No

DRAFT

Appendix A: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.1	Review date: July 9, 2029

Practice area	Health Information Privacy and Management Act status	Health and Social Services program or clinic	Exempt from GAM policy 2.6	Group practice
Nurse practitioner				
Alliance Health Primary Care Clinic	Custodian	No	Yes	No
Yukon Women's Midlife Health Clinic	Custodian	No	Yes	No
Yukon Sexual Health Clinic	Custodian	No	Yes	No
Advisory				
Chief Medical Officer of Health	Both	Yes	No	N/A
Deputy Chief Medical Officer of Health	Both	Yes	No	N/A
Insured Health Services Branch	Agent	Yes	No	N/A
Integrated Health Services Branch	Agent	Yes	No	N/A
Sexualized Assault Response Team	Agent	Yes	No	N/A
Dawson City Medical Clinic	Agent	Yes	No	N/A
Parhelion Medical Clinic	Agent	No	No	N/A

Historical

Appendix B: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.1	Review date: July 9, 2029

Appendix B

This appendix provides a summary of the total annual service hours and individual commitment hours per physician per year for each practice area.

Practice area	Annual hours	Individual commitment hours per provider per year	Minimum number of providers	Typical individual commitment hour details
Health and Social Services clinic or program				
Beaver Creek Health Centre	180	180[1]	One	24 trips per year, one day per trip
Carcross Health Centre	450	225[1]	Two	30 trips per year, one day per trip (60 trips total for community)
Carmacks Health Centre	540	180[1]	Three	12 trip per year, two days per trip (36 trips total for community)
Dawson City Health Centre	9,152	1,408[2]	6.5	32 weeks per year minimum
Destruction Bay Health Centre	180	180[1]	One	24 trips per year, one day per trip
Faro Health Centre	390	98[1]	Four	6.5 trips per year, two days per trip; travel combined with Ross River (26 trips total for the community)
Haines Junction Health Centre	1,200	1,200[1]	One	Physician lives in the community
Mayo Health Centre	360	180[1]	Two	12 trips per year, two days per trip (24 trips total for community)
Old Crow Health Centre	360	180[1]	Two	Six trips per year, four days per trip (12 trips total for community)
Pelly Crossing Health Centre	360	180[1]	Two	12 trips per year, two days per trip (24 trips total for community)
Ross River Health Centre	360	98[1]	Four	6.5 trips per year, two days per trip; may be combined with Ross River (26 trips total for the community)
Teslin Health Centre	360	180[1]	Two	24 trips per year, one day per trip (48 trips total per year)

Appendix B: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.1	Review date: July 9, 2029

Practice area	Annual hours	Individual commitment hours per provider per year	Minimum number of providers	Typical individual commitment hour details
Centre de santé Constellation Health Centre	3,900	975[1]	Four	Approximately ten clinic days per week
Continuing Care	2,808	1,404[1]	Two	Approximately 27 hours per week (25 onsite, two offsite) over 52 weeks annually, including a minimum of 10 hours per week of on-site care across Thompson Centre, Copper Ridge Place and Whistle Bend Place.
Referred Care Clinic	5,600	N/A	N/A	One, two or three full days in clinic per week
Whitehorse Walk in Clinic	5,580	N/A	N/A	Three physicians per day. Filled by physician on an as available basis
Family physician specialties				
Hospitalist	16,425	N/A	Variable	Five physicians per day; nine-hour shifts per day; 365 days per year
Oncology	2,250	450	Five	Group practice to provide five days of coverage, each physician typically provides one day of service
Bariatrics	1,060	1,060	One	
Palliative care	1,100	Variable	Two	
Specialist				
Geriatric psychiatry	150	150	One	Provided by a visiting specialist. 10 trips per year
Obstetrics and gynecology (OBGYN)	5,040	1,680	Three	
Pediatric psychiatry	1,650	1,650	One	
Pediatrics	4,500	1,125	Four	Current group size is 5. Minimum is 4 to ensure sustainable call rotation

DRAFT POLICY

Appendix B: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.1	Review date: July 9, 2029

Practice area	Annual hours	Individual commitment hours per provider per year	Minimum number of providers	Typical individual commitment hour details
Psychiatry	9,280	Variable	Four	Minimum of 4 physician needed to provide sustainable on-call rotation. One additional psychiatrist working in a community clinic not included (220 days)
Miscellaneous				
Gender affirming care assessments	60	60	One	60 hours assessment, four hours occasional consults, maximum four hours per assessment to an estimated 15 annually.
Internal medicine consultants	N/A	Variable	One	Services are delivered on a referral basis and are not structured as continuous clinic coverage.
Kwanlin Dun Health Centre	910	455[1]	Two	2.5 days per week (17.5 hours)
Locum Orthopedic Surgeons	N/A	N/A	N/A	As needed up to 35 weeks per year. Daily guarantee contract
Watson Lake Health Centre	9,152	1,408[2]	Four	Minimum of 32 weeks per year, 1,280 to 1,680 weekday hours, 128 to 168 weekend hours.
Yukon Young Offenders Facility	N/A	N/A	One	On-call contract. Coverage, 24 hours per day, seven days per week, 365 days per year.
Nurse practitioners				
Alliance Health Primary Care Clinic	10,080	1,680	Six	
Yukon Sexual Health Clinic	2,730	910[1]	Three	Seven clinical days of service each week
Yukon Women's Midlife Health Clinic	2,730	910[1]	Three	Seven clinical days of service each week

Appendix B: Contracts overview

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.1	Review date: July 9, 2029

Practice area	Annual hours	Individual commitment hours per provider per year	Minimum number of providers	Typical individual commitment hour details
Advisory				
Chief Medical Officer of Health	N/A	N/A	One	Not structured with standardized annual service hours
Deputy Chief Medical Officer of Health	N/A	N/A	One	Not structured with standardized annual service hours
Insured Health Services Branch	773	Variable	Two	5 hours per week (249 annually) for physician claims. 14 hours per week (420 annually) for medical travel. 2 hours per week (104 annually) for extended benefits.
Integrated Health Services Branch	240	240	One	Up to 20 hours a month
Sexualized Assault Response Team	55	55	One	
Dawson City Medical Clinic	240	240	One	Up to 20 hours a month
Parhelion Medical Clinic	240	240	One	Up to 20 hours a month

[1] Based on 7.5 hours per day (operating hours of the facility)

[2] Patient care hours, which are spent in clinic and in the community hospital or emergency department

Historical

A.2: Selection and rostering

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.2	Review date: July 9, 2029

Purpose

This policy describes the selection, assessment and offer process for providers engaged by the Physician Compensation and Medical Affairs Branch. It clarifies roles, required documentation, screening, interviews, ranking, checks and offers, and sets expectations for documentation and retention.

Policy

1. This policy applies to the recruitment of providers being hired into a substantive position.
    - If the position provides something other than insured health services (for example, advisory work), the contract is subject to the General Administration Manual policy 2.6 and the provider must be recruited in accordance with that policy.
    - Physician locum recruitment must follow the informal arrangement between the Physician Compensation and Medical Affairs Branch (the branch) and the Yukon Medical Association.
    - Recruitment for specialist positions working within a hospital-based service that are remunerated through an alternate payment plan (specifically, pediatrics, psychiatry, and obstetrics and gynecology) must follow the tripartite physician selection process.
    - The Chief Medical Officer of Health and all other medical officers of health must be appointed by the Commissioner in Executive Council in accordance with the *Public Health and Safety Act*.
2. A provider may need to be recruited if a:
    - new practice area is required to meet community needs and there are adequate resources available;
    - practice area receives approval from the Director or their superior to increase the total annual hours;
        - Refer to policy A.1 for more information about identifying service needs and contract requirements.
    - current provider is vacating a substantive position or is known to be vacating their substantive position in the future;

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.2	Review date: July 9, 2029

- current provider seeks to share or reduce their individual commitment hours.

