

**Rural Family Practice Maternity Locum
Program (RFPMLP) Policy**

Ministry of Health
January 2026



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Section: 1 General	Effective: January 2026

1.1 Description

The Rural Family Practice Maternity Locum Program (RFPMLP) supports eligible rural family physicians (FPs) who provide intrapartum maternity care services 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 RFPMLP.

1.3 Scope

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

1.4 Oversight

RFPMLP 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 RFPMLP 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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Section: 2 Definitions	Effective: January 2026

Term	Definitions
Alternative Payment Program (APP) Contract	A MoH program, that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services
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 an independent contractor with the program.
Locums for Rural BC (LRBC)	The organization that is responsible for operating the rural locum programs and is a branch within the Health Employer's Association of BC (HEABC).
Longitudinal Family Physician (LFP) Payment Model	A blended payment model to support physicians in family practice who provide longitudinal family medicine care. It supports FPs by compensating for time, patient interactions, and the number and complexity of patients in their practice.
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/LFP billings and/or APP income.
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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Section: 3 Community/Host Physician Eligibility and Responsibility	Effective: January 2026

3.1 Community Eligibility

To obtain locum assistance, a community must:

- Be an A or B designated community in the RSA.
- Be a community supported by the Rural Obstetrics and Maternity Network (ROAM).
- Be more than 70km from the nearest major medical centre (MMC) where either specialists or FPs provide similar core services. MMCs for the purpose of this program are Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, and Prince George.
 - Despite being an RSA B ROAM community, Prince George is not eligible for the RFPMLP.

3.2 Host Physician Eligibility

To obtain FP maternity 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).
- Provide regular and ongoing intrapartum maternity care services as recognized by the HA and 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.
- 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 can request up to a maximum of 35 days of locum coverage per fiscal year. Each request must be at least 2 days in duration.
- If the HA deems a position a "job-share," the physicians sharing the position may be eligible to share the RFPMLP locum days provided they meet the other eligibility requirements.
- FP maternity services 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 RFPMLP 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.
- 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.
- Locums must assign payment for FFS/LFP 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/LFP 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.
- 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 any services provided pursuant to a MOCAP contract during the assignment.
- The host physician must provide the locum with a detailed reconciliation of claims submitted upon request.

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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Section: 4 Locum Physician Eligibility and Responsibility	Effective: January 2026

4.1 Locum Physician Eligibility

To provide locum services through the RFPMLP, 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 RFPMLP assignment.
- Be a member in good standing with the CMPA, CPSBC and the regional HA.
- Enroll and remain enrolled with MSP.
- 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.
- Neonatal Resuscitation Program (NRP) and Fetal Health Surveillance (FHS) are required.
- Advances in Labour and Risk Management (ALARM) and Advanced Life Support In Obstetrics (ALSO) are preferred but not required.

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.
- For hospital based on-call assignments, apply for an additional payment number, where the locum is responsible for billing all fee-for-service claims under that payment number for the duration of the locum assignment.
- 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 primary maternity care portion of the host physician’s practice.

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Section: 5 Health Authority Responsibility	Effective: January 2026

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 host physician'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 RFPMLP 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 HMBC 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 reasonable.
- The HA must submit an application for a vacant position to LRBC for Ministry for approval, in advance.
- Once the application has been approved, the HA will be notified and can begin to advertise the RFPMLP vacancy days with LRBC.
- If an 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 for the longer term. The second request will be reviewed by the Ministry for decision.

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Section: 6 Locum Expenses and Payment	Effective: January 2026

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 RFPMLP 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.

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.
- Locum physicians residing outside of BC 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, to a maximum of \$1,000 per round-trip.

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 Canada.

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 plus 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 Obstetrics & Gynecology specialist provides coverage for a FP, the locum will be paid a guaranteed daily rate of \$1,875 plus the RRP Fee Premium will be applied to the daily rate.

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

- For Office based assignments, the host physician will receive 40% of the locum's paid MSP claims for overhead, paid on a semi-monthly basis by MSP. MSP will recover 60% of the locum's FFS/LFP claims for the RFPMLP.
- 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.
- For on-call assignments, 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.



- When the locum provides maternity care services pursuant to a MOCAP contract 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.
- For vacant positions, the HA will receive 40% of the paid MSP claims. If locum services are provided 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.
- Where there is an Alternative Payment Program (APP) arrangement in place, FFS/LFP is not billed and there are no MSP recoveries.

6.5 Submission Deadlines:

- RFPMLP 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 2024/25 will have up until March 31, 2026, to receive reimbursement for their travel expenses and the daily rate only.



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Section: 7 Reporting, Monitoring and Evaluation	Effective: January 2026

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 RFPMLP 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 review the program one year after its implementation and evaluate the RFPMLP as required.