

**Rural Family Medicine Enhanced Surgical Skills  
OB Locum (RESSO) Program Policy**

Ministry of Health  
Revised April 2024

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### 1.1 Description

The Rural Family Practice Enhanced Surgical Skills OB Locum (RESSO) Program helps eligible rural family practitioners (FPs), who provide eligible core surgical obstetric services, secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME), vacation and medical leave. **RESSO is implemented as a pilot program until March 31, 2025.**

### 1.2 Objectives

The objectives of this policy are to outline the criteria and eligibility of the RESSO of British Columbia (BC).

### 1.3 Scope

This policy applies to host physicians, locum physicians, health authorities, Locums for Rural BC (LRBC) and other key partners participating in the RESSO.

### 1.4 Oversight

RESSO is a rural physician program under the Rural Practice Subsidiary Agreement (RSA), which is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC (DoBC) and the Medical Services Commission (MSC).

The Joint Standing Committee on Rural Issues (JSC), established under the RSA, is comprised of representatives from DoBC, the Ministry of Health (the Ministry) and the health authorities (HAs). The JSC advises the Government and DoBC on matters pertaining to rural medical practice and is responsible for the overall governance of these rural programs.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique and difficult circumstances faced by physicians in these areas.

### 1.5 Administration

LRBC provides the day-to-day administration of the RESSO in accordance with the policies and procedures established by the JSC. This includes full support and assistance with placement and travel to rural communities for locum physicians and full support and assistance for host physicians requiring locum support. There is no fee charged to any physician for using the program.

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<b>Section: 2</b> Definitions	<b>Effective:</b> April 2024

Term	Definitions
Alternative Payment Program (APP) Contract	An alternative physician compensation model to Medical Services Plan (MSP) FFS.
Fee-for-Service (FFS)	Method of payment whereby physicians bill for services provided on a FFS basis.
Health Authority (HA)	Governing bodies, as per the <i>Health Authorities Act</i> , with responsibility for the planning, coordination, and delivery of regional health services, including hospital, long term care and community services.
Host Physician	A physician who permanently practices in an eligible RSA community and meets the eligibility criteria.
Locum Physician	A physician with appropriate medical staff privileges who substitutes on a temporary basis for another physician (host physician) and who works as independent contractors with the program.
Locums for Rural BC (LRBC)	LRBC is the organization that is responsible for operating the rural locum programs and is a branch within the Health Employer's Association of BC (HEABC).
Rural Practice Subsidiary Agreement (RSA) Community	A rural community that meets all the criteria of the RRP, included in Appendix A of the RSA.
Rural Retention Program (RRP) Fee Premium	Physicians providing services in eligible RSA communities will receive a premium on their MSP FFS billings; those who live and practice in eligible RSA communities may receive a flat sum retention allowance in addition to the FFS premium.
Service Clarification Code (SCC)	Code for the community in which the service has been provided which must be indicated on all billings submitted by the physician in order to receive the RRP Fee Premium.
Vacant Position (Vacancy)	A vacant FP position in the Ministry/HA approved physician supply plan. Required to be posted/advertised on the HEABC website.



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<b>Section: 3</b>	Community/Host Physician Eligibility and Responsibility	<b>Effective:</b>	April 2024

### 3.1 Community Eligibility

To obtain locum assistance, a community must:

- Have a HA Physician Supply Plan approved by the Ministry that requires the FP Enhanced Surgical OB services in the community.
- Have 7 or fewer FP with enhanced Surgical OBs. who provide the service, maintain hospital privileges and provide on-call support to obstetrical surgical services in the community. Determination of FP numbers is based on the information provided by each HA for the RRP Flat Fee quarterly confirmations to the Ministry.
- Be more than 70km from a nearby major medical centre (MMC) where either specialists or FPs provide similar specialty services. MMCs for the purpose of this program are: Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, and Prince George.

### 3.2 Host Physician Eligibility

To obtain RESSO locum assistance, a host physician must:

- Be a FP licensed to practice medicine in BC.
- Be a member in good standing with the Canadian Medical Protective Association (CMPA), College of Physicians and Surgeons of BC (CPSBC), and the regional HA.
- Enroll and remain enrolled with Medical Services Plan (MSP);
- Have obtained training in surgical obstetric services, have been credentialed by the HA with FP Enhanced Surgical Skills with a sub-category specific to Obstetrics, have been granted privileges to practice in that same specialty area in a hospital in a designated rural community, *and* actively participate in providing on-call support in the designated core service area.
- Maintain privileges, provide service and on-call support to the hospital in an eligible rural community.
- No physician may access the Rural Locum Programs simultaneously.

### 3.3 Requesting Services

- Eligible host physicians, in collaboration with their community and HA, must request locum days through LRBC. Physicians compensated through MSP and APP contracts may request locums, provided they and their community meet the eligibility criteria.
- The number of eligible days per physician or vacancy is 35 days per fiscal year.
- The eligible community and HA will determine the use of the days to support rural FP physicians with surgical obstetrical skills.
- Communities, in collaboration with the HA, may request locum days to support vacant surgical obstetric positions through the Program.