Position posting

3. The requesting practice area is responsible for identifying a representative to support the selection and rostering process.
4. The Director and the representative must jointly develop the position posting.
5. Position postings must be developed using the position posting template.
    - The representative is responsible for filling out the program description in the position posting template.
    - The Director is responsible for filling out all sections other than the program description in the position posting template.
    - Refer to Appendix A for language that can be used in the position posting template.
6. The position posting must include at least:
    - a program description;
    - the contract details (for example, remuneration, other expenses, shadow billing, start date and term, individual commitment hours, contract conditions);
    - the required qualifications (for example, education, licensure, additional training);
    - the expected skills and abilities;
    - remuneration rates;
    - reference to benefits being provided by the Yukon Medical Association; and
    - an overview of the selection process (for example, how to express interest, deadline for submission, contact information).
7. Remuneration amounts listed in position postings for:
    - physicians must be based on the current negotiated rates with the Yukon Medical Association; and
    - nurse practitioners must be based on the current negotiated rates with individual nurse practitioners.
8. Position postings for:
    - physicians must indicate that the desired candidate be eligible for:

Historical

- licensure through the Yukon Medical Council; and
- privileging (full or community) through the Yukon Hospital Corporation; or

- nurse practitioners must indicate that the desired candidate be eligible for:
  - licensure through the Yukon Registered Nurses Association; and
  - community privileging through the Yukon Hospital Corporation.

9. If the position is part of a group practice, this must be identified in the position posting.
10. Position postings must identify any additional qualification requirements related to the position in accordance with relevant appendix (that is, Appendix B, C, D, E or F).
11. Position postings for:
    - physicians must be posted on YukonDocs; or
    - nurse practitioners must be posted on Yuwin.ca.
12. The Director is responsible for providing the position posting to the designated poster.
13. Position postings must be advertised for at least seven calendar days and no more than one calendar month, unless designed by the Director as 'hard-to-fill', in which case the posting may remain open until filled.
14. Position postings on YukonDocs or Yuwin do not obligate the branch to award a contract.

Selection

15. The Director may assign a delegate to act on their behalf during any part of the selection and rostering process.
16. The Director has the discretion to modify any part of the selection process outlined below.
    - Any deviations from this policy must be documented and retained by the Director with all the other documents used as part of the selection process, as noted in policy statement 41.
17. To express interest in a position posting, the Director must receive the following documents from a provider.
    - Cover letter that:
      - explains the provider's intentions if they were to be awarded the position; and
      - speaks to the individual commitment hours for which they are available.

Historical

- Current curriculum vitae.

18. The Director must receive all inquiries or expressions of interest (EOIs) received related to the position posting.
19. Unless otherwise decided by the Director, a representative must participate in the selection process.
    - The Director has the discretion to determine the level in which a representative participates in the selection process.
        - The Director may determine that the representative:
            - participates in full;
            - participates in a reduced capacity; or
            - does not participate at all.
        - The Director may determine that the representative participate in a reduced capacity or not at all based on the:
            - workload of the Director or representative;
            - availability of the Director or representative; and/or
            - presence of a conflict of interest.
    - If the Director determines that a representative can participate, the practice area may identify their own representative.

Only one EOI submitted

20. In situations where there is only one EOI in response to a position posting, the selection process can be more informal than if two or more EOIs are submitted.
21. The Director must screen the EOI to determine whether the provider meets the qualifications listed in the position posting.
    - If the provider:
        - meets the qualifications listed in the position posting, they must be screened into the candidate pool; or
        - does not meet the qualifications listed in the position posting, they must be screened out of the selection process.
22. If a provider is screened:

Historical

- into the candidate pool, the Director must conduct a suitability interview with them; or
- out of the selection process, the Director must notify the provider, in writing, that they have been screened out of the selection process.

23. During the suitability interview, the Director must assess the provider's individual style and approach as it relates to the practice area in which they will be working.
    - The Director may consult with the practice area leadership to identify other characteristics that may be useful for assessing suitability.
24. The Director and representative, if applicable, must agree on whether:
    - the provider is suitable for the practice area; and
    - references should be requested to ensure the provider will be suitable for the position.

Two or more providers submit an EOI

25. In situations where there are two or more providers who submit EOIs in response to a position posting, the selection process must be more formal than if only one provider submits an EOI.
26. Using a rubric or similar scoring tool, the Director must screen the EOIs to determine which providers meet the qualifications listed in the position posting.
    - Providers who:
        - meet the qualifications listed in the position posting, must be screened into the candidate pool; or
        - do not meet the qualifications listed in the position posting, must be screened out of the selection process.
27. Providers who are screened:
    - into the candidate pool, are eligible for the next stage of the selection process, which is a suitability interview; or
    - out of the selection process, must be notified by the Director, in writing, that they have been screened out of the selection process.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.2	Review date: July 9, 2029

28. To determine the candidate who best suits the position, the Director must consider the provider's individual style and approach as it relates to the practice area in which they will be working.
    - The Director may consult with the practice area leadership to identify other characteristics that may be useful for assessing suitability.
29. The Director must:
    - create a rubric or other similar scoring tool; and
    - use the rubric or other similar scoring tool to evaluate provider responses during the suitability interview.
30. All suitability interviews must be conducted in the same method (that is, in person, by video conferencing call, or by phone).
31. The Director and any participating representative must reach a consensus when scoring suitability interviews.
    - If the Director and participating representative are unable to reach a consensus, the Director makes the decision.
32. Candidate ranking:
    - is confidential when complete; and
    - forms an eligibility list for future vacancies.
33. Eligibility lists remain valid for 12 months from the date of ranking, unless rescinded earlier by the Director.
    - Candidates may be considered for similar vacancies during this period.
34. Before issuing an offer, the Director may complete a professional reference check if they determine this valuable or necessary to ensure that the provider will be well suited for the position.

Contract offers

35. The Director must notify all interviewed candidates, in writing, whether they were the top-ranked candidate.
    - The Director must not disclose rank order.
    - The Director must issue a formal offer letter the top-ranked candidate that includes the:

Historical

- contract start date;
- remuneration rate(s);
- expected individual commitment hours;
- requirement to maintain active licensure with the Yukon Medical Council or Yukon Registered Nurses Association, as applicable;
- requirement to maintain active privileging with the Yukon Hospital Corporation, as relevant; and
- benefits the **physician** may be eligible for through the Yukon Medical Association.

36. If the top-ranked candidate declines the offer, the Director may:
    - complete a reference check for the next candidate on the eligibility list and, depending on the outcome of the reference check, extend a contract offer;
    - choose not to extend a contract offer to the next candidate on the eligibility list; or
    - post the position again.
37. The branch retains full and final discretion over selection and contracting decisions.
38. The Director may decline a candidate, even if they are:
    - endorsed by another provider; or
    - the top-ranked candidate following the suitability interviews.
39. Candidates may request a post-board debrief with the Director.
40. The Director must retain all selection documentation in accordance with the relevant records retention schedule.

Record retention

41. In accordance with the branch's records retention schedule, the Director must document all aspects of the selection process, including:
    - the position posting;
    - expressions of interest (EOI);
    - screening tools and results;

Historical

- interview rubric or other screening tool, and notes;
- ranking sheets;
- reference check notes;
- notifications; and
- offer letters.

Definitions

Alternate payment plan: A compensation arrangement for physicians in which payment is provided through mechanisms other than traditional fee-for-service billing, such as salary, capitation, sessional payments, or blended models, and is typically structured to support defined service delivery expectations, population-based care, or organizational objectives.

Curriculum vitae: A comprehensive document detailing a provider's academic and professional history, including education, research, publications, presentations and awards. Unlike a resume, a curriculum vitae is not limited in length. It provides a complete, in-depth overview of the provider's scholarly career.

Director: The Director of Provider Compensation and Medical Affairs, or their delegate.

Expression of interest (EOI): A response from a provider to a position posting, consisting of a cover letter and a curriculum vitae.

Group practice: Individual provider contracts that define shared responsibility among multiple providers for the collective delivery of insured health services.

