

**Rural General Practitioner Anesthesia Locum Program  
(RGPALP)  
Policy**

Ministry of Health

Updated January

2021

**Chapter:** Rural General Practitioner Anesthesia Locum Program (RGPALP)

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**Section: 1** Description and Administration

**Effective:** Jan 2021

## 1.1 Description

The Rural General Practitioner Anesthesia Locum Program (RGPALP) helps eligible rural general practitioners who provide core Anesthesia services (GPAs) secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME) and vacation.

The RGPALP gives higher priority to the most rural communities by applying locum rates by community type (see Appendix A). Each eligible GPA will be entitled to a maximum of 35 days of locum coverage per fiscal year. Each request must be for a minimum of two days' coverage. There is no fee charged to the GPA for using the program.

Locums providing specified core services in eligible communities for eligible host physicians will receive the daily rates outlined in section 6.1.

## 1.2 Administration

The Locums for Rural BC (LRBC) administers the RGPALP in accordance with policies and procedures established by the Joint Standing Committee on Rural Issues (JSC). LRBC arranges assignments for locums, who work as independent contractors with the program. The Medical Services Plan (MSP) or LRBC pays the locum a daily rate for provision of services, provides a travel time honorarium, and reimburses the locum for travel expenses.

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<b>Section: 2</b>	Definitions	<b>Effective:</b>	Jan 2021

<b>Term</b>	<b>Definitions</b>
APP	<ul style="list-style-type: none"> <li>Alternative Payments Program: A Ministry of Health program, administered from within the Medical Services Division, which promotes, provides funding for, and offers payment options to, agencies employing or contracting physician services.</li> </ul>
Full-time	<ul style="list-style-type: none"> <li>Full-time for the purposes of the RGPALP is defined as providing service at least 9 months of every year in the eligible community.</li> </ul>
Locums for Rural BC (LRBC)	<ul style="list-style-type: none"> <li>Locums for Rural BC, Health Match BC, Health Employer's Association of BC.</li> </ul>
Locum Tenens	<ul style="list-style-type: none"> <li>A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.</li> </ul>
MoH	<ul style="list-style-type: none"> <li>Ministry of Health.</li> </ul>
Host Physician	<ul style="list-style-type: none"> <li>A physician who practices full-time in an eligible RSA community and meets the eligibility criteria.</li> </ul>
Rural Retention Premium	<ul style="list-style-type: none"> <li>As of January 1, 2003, physicians providing services in eligible RSA communities will receive a premium on their fee-for-service (FFS) claims; those who <i>live and practice</i> in eligible RSA communities may receive a flat sum retention allowance in addition to the FFS premium.</li> </ul>
Health Authority (HA)	<ul style="list-style-type: none"> <li>Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long-term care and community services.</li> </ul>
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> <li>Joint committee with equal representation from Doctors of BC and Ministry of Health (including health authorities). Responsible for policy direction for rural programs including Rural Retention Program (RRP), Rural GP Locum Program (RGPLP), Rural Continuing Medical Education (RCME), etc.</li> </ul>
Service Clarification Code (SCC)	<ul style="list-style-type: none"> <li>For the Rural Retention Program, effective January 1, 2003: A code for the eligible RSA community in which the service has been provided must be indicated on all MSP billings submitted by the physician in order to receive the rural retention fee premium.</li> </ul>
Supplemental Physician	<ul style="list-style-type: none"> <li>A physician who does not have a permanent position in the community, who is providing additional support required to maintain services in the community, is not substituting for another physician, and is filling a vacancy in the physician supply plan.</li> </ul>
MSP	<ul style="list-style-type: none"> <li>Medical Services Plan.</li> </ul>
HIBC	<ul style="list-style-type: none"> <li>Health Insurance BC: The administrative operations of the MSP and PharmaCare.</li> </ul>
GPA	<ul style="list-style-type: none"> <li>General practitioners who provide core Anesthesia services</li> </ul>
LRBC	<ul style="list-style-type: none"> <li>Locums for Rural BC, Health Match BC, Health Employer's Association of BC</li> </ul>
RSA	<ul style="list-style-type: none"> <li>The <i>Rural Practice Subsidiary Agreement</i> (RSA) is administered by the Joint Standing Committee on Rural Issues (JSC), in accordance with the negotiated agreement between Doctors of BC and the Government.</li> </ul>

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<b>Section: 3</b>	Community/Host Physician Eligibility and Responsibility	<b>Effective:</b>	Jan 2021

### 3.1 Community Eligibility

To obtain locum assistance, a community must:

- Have a Health Authority Physician Supply Plan approved by the Ministry of Health that requires the GPA service in the community.
- Have seven or less GPA physicians who maintain hospital privileges and provide on-call support to anesthesia services in the community.
- Not be eligible for the Rural GP Locum Program (RGPLP).
- Be more than 70 kilometers from a nearby major medical centre where either specialists or GPs provide similar specialty services.

