

**Rural Family Practitioner Anesthesia Locum  
Program (RFPALP) Policy**

Ministry of Health  
Revised April 2024



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<b>Section: 1</b> General	<b>Effective:</b> April 2024

1.1 Description

The Rural Family Practitioner Anesthesia Locum Program (RFPALP) helps eligible rural family practitioners (FPs) who provide core anesthesia services (FPAs) secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME), vacation and medical leave.

1.2 Objectives

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

1.3 Scope

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

1.4 Oversight

RFPALP 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 (Ministry) and the HA's. The JSC advises the BC 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 RFPALP 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 FPA service in the community.
- Have 7 or less FPA physicians who maintain hospital privileges and provide on-call support to anesthesia services in the community. Determination of FPA 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 FPA 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 the Medical Services Plan (MSP).
- Have obtained training in anesthesia core service area, have been recognized by the HA, 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.
- Permanently practice in an eligible RSA community with 7 or fewer FPAs.
- No physician may access the Rural Locum Programs simultaneously.

### 3.3 Requesting Services

- Physicians compensated through MSP and APP contracts may request locums through LRBC, provided they and their community meet the eligibility criteria.
- Eligible host physicians in A, B, C, or D communities can request up to a maximum of 35 days of locum coverage per fiscal year.
- If the HA deems a position a "job-share," the physicians sharing the position may be eligible to share the RFPALP locum days provided they meet the other eligibility requirements.
- FPA skills must routinely be provided by the host physician and be required by rural hospitals in order to be requested.
- The ability of LRBC to fill RFPALP locum requests is subject to the availability of locum physicians and program funding.

### 3.4 Host Physician Responsibility

The host physician is responsible for providing the locum physician with:

- A list of the responsibilities the host physician expects the locum to fulfill in advance. 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*, 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 will normally assume the host physician's on-call responsibilities and will receive reimbursement from the HA for the medical on-call availability services provided during the assignment.
- The host physician must provide the locum with a detailed reconciliation of claims submitted upon request.
- Locums must assign payment for FFS billings to the resident/host physician for the term of the assignment. The host physician will receive 40% of the paid MSP claims billed during the locum's assignment, to be applied to overhead expenses. In the case of a non-certified specialist providing locum coverage FFS 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 physician will not receive the 40% of paid MSP claims for overhead.



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<b>Section: 4</b> Locum Physician Eligibility and Responsibility	<b>Effective:</b> April 2024

#### 4.1 Locum Physician Eligibility

To provide locum services through the RFPALP, 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.
- Reside in BC for the duration of their RFPALP assignment.
- Be a member in good standing with the CMPA, CPSBC and the regional HA.
- Enroll and remain enrolled with MSP; and
- Be formally credentialed and granted privileges by the applicable HA to practice in a rural hospital(s) in one or more of the designated core specialty areas.
- NOT live or regularly practice the core specialty in the rural community where the locum service is to be provided.
- Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), and/or Comprehensive Approach to Rural Emergency BC (CARE) Course certification is preferred but not a requirement.

#### 4.2 Locum Physician 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.
- Notify LRBC immediately should they become unavailable to provide locum services.
- Assign payment for office-based services to the host physician’s payment number for services provided while on assignment; the host physician is responsible for MSP claims submission.
- Apply for an additional payment number and bill all fee-for-service claims under that payment number for the duration of the locum assignment, for specified core services on-call locum assignments.
- Ensure 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.
- Cover at least the anesthesia portion of the host physician’s practice.

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<b>Section: 5</b> Health Authority Responsibility	<b>Effective:</b> April 2024

## 5.1 Health Authority Responsibility

The HA must:

- Ensure the locum receives the appropriate on-call availability payments.
- In cases where the locum physician's main service is to fill the medical on-call availability schedule, the HA will ensure the locum days are applied against each of the local FPA's 35 locum relief days in an equitable manner.
- Facilitate credentialing process and hospital privileges for the locum physician.
- Sign off on the requests for RFPALP assistance (normally the Senior Medical Director).

## 5.2 Health Authority Responsibility for Vacant Positions

- The HA must clearly identify the following:
  - the vacancy in the Ministry/HA endorsed Physician Supply Plan;
  - the HEABC advertisement of the vacant position;
  - the serious health care service access problems that the vacancy is causing for the community; and
  - the extra workload being placed on other physicians in the community over and above what would be considered a reasonable workload.
- The HA must submit an application for a vacant position to the Ministry for approval in advance.
- Once the application has been approved, the HA will be notified and can begin to advertise the RFPALP vacancy days with LRBC.
- If a HA should find that the number of days of locum coverage committed is not sufficient, they may submit a second request. This request must include a summary of the recruitment efforts and contingency plans for the vacant position longer term. The second request will be reviewed by the Ministry for decision.



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<b>Section: 6</b> Locum Expenses and Payment	<b>Effective:</b> April 2024

## 6.1 Locum Expenses

- Locum travel expenses will be reimbursed in accordance with Government financial standards, upon receipt 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 RFPALP 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

- Locum physicians will be paid for the travel expenses incurred for travel to and from the host 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 A and B designated communities the Rural Retention Program (RRP) Fee Premium 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 anesthesiologist specialist provides coverage for a FPA, 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 their office practice, the MSP will recover 60% of the locum's FFS claims for the RFPALP; 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, based on a 24-hour day), 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 anesthesia 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 the case of vacant positions, the HA will receive 40% of the paid MSP claims. If the locum physician is providing service in a private clinic, the HA and clinic must make arrangements regarding the 40%. The 40% received by the HA must be used to support physician resources; it is not to be used for general revenue.
- In cases where there is an Alternative Payment Program (APP) arrangement in place, FFS is not billed. Therefore, the daily amount specified is applied with no top-up.

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

- Effective April 1, 2024, RFPALP 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 31st 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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<b>Section: 7</b> Reporting, Monitoring and Evaluation	<b>Effective:</b> 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 RFPALP Program 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 RFPALP as required.