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Position posting: A document used to advertise and recruit for a position vacancy. Responses to expressions of interest are used to gauge a pool of candidates. For this policy, expressions of interest are not part of Yukon government's Bids and Tenders process.

Practice area: A domain of clinic, advisory or service activity focused on a specific population, condition or health system function. It encompasses the coordinated work of one or more providers who contribute through direct care, consultation or strategic guidance.

Principal provider: A provider who is not a locum.

Provider: A physician, nurse practitioner and/or locum.

Historical

A.2: Selection and rostering

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.2	Review date: July 9, 2029

Suitability interview: A structured discussion used to assess how well a provider's professional approach, values and working style align with the clinical, operational and community context of the practice area.

Authorities

- General Administration Manual policy 2.6: Procurement policy
- *Medical Profession Act (Yukon), 2002, c.149*
- *Public Health and Safety Act (Yukon), 2002, c.176*

Related policies and other documents

- A.1: Contracting
- A.3: Conflict of interest
- A.6: Coverage of ancillary expenses

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

Appendix A: Wording for position postings

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix A

This appendix provides some examples of wording that can be used in position postings. The wording provided here are only suggestions and do not have to be used.

Qualifications

- Eligible for licensure with the Yukon Medical Council (YMC) or Yukon Registered Nurses Association (YRNA)
- Eligible for privileging through the Yukon Hospital Corporation
- Maintained membership with the Canadian Medical Protective Association (CMPA)
- Graduate of The College of Family Physicians of Canada (CFPC)
- Graduate of the Royal College of Physicians and Surgeons of Canada (RCPSC)

Demonstrated skills and abilities

- Demonstrated ability to advise on medical practice with clinical evidence
- Strong interpersonal skills with the ability and willingness to mentor and coach
- Demonstrated commitment to building successful collaborative team-based models
- Demonstrated commitment to high-quality care and continuous improvement
- Demonstrated knowledge of trauma-informed and anti-racist approaches
- Commitment to cultural safety and humility

Selection process sample wording

- Selection decisions will involve a review of all skills and abilities listed above
- Selection process may include references and a meeting to discuss practice philosophy and suitability within operations

Draft

Appendix B: Position requirements for Health and Social Services clinics and programs

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix B

This appendix describes additional requirements that should be listed in a position posting for clinics with contracted providers.

Health and Social Services clinics and programs	Eligible for licensure with Yukon Medical Council	*Eligible for community privileging with Yukon Hospital Corporation	**Eligible for full privileging with Yukon Hospital Corporation	Advanced Cardiac Life Support (ACLS)	Advanced Trauma Life Support (ATLS)	Pediatric Advanced Life Support (PALS)	English and French language	Additional training
Beaver Creek	X	X		Asset	Asset			
Carcross	X	X		Asset	Asset			
Carmacks	X	X		Asset	Asset			
Dawson City	X		X	Asset	Asset	X		
Destruction Bay	X	X		Asset	Asset			
Faro	X	X		Asset	Asset			
Haines Junction	X	X		Asset	Asset			
Mayo	X	X		Asset	Asset			
Old Crow	X	X		Asset	Asset			
Pelly Crossing	X	X		Asset	Asset			
Ross River	X	X		Asset	Asset			
Teslin	X	X		Asset	Asset			
Centre de santé Constellation Health Centre	X	X					X	
Continuing Care	X	X						

Appendix B: Position requirements for Health and Social Services clinics and programs

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Health and Social Services clinics and programs	Eligible for licensure with Yukon Medical Council	*Eligible for community privileging with Yukon Hospital Corporation	**Eligible for full privileging with Yukon Hospital Corporation	Advanced Cardiac Life Support (ACLS)	Advanced Trauma Life Support (ATLS)	Pediatric Advanced Life Support (PALS)	English and French language	Additional training
Referred Care Clinic	X	X						
Whitehorse Walk in Clinic	X	X						

*Community privileging means privileges limited to community settings under the Yukon Hospital Corporation.

**Full privileging means full hospital privileges at Whitehorse General Hospital or other Yukon Hospital Corporation facilities.

Historical

Appendix C: Position requirements for family physician specialties

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix C

This appendix describes the additional requirements that should be listed in a position posting for a family physician specialty position.

Family physician specialties	Eligible for licensure with Yukon Medical Council	Eligible for full privileging with Yukon Hospital Corporation	Additional training
Hospitalist	X	X	
Oncology	X	X	General Practitioner in Oncology Education Program
Palliative care	X	X	Certificate of Added Competence (CAC) in Palliative Care

Historical

Appendix D: Position requirements for miscellaneous

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix D

This appendix describes the additional requirements that should be listed in a position posting for miscellaneous positions.

Miscellaneous position	Eligible for licensure with Yukon Medical Council	Eligible for full privileging with Yukon Hospital Corporation	Rural permit to dispense	Additional training
Gender affirming care assessments	X			Meet competencies according to WPATH Standards of Care
Internal medicine consultants	X			
Kwanlin Dun Health Centre	X	X		
Orthopedic locums	X	X		
Watson Lake	X	X	X	
Yukon Young Offenders Facility	X			

Historical

Appendix E: Position requirements for nurse practitioners

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix E

This appendix describes the additional requirements that should be listed in a position posting for nurse practitioner positions.

Practice area	Eligible for licensure with Yukon Registered Nurses Association	Eligible for community privileging with Yukon Hospital Corporation	Additional training
Alliance Health Primary Care Clinic	X	X	
Yukon Sexual Health Clinic	X	X	
Yukon Women's Midlife Health Clinic	X	X	

Historical

Appendix F: Position requirements for advisory work

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure number: A.2	Review date: July 9, 2029

Appendix F

This appendix describes the additional requirements that should be listed in a position posting for an advisory position.

Advisory position	Eligible for licensure with Yukon Medical Council	Eligible for full privileging with Yukon Hospital Corporation	Additional training
Chief Medical Officer of Health	X		
Dawson City Medical Clinic	X		
Deputy Chief Medical Officer of Health	X		
Residency program medical site directors	X		
Integrated Health Services Branch	X		
Internal medicine	X		
Insured Health Services Branch	X		
Medical Travel	X		
Sexualized Assault Response Team	X	X	
Parhelion Medical Clinic	X		

Historical

A.3: Conflict of interest

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.3	Review date: July 9, 2029

Purpose

This policy describes standards for identifying, disclosing and managing conflicts of interest for providers under contract as an advisor with the Physician Compensation and Medical Affairs Branch.

Policy

1. This policy applies to providers who enter **advisory** contracts with the Physician Compensation and Medical Affairs Branch (the branch).
    - Providers who enter contracts with the branch must follow the conflict of interest standards of practice, issued by the Yukon Medical Council.
2. This policy operates alongside, and does not modify or supersede, providers' obligations under their applicable professional regulatory frameworks.

Conflicts of interest

3. Conflicts of interest can be:
    - actual, which means a contracted provider has a personal or professional interest that compromises or impedes their ability to cooperate with the branch in the performance of their contractual obligations;
    - potential, which means that it is foreseeable that the personal or professional interest of a provider is likely to result in a conflict of interest related to the performance of their contractual obligations; or
    - perceived, which is a situation that causes a reasonable person, knowing the facts, to consider that a conflict of interest may exist, whether or not this is the case.
4. In accordance with the Canadian Medical Association's Code of Ethics and Professionalism, and the branch's expectations, providers are to avoid, minimize or manage, and always disclose, conflicts of interest related to any professional relationships or transactions in practice, education and/or research.
5. Providers who elect to enter contractual arrangements with the branch must conduct their duties under the contract with impartiality.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.3	Review date: July 9, 2029

6. As a condition of their contract, providers must disclose to the branch any situation in which performing services or offering advice to an individual or organization could create an actual, potential or perceived conflict of interest related to their contractual obligations.
7. Membership in an organization that holds positions adverse to the Government of Yukon on matters related to the provider's work does not, on its own, constitute a conflict of interest.
    - Serving as an officer, director, employee or spokesperson of such an organization may put the provider in a conflict of interest and must be disclosed to the branch.
8. The branch expects providers to recuse themselves from any interaction where a personal relationship could reasonably call their impartiality, as it relates to their contractual obligations, into question.
    - Personal relationships may include but are not limited to the following relationships.
        - Spouse or partner
        - Parents and siblings
        - Children, including adult children
        - Extended family
        - Close personal relationships that resemble familial relationships
        - Business associates
        - Relationships with past employers or organizations where the provider holds residual duties
9. As a condition of their contract, the branch prohibits providers from accepting or providing any commission, discount, allowance, payment, gift or other benefit connected – directly or indirectly – to their contractual duties if it leads to an actual, potential or perceived conflict of interest.
10. Providers are free to:
    - participate in political activities, including advocacy by the Yukon Medical Association, if they do not conflict with, and would not reasonably be perceived as conflicting with, their contractual obligations to the branch; and

Historical

- comment on public issues; however, they may not publicly criticize policies, programs or decisions that they have had the opportunity to influence or formulate.