- As the locum days are assigned to the community, and not the individual physician, it is anticipated that the community/HA will approve the locum days in an appropriate and equitable manner.
- The enhanced surgical obstetrical skills must routinely be provided by the host physician and be required by rural hospitals in order to be requested.
- Requests may not be filled, depending on availability of locum tenens physicians and program funding.

### **3.4 Host Physician Responsibility**

The host is responsible for providing the locum physician with:

- A list of the responsibilities the host physician expects the locum to fulfill. This should include an explanation of all payments and supports the locum can expect to receive during and resulting from this locum assignment.
- Detailed information on the care and treatment of patients in hospital or those requiring special treatment.
- In C and D designated communities, reasonable accommodation for the locum physician, which shall include clean, private quarters, reasonably furnished, cooking facilities, TV and private phone, and should try to provide a vehicle for the locum if needed.
- If necessary, establish local hospital privileges on behalf of the locum physician, in collaboration with the HA, for the term of the locum assignment.
- A detailed reconciliation of claims submitted.
- Where the locum is providing services on behalf of the HA (i.e., for a physician vacancy), the HA will provide reasonable accommodation for the locum physician.

Where the locum is providing *office-based services in primary care maternity (i.e. a maternity clinic)*, the following applies:

- The host physician is expected to submit claims within 2 weeks of the end of the locum physician's assignment, and to submit refused claims within 2 weeks of the refusal date.
- The host physician will pay the locum physician directly for services not covered by MSP (i.e., private, Insurance Corporation of BC, WorkSafe BC, reciprocal billings). Payment should be made prior to the locum physician leaving the assignment, less the 40% overhead deduction.
- The locum physician will normally assume the host physician's on-call responsibilities and will receive reimbursement from the HA for medical on-call availability services provided during the assignment.
- The host physician must provide the locum physician with a detailed reconciliation of claims submitted upon request.
- Locum physicians must assign payment for FFS billings to the host physician for the term of the assignment. FFS host physicians will receive 40% of the paid MSP claims billed during the locum assignment, to be applied to overhead expenses.
- In the case of a non-certified specialist providing locum coverage, MSP claims will be paid the applicable fee according to the fee schedule, which may be less than what would be paid to a certified specialist.

Where the locum physician is providing *hospital-based services* the following applies:

- If solely providing medical on-call availability services in acute care for emergency care as per MOCAP policy, and as designated per HA requirements, the host will not receive the 40% of paid MSP claims for overhead.

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**Section: 4** Locum Physician Eligibility and Responsibility

**Effective:** April 2024

#### 4.1 Locum Physician Eligibility

To provide locum services through the RESSO program, a locum physician must:

- Be licensed to practice in BC in a manner that is consistent with the core specialty locum services to be provided.
- Be formally credentialed and granted privileges by the applicable HA in FP Enhanced Surgical Skills, with a sub-category of Obstetrics, to practice in a rural hospital(s).
- Reside in BC for the duration of their RESSO assignment.
- Be a member in good standing with the CMPA, CPSBC and the regional HA.
- Be certified in Advanced Cardiovascular Life Support (ACLS) or accredited in a Comprehensive Approach to Rural Emergencies (CARE) course.
- Preference is for Advanced Trauma Life Support (ATLS) certification.
- Enroll and remain enrolled with MSP.
- NOT live or regularly practice the FP Enhanced Surgical Skills, Obstetrics, in the rural community where the locum service is to be provided.

#### 4.2 Locum Responsibility

The locum physician must:

- Provide service in the host community for the duration of each assignment, including the provision of on-call/availability services as per HA requirements.
- Assign payment to the host physicians' payment number for services provided while on assignment; the host physician is responsible for MSP claims submission.
- Notify LRBC immediately upon becoming unavailable to provide locum services.
- Apply for an additional payment number and bill all MSP claims under that payment number for the duration of the locum assignment, for specified core services on-call locum assignments.
- Ensure that the SCC of the community in which they are providing locum coverage is entered on all claims submitted for payment, to receive the RRP Fee Premium for services provided while on locum assignment.
- Must cover the enhanced surgical obstetrics portion of the host physician's practice.



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**Section: 5** Health Authority Responsibility

**Effective:** April 2024

### **5.1 Health Authority Responsibility**

The HA must:

- Collaborate with the eligible RSA community to approve RESSO program requests from host physicians.
- Ensure the locum receives the appropriate on-call availability payments.
- In cases where there is a vacant position, the HA may apply to use locum days assigned to the community to assist with the MOCAP schedule.
- Facilitate credentialing process and hospital privileges for the locum physician.
- Sign off on the requests for RESSO locum assistance (normally the Senior Medical Director).



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**Section: 6** Locum Expenses and Payment

**Effective:** April 2024

## 6.1 Locum Expenses

- Locum travel expenses will be reimbursed in accordance with Government financial standards upon submission of original receipts.

