

**Rural Family Practitioner Locum Program (RFPLP)  
Policy**

Ministry of Health  
Revised April 2024

**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 2 of 11

**Section: 1** General

**Effective:** April 2024

### 1.1 Description

The Rural Family Practitioner Locum Program (RFPLP) helps family practitioners (FPs) in rural communities with seven or fewer FPs to 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 RFPLP 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 RFPLP.

### 1.4 Oversight

RFPLP 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 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 for physicians.

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 RFPLP 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.



<b>Chapter:</b> Rural Family Practitioner Locum Program (RFPLP)	<b>Page:</b> 3 of 11
<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 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.
Rural Practice Subsidiary Agreement (RSA) Community	A rural community that meets all the criteria of the RRP, included in Appendix A of the RSA.
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.

**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 4 of 11

**Section: 3** Community / Host Physician Eligibility and  
Responsibility

**Effective:** 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 services in the community.
- Have 7 or fewer FPs who permanently practice within the RSA community. Determination of FP numbers is based on the information provided by each HA for the RRP Flat Fee quarterly confirmations to the Ministry.

### 3.2 Host Physician Eligibility

To obtain 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.
  - Maintain enrollment in the Medical Services Plan (MSP).
  - Permanently practice in an eligible RSA community. with 7 or fewer FPs.
- 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.
- The number of days eligible is based on the RSA community designation (A, B, C, or D):

'A' Communities	43 days /fiscal year
'B' Communities	38 days /fiscal year
'C' Communities	33 days /fiscal year
'D' Communities	28 days /fiscal year
- Each request must be at least 5 days in duration for a weekday locum assignment.
- For weekend locum assignments, the assignment commences on Friday at 18:00 and concludes on Monday at 08:00 (2.5 days) or Tuesday at 08:00 (3.5 days) if a statutory holiday is part of the weekend.
- If the HA deems a position a "job-share", the physicians sharing the position may be eligible to share the RFPLP locum days, provided they meet the other eligibility requirements.
- When requesting locum assistance, the host physician must identify whether the limited enhanced skills (i.e., Obstetrics/Gynecology, Anaesthesia, Emergency or General Surgery) are required by the locum physician. These skills must routinely be provided by the host physician and be required by the host facility.
- To be eligible for the Emergency On-Call stipend, the community must be eligible for the Medical On-Call Availability Program (MOCAP). HA's may submit an exception request to LRBC which will be considered by the Ministry on a case-by-case basis.

- The stipend will be paid to the locum when their name appears on the call rotation for coverage for providing new or unassigned patients requiring emergency care.
- The ability of LRBC to fill RFPLP 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 physician 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 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.

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.

**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 6 of 11

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

**Effective:** April 2024

#### 4.1 Locum Physician Eligibility

To provide locum services through the RFPLP, a locum physician must:

- Be licensed to practice in BC.
- Reside in BC for the duration of their RFPLP 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; and
- Provide a list of any enhanced skills (i.e., Obstetrics/Gynecology, Anaesthesia, Emergency or General Surgery) that they may be able/willing to provide. In order to receive the stipend, the service must be requested by the host physician and be required by the host facility (see section 3.2).

#### 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.
- Be willing to provide hospital ED services when providing weekend locum assignments in communities where there is a hospital.
- Notify LRBC immediately should they become unavailable to provide locum services.
- Assign payment to the host physicians' payment number for services provided while on assignment; the host physician is responsible for MSP claims submission.
- 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.
- Wrap up with patients and properly communicate handover the following morning, when providing overnight call. If this is done at the end of a locum assignment, outside of the locum assignment time, no additional compensation will be made.

**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 8 of 11

**Section: 5** Vacant Positions and HA Responsibility

**Effective:** April 2024

### 5.1 Community Eligibility for Vacant Positions

- Where communities are facing a serious health care services access problem and/or presenting an unreasonable workload for physicians in the community, HA's may request RFPLP assistance for a vacant position that is identified in a HA/Ministry approved Physician Supply Plan.
- The community must be an eligible RSA community with 7 or fewer FPs and be a minimum of 105km from a major medical centre (MMC). MMCs for the purpose of this program are: Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, and Prince George.

### 5.2 HA 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 RFPLP 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.

**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 9 of 11

**Section: 6** Locum Physician Expenses and Payment

**Effective:** April 2024

## 6.1 Locum Physician 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, or health care society.
    - a non-licensed accommodation such as an Airbnb, Bed and Breakfast.
    - 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 RFPLP 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 3.4).
- For locum assignments a minimum of 5 days in length, in A and B designated communities, an additional \$20 to the 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 considered.

### **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 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 \$1,275 per day (effective January 1, 2024). In addition, A and B designated communities will receive the RRP Fee Premium % (total daily rate \$1,275 to \$1,658).
- In the event of a statutory holiday falling in the middle of the week, a locum assignment may be a minimum of 4 days of work in length, but 5 days will be deducted from the host physician's annual eligible number of days.

## **6.3 Weekend Rate**

- For the weekend locum assignments, MSP will pay the locum physician 2.5 days of the guaranteed daily rate from Friday at 18:00 to Monday at 08:00. In A and B designated communities, the RRP Fee Premium % will be added.
- If a statutory holiday is part of the weekend locum assignment, MSP will pay the locum physician 3.5 days of the guaranteed daily rate from Friday at 18:00 to Tuesday at 08:00. In A and B designated communities, the RRP Fee Premium % will be added.

## **6.4 Enhanced Skills and ER Stipend**

- The daily stipend for Obstetrics/Gynecology, General Surgery and Anaesthesia is \$100/day. If more than one enhanced skill is provided, the maximum daily stipend is \$100/day.
- Emergency On-Call Stipend is paid for the days the locum physician appears on the call rotation to provide coverage for providing new or unassigned patients requiring emergency care. A copy of the call rotation must be provided to LRBC in order for the stipend to be paid. The stipend for 24 hours of call is \$300/day and for less than 24 hours is \$135/day.
- The maximum of \$300 per day will be paid for the enhanced skills and the ER stipend.

### **6.5 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.

### **6.6 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 RFPLP; 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 guaranteed daily rate (averaged over the length of the assignment, based on a 24-hour day) or the guaranteed weekend rate, top-up will be calculated and paid to the locum on a quarterly basis.
- Where the locum physician solely provides MOCAP services for emergency care, as designated by the HA, the host physician will not receive any overhead component.
- 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 APP contract in place and MSP is not billed, no top-up will be applied.

### **6.7 Submission Deadlines:**

- Effective April 1, 2024, RFPLP 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 FP 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.



**Chapter:** Rural Family Practitioner Locum Program (RFPLP)

**Page:** 11 of 11

**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 RFPLP 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 RFPLP as required.