Disclosure requirements

11. In accordance with their contractual obligations, providers must disclose any actual, potential or perceived conflict of interests to the branch.
12. The branch requires providers to disclose actual, potential or perceived conflicts of interest:
    - at the time the provider enters their contract; and
    - at each contract renewal.
13. If a provider does not have a conflict of interest to disclose at the periods identified in policy statement 12, this must be acknowledged by selecting the appropriate box in the schedule.
14. If a new conflict of interest arises during the provider's contract, the branch requires that the provider inform the Director of the conflict of interest in writing as soon as possible.
15. Disclosures must include:
    - the provider's name;
    - the nature of the provider's advisory work;
    - an overview of the conflict of interest being disclosed;
    - the name of the person, business or organization with which the provider has a conflict of interest;
    - a brief description of the nature of the duties, relationships or activities related to the conflict of interest;
    - the measures the provider has taken or plans to take to mitigate the conflict of interest; and
    - the provider's signature.

Director review and mitigation

16. The Director must:
    - review all provider disclosures; and
    - determine whether recusal or other mitigation is required.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.3	Review date: July 9, 2029

17. If the Director determines that a conflict of interest is insufficiently mitigated, the Director must provide the provider with written directions on how the branch expects the provider to manage, if not eliminate, the conflict.
    - Written directions may include but are not limited to:
        - recusal from discussions or votes;
        - removal from decision-making authority;
        - divestment of conflicting interest; and/or
        - reassignment of duties.
18. Contracts cannot be processed until the disclosure has been:
    - signed by the provider; and
    - reviewed and approved by the Director.
19. If a conflict of interest is disclosed during the provider's contract and the Director determines that the conflict cannot be adequately managed or eliminated, the Director has the authority to cancel the provider's contract.

Consequences for non-compliance

20. Providers who disclose a conflict of interest in good faith or who report potential conflicts of interest will not face retaliation.
    - Failure to disclose and/or retaliation may result in corrective action or termination of the contract, as determined appropriate by the Director.
21. If the provider fails to disclose a potential, perceived or actual conflict of interest or accept the directions of the Director to mitigate a conflict of interest, the Director must first attempt to mitigate the conflict of interest in collaboration with the provider.
    - If the Director and provider are unable to come to a resolution, the Director must:
        - terminate the provider's existing contract; or
        - nullify the provider's pending contract.
22. The conflict of interest schedule must be retained with the contract in accordance with the branch's record retention schedule.

Historical

A.3: Conflict of interest

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.3	Review date: July 9, 2029

Definitions

Advisor: When a physician provides advisory or consulting services to the Government of Yukon, including as a member of a committee; oversees or assists in the implementation or delivery of specific health or health-related programs for the Government of Yukon; and practices medicine only in an administrative capacity; or is appointed or designated under an enactment as a public officer or as the deputy of a public officer.

Director: The Director of Physician Compensation and Medical Affairs.

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Principal provider: A provider who is not a locum.

Professional interest: A provider's duties to an organization or person other than the Government of Yukon, whether volunteer or otherwise (for example, as a director of a not-for-profit or professional association). A conflict of interest arises when the provider's fiduciary duty of loyalty to an organization comes into conflict with their contractual duties to the Government of Yukon.

Provider: A physician, nurse practitioner and/or locum.

Related policies and other documents

- A.1: Contracting
- Canadian Medical Association's Code of Ethics and Professionalism
- Yukon Medical Council's Conflict of Interest Standards of Practice

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

A.4: Non-insured health services

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.4	Review date: July 9, 2029

Purpose

This policy describes which services are eligible for payment by the Physician Compensation and Medical Affairs Branch and which persons are eligible for coverage.

Policy

1. The Physician Compensation and Medical Affairs Branch (the branch) will only:
    - provide coverage on behalf of persons who are insured under the Yukon Health Care Insurance Plan; and
    - pay for insured health services that are:
        - prescribed under the *Regulations Respecting Health Care Insurance Services*; and
        - considered to be medically necessary.
2. If a provider agrees to either provide coverage to a person who is not insured under the Yukon Health Care Insurance Plan, or provide a service that is not prescribed under the *Regulations Respecting Health Care Insurance Services* or considered to be medically necessary, the branch:
    - permits the use of Health and Social Services buildings and facilities to provide the service; and
    - requires the provider to seek payment directly from the person to whom they provided the service.

Definitions

Insured health services: Those physician services, surgical-dental services, and other health services, including the supply of drugs, medical and dental supplies, protheses, orthotics, appliances and similar devices, as may be prescribed, that are provided to insured persons, but does not include any service that a person is entitled to or eligible for under any other Act, under any law of a province that relates to workers' compensation or under any Act of the Parliament of Canada other than the federal Act.

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Principal provider: A provider who is not a locum.

Historical

A.4: Non-insured health services

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.4	Review date: July 9, 2029

Provider: A physician, nurse practitioner and/or locum.

Authorities

- *Health Care Insurance Plan Act (Yukon), 2002, c.107*
    - *Regulations Respecting Health Care Insurance Services, CO 1971/275*

Related policies and other documents

- A.1: Contracting

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

A.5: Travel expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

Purpose

This policy describes the travel expenses that will be remunerated or reimbursed to providers who are required to travel and be away from their home to provide insured health services to Yukoners.

Policy

1. This policy applies to providers who live:
    - in the Yukon and must travel away from their home communities to deliver insured health services; or
    - outside the Yukon and are either:
        - specialists entering the territory to deliver insured health services in locations or facilities other than at the Whitehorse General Hospital specialist clinic under the Yukon Payment Schedule;
        - locums; or
        - covering substantive vacancies.
2. This policy does not apply to family members or friends of providers.

General travel eligibility requirements

3. This section is a prerequisite to all the following sections in this policy.
    - The Physician Compensation and Medical Affairs Branch (the branch) will reimburse or remunerate providers only if they meet all general requirements outlined in this section, as well as the specific requirements for each type of travel expense described later in this policy.
4. The branch will only remunerate or reimburse travel expenses to providers who have entered a contract with the branch.
    - The contract must specify the maximum amount the provider is eligible to receive for each type of travel expense listed in this policy.
5. As the funder of last resort, the branch will remunerate or reimburse only those travel expenses that are not covered by other travel allowances or benefits available to the provider.

Historical

- Other available travel allowances and benefits may include, but are not limited to the:
  - Yukon Medical Association's Locum Support Program;
  - travel honorarium as described in the payment schedule for Yukon; and
  - Yukon Hospital Corporation's visiting specialist program.

6. If another travel allowance or benefit is available to a provider, as outlined in policy statement 5, the branch will not remunerate or reimburse any travel expenses for the provider.
   - This exclusion applies to all types of coverage for travel expenses, including supplemental and/or top-up coverage.
   - For example, if a program offered through the Yukon Medical Association provides remuneration to a physician for mileage, the branch will not provide any travel expenses (that is, transportation expenses, per diems, travel day stipends, or accommodations while travelling) to the physician.