### 6.1.1 Accommodations

- Accommodations in A and B designated communities will be reimbursed in accordance with the approved list of accommodations offering government rates. The list of approved accommodations is available at: <http://csa.pss.gov.bc.ca/businesstravel/>. Accommodations may be booked through LRBC or by the locum physician.
- Where government approved accommodations are available and a physician chooses to stay in a licensed non-government approved accommodation, a rate up to the maximum of an approved accommodation in the community will be paid.
- In situations where there is no government approved accommodations in the host community, payment will be made up to \$120 per night upon submission of a receipt.
- Exceptions will be considered on a case-by-case basis in advance of the locum assignment.
- Private accommodations in A and B designated communities will be reimbursed as follows:
  - A rate of \$30 per night will be paid (no receipt required) when staying at a friend/relative's house or at a home owned by the locum physicians (not their principal residence).
  - A rate of 50% of the approved hotel accommodation in the community will be reimbursed when staying at:
    - an accommodation owned by the host/local physicians, clinic, HA, health care society, etc.
    - a non-licensed accommodation such as an Airbnb, Bed and Breakfast, etc.
    - If there is no approved accommodation in the community then 50% of the \$120 per night will be paid (see above). A receipt signed by the owner of the accommodation must be submitted.
- The accommodation should be located in the RESSO assignment community. If no accommodation is available, prior approval must be sought.
- In C and D designated communities, host physicians are responsible to provide accommodations (see section 3.3).
- For locum assignments a minimum of 5 days in length, in A and B designated communities, an additional \$20 above noted rates per night may be paid for accommodation with a kitchen.

### **6.1.2 Car Rentals**

- In A and B designated communities, an economy car rental expense will be reimbursed where it is necessary for a locum physician to rent a vehicle. Exceptions are made in situations with bad road conditions where it may be necessary to rent a 4-wheel drive or car with mud/snow or winter rated tires.
- In C and D designated communities, car rental expenses will only be covered when travelling to and from the community as required. If a car rental is required for travel and there is no car rental drop-off in the community, exceptions may be made.

### **6.1.3 Travel from home or other location**

- Locums will be paid for the travel expenses incurred to travel to and from the community either from/to their registered home location or any BC location that is closer or more economical.

## **6.2 Travel Time Honorarium**

- Travel time will be paid as follows:
  - \$250 for less than or equal to 2.5 hours return trip
  - \$500 for greater than 2.5 to 4 hours return trip
  - \$1,000 for greater than 4 to 10 hours return trip
  - \$1,500 for greater than 10 hours return trip
- The Travel Time Honorarium is payable for travel within BC.

## **6.3 Daily Rate**

- LRBC will submit the locum guaranteed minimum daily rate for payment through MSP for provision of services for each day (24 hours) on assignment, paid semi-monthly.
- The guaranteed daily rate is \$1,375 per day (effective January 1, 2024). In addition, A and B designated communities will be applied to the daily rate, which will increase the daily rate to between \$1,375 and \$1,788.
- In cases where a certified specialist provides coverage for an eligible FP with enhanced obstetrical surgical skills, the locum will be paid a guaranteed daily rate of \$1,875. In A and B designated communities the RRP Fee Premium % will be applied to the daily rate.

## **6.4 Other: Billings, Top-up, Overhead and MOCAP**

- In the case of the locum replacing the host physician in a primary maternity care clinic, the MSP will recover 60% of the locum's MSP claims for the RESSO Program; the host physician will receive 40% of the locum's paid MSP claims, paid on a semi-monthly basis by MSP. In cases where 60% of the paid MSP claims are greater than the daily rate (averaged over the length of the assignment), top-up will be calculated and paid to the locum on a quarterly basis.
- Where the locum provides solely medical on-call availability services for emergency care as per MOCAP policy, as designated by the HA the host physician will not receive an overhead component.

- In cases where the locum provides enhanced obstetrics surgical services for medical on-call availability services where the paid MSP claims are greater than the daily amount specified (averaged over the term of the assignment), the top-up will be calculated and paid on a quarterly basis.
- In cases where there is an APP arrangement in place, MSP is not billed. Therefore, the daily amount specified is applied with no top-up.

#### **6.5 Submission Deadlines:**

- Effective April 1, 2024, RESSO Application for Expense, Travel Time Honorarium and Daily Rate claims must be received by LRBC within 90 days from the date the travelling physician arrives home to receive reimbursement. Physicians who fail to submit within 90 days will forfeit eligibility for the reimbursement of travel time honorarium. Physicians who submit after 90 days are still eligible for daily rate and travel expense reimbursement up until March 31, of the next fiscal year. For example, a physician who submits a claim after 90 days for Fiscal 2023/24 will have up until March 31, 2025, to receive reimbursement for their travel expenses and the daily rate only.

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**Section: 7** Reporting, Monitoring and Evaluation

**Effective:** April 2024

### 7.1 Reporting, Monitoring and Evaluation

- The Ministry, in consultation with Health Insurance BC and LRBC, will monitor program expenditures on a regular basis and perform an annual reconciliation of program expenditures.
- LRBC will provide a report on the RESSO utilization to the JSC quarterly. LRBC and the Ministry will report on financial information, identify unresolved program issues, and make recommendations on policy or program changes, as needed.
- The payments for vacancies and supplemental funding will be tracked and reported separately.
- The JSC will evaluate the RESSO as required.