General travel

7. The branch encourages all providers to obtain travel insurance – particularly airfare cancellation coverage – in advance of their travel.
8. The branch will only remunerate and/or reimburse travel expenses that the branch considers necessary and reasonable.
9. While the intent of this policy is to ensure that providers neither benefit from nor be negatively affected by the expenses they incur while travelling to, or within, the Yukon for work, the branch will remunerate and reimburse amounts based on the provider's actual expenditures while travelling, up to the respective limits outlined in each section of this policy and the provider's contract.
   - The branch will only reimburse travel expenses that can be substantiated by proof of payment (for example, receipts and travel itineraries).
10. The branch will remunerate or reimburse travel expenses incurred during the provider's consecutive contracted work period, as well as:
    - two days before the start; and
    - two days after the end of that period.
11. Transportation may originate from anywhere and end anywhere.

Historical

- Transportation does not have to start from, nor end at, the provider's home.

12. The branch will not provide any reimbursement or remuneration related to stopovers during personal travel.
13. In accordance with the subsequent sections of this policy, the branch will provide:
    - reimbursement for transportation expenses;
    - reimbursement for accommodations while travelling;
    - remuneration for per diems;
    - remuneration for travel day stipends; and
    - reimbursement for certain travel disruptions and exceptional circumstances.
14. In exceptional circumstances, the branch may provide reimbursement or remuneration for additional expenses not covered in this policy.
    - The branch must approve any additional expenses in advance of them being incurred.
    - The branch will consider requests on a case-by-case basis.
    - The expenses must be:
        - in the best interests of the branch; and
        - the most economic option available.

Transportation expenses

15. Transportation expenses include but are not limited to:
    - air transportation expenses;
    - ground transportation expenses; and
    - parking.
16. Unless otherwise specified in this policy, the branch will reimburse up to:
    - $2,500 per round-trip for transportation expenses when a provider is required to travel from a location outside of the Yukon to the Yukon community in which the provider is contracted to provide services; **or**

Historical

- $1,000 per round-trip for transportation expenses when a provider is required to travel from somewhere within the Yukon to the Yukon community in which the provider is contracted to provide services.

17. The branch may reimburse one or more transportation expenses for the same trip, provided that each type of transportation expense is used during distinct, non-overlapping time periods.
    - For example, reimbursement may be provided for a:
        - SkyTrain ticket from a location in Vancouver to the Vancouver airport;
        - plane ticket from Vancouver to Whitehorse; and
        - rental vehicle to drive from Whitehorse to Watson Lake.
18. The branch is not responsible for:
    - determining the provider's preferred method(s) of transportation;
    - booking the provider's transportation;
    - making the provider's transportation arrangements; or
    - communicating with any travel agents, such as airlines or rental car agencies.

<u>Air transportation expenses</u>

19. Unless otherwise specified in this policy, the branch will only reimburse the following air transportation expenses.
    - Economy class tickets on commercial flights.
    - Baggage fees, up to a maximum of two bags per flight.
    - Costs associated with items that require special handling (such as a bike or pet).
    - Change fees, only when:
        - there is a trip interruption that is out of the provider's control; or
        - when the Insured Health Services Branch has requested the change.
    - Seat selection fees.
    - Excess weight fees (specifically, for personal weight).
    - Other airline, airport and service charges (such as carrier surcharges and airport improvement fees) typically included in a travel itinerary.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

20. In accordance with the travel disruptions and exceptional circumstances section below, in exceptional circumstances, the branch may reimburse:
    - an air transportation expense that is not listed in policy statement 19; and/or
    - the cost of a business class ticket.
21. If the branch determines that the most direct route was not taken for the provider's travel, the branch will reimburse the lowest ordinarily available return airfare in accordance with the Government of Canada's lowest return airfare table for the most recent year.
22. The branch will only process an invoice if it includes a copy of the provider's travel itinerary that contains the:
    - provider's name;
    - dates of travel;
    - breakdown of expenses charged to the provider; and
    - confirmation of payment.

Ground transportation expenses

23. Unless otherwise specified in this policy, the branch will only reimburse the following ground transportation expenses.
    - Bike rentals.
    - Local transit (such as, city buses, taxis, shuttles, sharing services like UBER and rapid transit systems like the SkyTrain in Vancouver).
    - Costs incurred for road, ferry, bridge and/or tunnel tolls.
    - Rail tickets (parlour car or coach class only).
    - Personal vehicles.
    - Rental vehicles.
24. In accordance with the travel disruptions and exceptional circumstances section below, in exceptional circumstances, the branch may reimburse a ground transportation expense not covered in policy statement 23.
25. The branch will only reimburse bike rentals and local transit when used for short distances or when it is the most economical option available.

Historical

- A short distance is when the travel time for one method of transportation takes one hour or less.

Personal vehicles

26. The branch will only reimburse a provider for travel expenses associated with the use of a personal vehicle when the provider is travelling to the Yukon community in which they were contracted to provide services.
    - Reimbursement will not be provided for travel expenses associated with personal vehicle use that are incurred within the Yukon community in which the provider is contracted to provide services.
27. The branch encourages providers who use their personal vehicle to travel to obtain third party liability insurance.
    - The branch does not require proof of insurance from providers.
28. When the provider travels:
    - to the Yukon, the branch will reimburse the provider's mileage from their starting place to the place in which they are contracted to provide services in accordance with Google Maps;
    - from Whitehorse to a rural Yukon community, the branch will reimburse the provider's mileage in accordance with Appendix A; and
    - from one rural Yukon community to another, the branch will reimburse the provider's mileage in accordance with the distance chart.
29. The branch will reimburse mileage based on the rate determined by Management Board Directive #13/84, Appendix B.
    - Refer to the meals and incidental expenses for employees on travel status for current rates.
30. The branch:
    - will not reimburse any expenses related to wear and tear on the provider's personal vehicle; and
    - is not liable for any damages incurred to the provider's personal vehicle during travel.
31. The branch does not reimburse vehicle fuel when a provider travels in a personal vehicle.

Historical

- Gas receipts are not required.

Rental vehicles

32. Rental vehicles are not permitted for travel to the Yukon; they may only be used for travel within the Yukon.
33. The branch will only reimburse the cost of a rental vehicle if:
    - a local fleet vehicle is not available at the time of the provider's travel; and
    - the provider is required to travel:
        - from Whitehorse to a rural Yukon community in which they are contracted to provide services;
        - from a rural Yukon community to the rural Yukon community in which they are contracted to provide services; or
        - to multiple locations within Whitehorse: or
        - within Whitehorse on an on-call or urgent basis
34. If a provider meets the requirements set out in policy statement 33, the branch will reimburse the cost of:
    - a rental vehicle in accordance with the rates outlined in Appendix B; and
    - fuel for the rental vehicle based on actual expenses, up to the maximum amounts outlined in Appendix B.
35. The branch;
    - strongly encourages providers to ensure insurance coverage for the period in which they are using the rental vehicle; and
    - may provide reimbursement for insurance coverage even if it exceeds the daily allowance described in Appendix B.
        - If the provider has their own insurance for rental vehicles, they are encouraged to use their own policy.
36. Rental vehicle costs are not included in the reimbursement amounts specified in policy statement 16.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

37. In accordance with the travel disruptions and exceptional circumstances section below, in exceptional circumstances and on a case-by-case basis, the branch may consider other expenses related to a rental vehicle.

38. The branch will not provide reimbursement for:

    - parking or other infraction tickets the provider incurs while utilizing the rental vehicle;
    - damages to the rental vehicle;
    - excess mileage charges; and/or
    - pet cleaning fees.

Parking

39. The branch will only reimburse parking when a provider is required to leave their personal vehicle to access another mode of transportation.

    - For example, the branch will reimburse the cost of a provider to park their car at the airport in Vancouver when they board a flight to Whitehorse.

40. The branch will reimburse up to:

    - $10 per day for parking expenses in locations outside of the Yukon; and
    - $5 per day for parking expenses within the Yukon.

Accommodations while travelling

41. The branch will only reimburse the cost of accommodations for nights the provider is:

    - in transit; and/or
    - providing services in a Yukon community other than that in which they live.
        - Refer to the policy A.7 for more information about accommodations that are available to providers when they are not traveling.

42. The branch will only reimburse the cost of an accommodation while travelling if government housing is not available for the duration of the provider's contract.

43. When providing government housing and/or an accommodation that has been rented by the Government of Yukon, the branch will ensure that:

    - the dwelling is cleaned in preparation for the provider's arrival;
    - the dwelling comes fully furnished; and

Historical

- all housing-related expenses (such as, utilities and telecommunications) are paid for directly by the branch.

44. While a provider is residing in government housing where internet service is not provided (for example, Faro), the branch will reimburse the cost of a monthly Starlink subscription.
    - The branch will not provide reimbursement for the cost of the Starlink satellite dish.
    - The monthly reimbursement amount must be outlined in the provider's contract, based on current Starlink monthly rates.
45. If government housing or an accommodation that has been rented by the Government of Yukon is not available, the branch will reimburse the cost for a provider to stay at a provider-sourced accommodation or alternative housing arrangement.
    - Provider-sourced accommodations include but are not limited to:
        - hotels;
        - short-term rentals (for example, Airbnb);
        - hostels; and
        - campgrounds.
    - Alternative housing arrangements include private housing (such as staying with family or friends) and includes house-sitting.
46. The branch is not responsible for booking provider-sourced accommodations or organizing alternative housing arrangements.
47. When a provider is travelling from outside of the Yukon to a rural Yukon community, the branch will:
    - permit one night for the provider's inbound travel;
    - permit one night for the provider's outbound travel; and
    - reimburse up to:
        - $250 per night for provider-sourced accommodations; or
        - $50 per night for alternative housing arrangements.
48. If a provider is required to be away from their home in the Yukon to provide services, the branch will reimburse accommodations in accordance with Appendix A.

Historical

A.5: Travel expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

Per diems

49. The branch will only provide per diems for days during which the provider is in transit.

50. The branch will reimburse:

    - per diem amounts in accordance with the Government of Yukon's current travel rates; and
    - a full day of per diems (that is, breakfast, lunch, dinner and incidentals), regardless of when the provider's travel day starts or ends.

51. When providers are travelling:

    - from outside of the Yukon to Whitehorse or Watson Lake (that is, the entrances to the Yukon) the branch will reimburse the provider:
        - one day of per diems for their inbound travel day; and
        - one day of per diems for their outbound travel day;
    - within the Yukon, the branch will reimburse per diems in accordance with Appendix A.

52. If a provider is required to travel to a rural Yukon community after arriving in the Yukon, the branch will reimburse the provider's per diems in accordance with policy statement 51 for both their travel:

    - from outside of the Yukon to Whitehorse or Watson Lake; and
    - within the Yukon.

Travel day stipends

53. The branch will only remunerate travel day stipends for days during which the provider is in transit.

54. If a provider is:

    - travelling from Whitehorse to a rural Yukon community, the branch will remunerate the provider's travel day stipend in accordance with Appendix A; or
    - travelling from one rural Yukon community to another rural Yukon community, the branch will remunerate the provider's travel day stipend at a rate of $200 per hour based on the estimated vehicle travel time according to Google Maps.
        - Travel time must be rounded up to the nearest 15 minutes.

Historical

- providing services to multiple rural Yukon communities during the same trip, the branch will remunerate the provider at a rate of $200 per hour based on the estimated vehicle travel time according to Google Maps for each rural Yukon community they visit.

55. If a provider is travelling from outside of the Yukon to Whitehorse or Watson Lake, the branch will remunerate the provider:
    - $500 for their inbound travel day; and
    - $500 for their outbound travel day.
56. If a Specialist is travelling from outside the Yukon to Whitehorse, the branch will remunerate the provider the equivalent of fee code 0086 as outlined in the Payment Schedule for Yukon.
57. If a provider is required to travel to a rural Yukon community after arriving in the Yukon, the branch will remunerate the provider based on the combined:
    - rate outlined in policy statement 56; and
    - eligible amounts outlined in Appendix A.

Travel disruptions and exceptional circumstances

58. If the branch has requested that a provider change their itinerary (for example, to work past their contract end date), the branch will cover all travel expenses the provider incurs due to the change.
    - This includes travel expenses that are not discussed in this policy.
    - The branch does not require the provider to seek approval for the additional charges prior to invoicing for them.
59. Where feasible and reasonable, requests for coverage of travel expenses not normally included under this policy, or for additional costs arising from travel disruptions, must receive prior written approval from the branch before expenses are incurred.
    - The branch will consider requests on a case-by-case basis.
    - The expenses must be:
        - in the best interests of the branch; and
        - the most economic option available.
60. The branch requires justification for any travel expenses invoiced that are not:

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

- typically covered in accordance with this policy; and/or
- already included in the provider's contract.

61. The branch will only reimburse travel expenses associated with an air transportation disruption when the expenses are not paid for or provided by the airline in accordance with the Canadian Transportation Agency's guide to flight delays and cancellations.
62. If a provider makes a stop-over or side trip for personal reasons, the branch will not provide reimburse for any additional travel expenses for that portion of their trip, even if the travel disruption affects the provider's work-related travel.
63. If a provider's travel itinerary is disrupted for personal reasons, the branch will not pay for any additional costs associated with the travel disruption.
64. The branch requires any compensation the provider receives from an airline or other travel agency to be indicated on the provider's invoice.

Definitions

Government housing: Dwellings that are owned and maintained by either Yukon Housing Corporation or Community Nursing, or dwellings that are rented by the Insured Health Services Branch.

Home: The place in which a provider lives and considers their primary residence.

Insured health services: In accordance with the *Health Care Insurance Plan Act*, insured health services are "those physician services, surgical-dental services, and other health services, including the supply of drugs, medical and dental supplies, prostheses, orthotics, appliances and similar devices, as may be prescribed, that are provided to insured persons, but does not include any service that a person is entitled to or eligible for under any other Act, under any law of a province that relates to the workers' compensation or under any Act of the Parliament of Canada other than the federal Act."

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Locum Support Fund: A benefit program as outlined in the *Memorandum of Agreement between Government of Yukon and the Yukon Medical Association*, designed to assist resident physicians in attracting locum physicians by subsidizing reasonable and usual travel expenses.

Principal provider: A provider who is not a locum.

Historical

A.5: Travel expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.5	Review date: July 9, 2029

Physician Claims: A unit within the Insured Health Services Branch that is responsible for assessing and paying physician claims.

Provider: A physician, nurse practitioner and/or locum.

Rural Yukon community: Includes Beaver Creek, Carcross, Carmacks, Dawson City, Destruction Bay, Faro, Haines Junction, Mayo, Old Crow, Pelly Crossing, Ross River, Teslin and Watson Lake.

Specialist: A person who is registered as a specialist under the *Medical Profession Act*.

Substantive position: An ongoing, officially recognized clinical role and specialty within a practice area, as opposed to temporary or acting assignments.

Substantive vacancy: An unoccupied substantive position. The role itself exists on an ongoing basis but is currently unfilled because there is no provider engaged in it. Substantive vacancies are different from temporary absences, such as maternity leave or sick leave, where the provider in the substantive position still exists but is away.

Yukon community: All the rural Yukon communities, plus Whitehorse.

Related policies and other documents

- A.1: Contracting
- A.2: Selection and rostering
- A.7: Housing benefit
- Canadian Transport Agency's Guide to flight delays and cancellations

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

Appendix A: Summary of travel expense amounts when travelling to rural Yukon communities

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.5	Review date: July 9, 2029

Appendix A

The chart below identifies the distances between Whitehorse and each rural Yukon community and provides a summary of the amounts that may be provided to physicians for travel expenses. Distances are based on the distance chart. Mileage amounts are based on Management Board Directive's mileage rate. As of March 2025, the mileage rate is $0.73 per kilometer.

Community	*Distance from Whitehorse*	*Number of eligible days per round trip*	*Travel day stipend, per day*	*Eligible days of per diems*	*Number of eligible nights per round trip*	*Accommodation amounts, per night*
Beaver Creek	446 kms	Two	$700	Two	Two	$250
Carcross	73 kms	One	$483	One	--	--
Carmacks	177 kms	Two	$483	Two	One	$250
Dawson City	532 kms	Two	$500	Two	--*	$250
Destruction Bay	260 kms	Two	$500	Two	Two	$250
Faro	359 kms	Two	$800	Two	Six*	$250
Haines Junction	154 kms	Two	$483	Two	One	$250
Mayo	406 kms	Two	$800	Two	Six**	$250
Old Crow	--	Two	$800	Two	Five	$350
Pelly Crossing	283 kms	Two	$600	Two	Four	$250
*Ross River****	51 kms	One	$483	One	--	$250
Teslin	178 kms	Two	$483	Two	One	$250
Watson Lake	438 kms	Two	$500	Two	--*	$250

*Government housing and/or an accommodation rented by the Government of Yukon is available

**Accommodations available at Mayo Cabin Rentals

***Serviced and calculated from Faro

Historical

Appendix B: Rental vehicle amounts

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Related policy/procedure: A.5	Review date: July 9, 2029

Appendix B

This appendix provides the current amounts that may be reimbursed for rental vehicles.

The following table describes the maximum amounts that may be reimbursed to providers for the cost of their rental vehicle and fuel. Rental rates are set at $110 per day for vehicles remaining in Whitehorse and $150 per day for vehicles travelling outside Whitehorse.

Reimbursements will be made based on actual costs, up to the maximum amount.

Contract duration	Rental vehicle remaining in Whitehorse	Rental vehicle travelling outside of Whitehorse	Fuel	Fuel and rental for vehicle in Whitehorse	Fuel and rental for travel outside of Whitehorse
Two weeks or less (One to 14 days)	$1,540	$2,100	$500	$2,040	$2,600
Two to three weeks (15 to 21 days)	$2,310	$3,150	$750	$3,060	$3,900
Three to four weeks (22 to 28 days)	$3,080	$4,200	$1,000	$4,080	$5,200
More than four weeks	Determined by the financial assistant				

THIS

A.6: Coverage of ancillary expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.6	Review date: July 9, 2029

Purpose

This policy describes the expenses that the Physician Compensation and Medical Affairs Branch will cover for and/or reimburse to providers for ancillary expenses, such as overhead, medical licensing fees and electronic medical record access and system fees.

Policy

General requirements

1. This section is a prerequisite to all the following sections in this policy.
    - The Physician Compensation and Medical Affairs Branch (the branch) will only reimburse or remunerate providers who meet all the general requirements outlined in this policy.
2. Ancillary expenses will only be remunerated or reimbursed for providers who have entered a contract with the branch.
    - The contract must specify the ancillary expenses and amounts for which the providers will be remunerated or reimbursed.
3. Only those ancillary expenses named in this policy will be covered or reimbursed.
4. In exceptional circumstances, the Director may approve ancillary expenses not named in this policy.
5. As the funder of last resort, only those ancillary expenses that are not covered by other allowances or benefits available to the provider will be covered or reimbursed.
    - Other allowances and benefits may include but are not limited to the benefit programs outlined in the Memorandum of Agreement between the Government of Yukon, Department of Health and Social Services and the Yukon Medical Association (MOA).
    - This exclusion applies to all types of coverage for ancillary expenses, including supplemental and/or top-up coverage.
6. Ancillary expenses will be reimbursed based on the provider's actual expenditures, up to the respective limits outlined in each section of this policy and the provider's contract.
    - Ancillary expenses will only be reimbursed when they can be substantiated by proof of payment (for example, receipts).

Historical

A.6: Coverage of ancillary expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.6	Review date: July 9, 2029

Overhead

7. Unless otherwise specified in this policy, the branch will not provide reimbursement, remuneration, coverage or funding for overhead expenses.
8. Locum orthopedic surgeons are eligible for up to $370 per day for overhead expenses.

Yukon licencing fees

9. Yukon licencing fees will only be reimbursed for locum providers.
10. Up to $1,500 per fiscal year may be reimbursed for Yukon licensing fees.
    - Only the following Yukon Medical Council fees, as described in the Yukon Medical Council's fee schedule, will be reimbursed:
      - Full Canada Free Trade Agreement (CFTA) licensure
        - One time registration fee
        - Annual registration fee
      - Full licensure via physiciansapply
        - One time registration fee
        - Annual registration fee
      - Locum
        - One time registration fee
        - Licensure fee
      - Transition (currently registered as a locum and changing to full)
        - One time registration fee
        - Licensure for the current year
        - Annual registration fee
    - Reimbursed amounts will be based on the Yukon Medical Council's fee schedule.
    - Only the following Yukon Registered Nurses Association registration / license fees, as described in the Yukon Registered Nurses Association fee schedule, will be reimbursed.
      - NP (full) – Annual license

Historical

- NP (full) ½ year
- New applicant processing fee (new applicants only)
- Verification of registration

- Reimbursed amounts will be based on the Yukon Registered Nurses Association fee schedule.
- Costs associated with obtaining licenses (for example, a criminal record check) will not be covered or reimbursed.

11. In accordance with the licensing requirements of both the Yukon Medical Council and Yukon Registered Nurses Association, providers must take the Yukon First Nations 101 course (the course) before obtaining their licence to practice in the Yukon.
12. The branch will reimburse the cost for the provider to take the course once in the provider's lifetime.
    - The provider is responsible for registering themselves in the course.
    - The provider may choose to enroll in either the:
        - self-paced online training course; or
        - in-person contract training course.
    - The reimbursement amount:
        - includes good and services tax (GST); and
        - contributes to the $1,500 cap identified in policy statement 10.
    - Proof of course completion is not required.

Electronic medical record system access and service fees

13. Up to $170 per month may be reimbursed for the cost for electronic medical record (EMR) system access and service fees for:
    - locums; and
    - providers who are contracted to provide insured health services in a rural Yukon community, except for Dawson and Watson Lake.
14. Up to $300 will be reimbursed for EMR system access and service fees for locum orthopedic surgeons.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.6	Review date: July 9, 2029

- This is a one-time expense that will only be reimbursed at the start of the locum orthopedic surgeon's first contract.

Contract termination

15. Regardless of whether the provider ends their contract early or the contract ends in accordance with the established end date, if the provider:
    - has received a one-time benefit or expense in accordance with this policy, the branch will not seek reimbursement of the expense; and/or
    - had been in receipt of a monthly benefit or expense, the branch will discontinue paying for the benefit or expense in the month in which the provider's contract ends.

Definitions

Fiscal year: April 1 of the current year to March 31 of the following year.

Locum: A provider temporarily engaged to act for and on behalf of another provider (that is, the principal provider) by providing medical services to the principal provider's patients.

Locum orthopedic surgeon: An orthopedic surgeon temporarily contracted to cover a vacant orthopedic surgeon position.

Plexia: The electronic medical record used by providers.

Physiciansapply: A portal used by the Yukon Medical Council.

Principal provider: A provider who is not a locum.

Professional licensing fee: A mandatory charge, typically paid to a government agency or professional body, to obtain the legal right to practice a regulated profession or trade.

Provider: A physician, nurse practitioner and/or locum.

Authorities

- *Medical Profession Act, (Yukon), 2016, c.5*

Related policies and other documents

- A.1: Contracting
- A.2: Selection and rostering
- A.5: Travel expenses

Historical

A.6: Coverage of ancillary expenses

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.6	Review date: July 9, 2029

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical

A.7: Housing benefit

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.7	Review date: July 9, 2029

Purpose

This policy describes the housing benefits that the Physician Compensation and Medical Affairs Branch will provide to physicians.

Policy

1. This policy applies to physicians who:
    - have a contract in place with the Physician Compensation and Medical Affairs Branch (the branch) to provide insured health services (services) in a rural Yukon community with a hospital, specifically, Dawson City and Watson Lake; and
    - reside in the rural Yukon community in which they are contracted to provide services.
2. This policy does not apply to:
    - locums;
    - physicians residing in Whitehorse;
    - physicians residing in a rural Yukon community without a hospital;
    - physicians who require accommodations while travelling to the place in which they are contracted to provide services; or
    - physicians who require accommodations while providing services in a rural Yukon community other than that in which they reside.
        - Refer to policy A.5 for more information about when physicians require an accommodation while travelling or while providing healthcare services in a community other than that in which they reside.
3. The housing benefit types available to physicians include:
    - government housing; or
    - a housing stipend.
4. The branch will provide a physician with the housing benefit type of their choosing.
    - Only one housing benefit type can be selected at a time.
5. The arrangement in which the branch provides a housing benefit type is dependent on whether a physician meets the minimum service commitment.

Historical

- Refer to the applicable housing benefit type section below for more information about the possible arrangements.

6. The branch will:
    - determine a physician's commitment level at the start of the physician's contract; and
    - review the physician's commitment level annually to ensure that their commitment level remains the same as when initially determined.
7. The branch must be informed if a physician is sharing a dwelling with another physician.

Government housing

8. If a physician:
    - meets the minimum service commitment, the branch will provide the physician with their own dedicated government housing unit;
    - shares a minimum service commitment with another physician, the branch will provide the physician a government housing unit that is also shared with the other physician; or
    - does not meet the minimum service commitment, the branch will provide the physician with a government housing unit that is shared with another physician or a locum.
9. The branch is not responsible for identifying or arranging physicians who can share government housing units.
10. In exceptional circumstances, the branch may permit a physician to have their own dedicated government housing unit even if they do not meet the minimum service commitment.
    - The arrangement must:
        - benefit the branch; and
        - be economically sensible.
11. The *Residential Tenancies Act* must be followed for government housing.
12. If a physician chooses to reside in government housing, they must:
    - coordinate their stay with:

Historical

- the branch; or
- a designate, such as a clinic manager.

13. The branch must enter a tenancy agreement with every physician residing in government housing, regardless of whether the physician is sharing the government housing unit.
14. The Government of Yukon signatory on the tenancy agreement must have section 24 signing authority under the *Financial Administration Act*.
15. The branch does not permit physicians to rent, lease or sublet any portion of their government housing units.
16. When providing government housing for a physician, the branch will ensure that:
    - the dwelling is cleaned in preparation for the physician's stay;
    - the dwelling comes fully furnished; and
    - all housing-related expenses (such as, utilities and telecommunications) are paid for directly by the branch.
17. The branch may choose not to pay for utilities that are unreasonably or unusually high without justification.
18. The branch will pay for all housing-related expenses directly to the applicable vendor.
19. The branch may terminate a physician's tenancy agreement before the tenancy agreement's set end date if:
    - the branch and the physician mutually agree to terminating the tenancy agreement early; or
    - the branch has cause to terminate the tenancy agreement early in accordance with *Residential Tenancies Act* (for example, there are more than the maximum number of occupants permitted living in the government housing unit or the physician has caused damage to the government housing unit).

Housing stipend

20. Unless otherwise specified in this policy, if a physician:
    - meets the minimum service commitment, the branch will provide $3,500 per month direct to the physician for a housing stipend;
    - shares a minimum service commitment with another physician, the branch will provide $1,750 per month direct to the physician for a housing stipend; or

Historical

- does not meet the minimum service commitment, the branch will provide $1,750 per month direct to the physician for a housing stipend.

21. In exceptional circumstances, the branch may permit a physician to receive the full housing stipend of $3,500 even if they do not meet the minimum service commitment.
    - The arrangement must:
        - benefit the branch; and
        - be economically sensible.
22. If multiple physicians sharing a dwelling are receiving a housing stipend, the branch will reduce the physicians' housing stipend proportionally to the number of physicians sharing the dwelling.
    - For example:
        - If two physicians share a dwelling, each will receive a housing stipend of $1,750 (that is, $3,500 ÷ 2).
        - If three physicians share a dwelling, each will receive a housing stipend of $1,167 (that is, $3,500 ÷ 3).
23. When a housing stipend is provided to a physician, the branch will not pay for, cover or reimburse:
    - any other housing-related expenses, such as utilities or telecommunications; or
    - furnishings, such as furniture, dishes or linens.
24. To issue a housing stipend, the branch requires an invoice from the physician.
25. The branch does not require the physician to submit receipts for the expenses paid for by their housing stipend.

Changes to housing benefit type

26. Changes to government housing placements (for example, moving in or out, or changing government housing units) may occur:
    - any time during the physician's existing contract; and/or
    - when the physician renews their contract.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.7	Review date: July 9, 2029

27. If the physician would like to move in or out of government housing or move into different government housing, the physician must provide the branch at least 30 days notice in advance of the date they would like to move.

Changes to personal situation

28. The branch will continue to provide a housing benefit to a physician who is on one of the following approved leaves, provided that the physician meets the requirements of the applicable leave in accordance with the eligibility criteria for the Locum Support Program, as noted in the current Memorandum of Agreement between the Government of Yukon, Department of Health and Social Services and the Yukon Medical Association (MOA).
    - Short-term leave.
    - Long-term leave (specifically, parental or medical leave).
29. The housing benefit will only be provided for the period allotted for the related leave in accordance with the MOA.
30. Except when they are on leave, if a physician's personal situation changes such that they no longer meet the definition of a physician, they are no longer eligible for any housing benefit.

Definitions

Government housing: Dwellings that are maintained by either Yukon Housing Corporation, Highways and Public Works Property Management Division or Community Nursing, or dwellings that are rented by the Physician Compensation and Medical Affairs Branch.

Housing stipend: A fixed value housing benefit that is provided in lieu of government housing and is intended to cover the cost of housing related expenses such as rent, mortgage payments, utilities and telecommunications.

Locum: A physician temporarily contracted to act for an on behalf of another physician (that, is the principal physician) by providing insured health services to the principal physician's patients.

Locum Support Program: A benefit program outlined in the Memorandum of Agreement between the Government of Yukon, Department of Health and Social Services and the Yukon Medical Association that is designed to assist resident physicians in attracting locum physicians by subsidizing reasonable and usual expenses and overhead expenses.

Minimum service commitment: A commitment from a principal physician to provide a minimum of 32 weeks of insured health services to Yukoners, comprised of a total of 176 patient care days, and 56 on-call days.

Historical

Unit:	Effective date: July 9, 2026
Branch: Physician Compensation and Medical Affairs	Last updated: July 9, 2026
Policy number: A.7	Review date: July 9, 2029

Patient care day: Any time a principal physician provides direct or indirect patient care in any facility (that is, a clinic, long-term care facility, hospital or virtual care) within the community in which they are assigned.

Principal physician: A physician who is not a locum.

Section 24 signing authority: The authority granted under section 24 of the *Financial Administration Act* to sign certain documents.

Tenancy agreement: An agreement, whether written or oral, express or implied, between a landlord and a tenant respecting possession of a rental unit, use of common areas and services and facilities.

Authorities

- Agreement for Special Use between Yukon Housing Corporation and Health and Social Services – Insured Health Services
- *Financial Administration Act, (Yukon), 2002, c.87*
- Memorandum of Agreement between the Government of Yukon, Department of Health and Social Services and the Yukon Medical Association, April 1, 2025, to March 31, 2028
- *Residential Tenancies Act, (Yukon), 2025, c.7*

Related policies and other documents

- A.1: Contracting
- A.2: Selection and rostering
- A.5: Travel expenses

APPROVED BY:	Johanna Smith	Director, Physician Compensation and Medical Affairs
DATE:	July 9, 2026	

Historical