### 3.2 Host Physician Eligibility

To obtain GPA locum assistance, a host physician must:

- Be a general practitioner or family practitioner licensed to practice medicine in British Columbia.
- Be a member in good standing with the Canadian Medical Protective Association (CMPA).
- Enrol and remain enrolled in MSP.
- Have obtained training in anesthesia core service area, have been recognized by the health authority, 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.
- Bill over \$65,000 per annum, work in a designated rural community for a minimum of 9 months per year, maintain privileges in a rural hospital, *and* participate in an on-call group in support of a rural hospital's operations.

### 3.3 Requesting Services

- Eligible resident/host physicians in A, B, C, or D communities can request up to a maximum of 35 days of locum coverage per fiscal year. Both fee-for-service physicians and physicians who receive compensation through APP agreements may request locums through the program, provided they and their community meet the eligibility criteria.
- If the health authority deems a position a "job share," the physicians sharing the position may be eligible to share the RGPALP locum days provided they meet the other eligibility requirements outlined.
- GPA 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.

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### 3.4 Host Physician Responsibility

- Provide the locum in advance a list of the responsibilities the host physician expects the locum to fulfill, as well as an explanation of all payments and supports the locum can expect to receive during and resulting from this locum assignment.
- Provide the locum with 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 for the term of the locum assignment.
- In C and D designated communities, provide reasonable accommodation for the locum, which shall include clean, private, reasonably-furnished quarters; cooking facilities, TV and private phone, and should try to provide a vehicle for the locum if needed.

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's assignment, and to submit refused claims within 2 weeks of the refusal date.
- The host physician will pay the locum directly for those services not covered by the MSP (i.e., private, ICBC, WCB, reciprocal billings). Payment should be made prior to the locum 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 on-call availability (MOCAP) services provided during the assignment.
- The host physician must provide the locum with a detailed reconciliation of claims submitted when requested.
- Locums must assign payment for fee-for-service 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, fee-for-service 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 is solely providing medical on-call/availability services in acute care for emergency care as per MOCAP policy, as per HA requirements the host will not receive the 40% of paid MSP claims for overhead.

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#### 4.1 Locum Eligibility

- Be licensed to practice in British Columbia in a manner that is consistent with the core specialty locum services to be provided.
- Be formally credentialed and granted privileges by the applicable health authority to practice in a rural hospital(s) in one or more of the designated core specialty areas.
- Be a resident of British Columbia through the duration of their assignment.
- Be a member in good standing with the CMPA, or carry alternative medical malpractice insurance.
- Enrol and remain enrolled with MSP for program payment purposes.
- NOT live or regularly practice the core specialty in the rural community where the locum service is to be provided.
- Being certified in ATLS and ACLS is preferred;

#### 4.2 Locum Responsibility

- 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 upon becoming 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 submitting claims to the MSP.
- For specified core services on-call locum assignments, the locum must apply for an additional payment number and bill all fee-for-service claims under that payment number for the duration of the locum assignment.
- In order to receive the RRP fee premium for services provided while on locum assignment, the locum must ensure that the SCC of the community is entered on all claims submitted for payment.
- Must cover at least the anesthesia portion of the host physician's practice.
- While providing locum coverage, specialists are encouraged to provide onsite training for GPAs.

#### 4.3 Locum Expenses

##### 4.3.1 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 Locums for Rural BC or by the locum physician.

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- Where a government approved accommodation is available and a physician chooses to stay in a non-government approved accommodation, a rate up to the maximum of an approved accommodation in the community will be paid.
- If there is no approved accommodations in the 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 & B communities will be reimbursed as follows:
  - Staying at a friend/relative's house, a nightly rate of \$30 per night will be paid (no receipt required)
  - Staying at a home owned by the locum physician (not their principal residence), a rate of \$30 per night will be paid (no receipt required)
  - Staying at accommodation owned by the local physicians, clinic, health care society, etc., a rate of 50% of the approved hotel accommodation in the community will be paid. If there is no approved accommodation in the community then ½ of the \$120 per night will be paid (see above). A receipt signed by the owner of the accommodation must be submitted.
  - Staying at a non-licensed accommodation such as an Air B & B, Bed and Breakfast, etc., payment will be made up to ½ of the maximum allowable per night in the community. If there is no approved accommodation in the community then 50% of the \$120 per night (see above) will be paid. A receipt signed by the owner of the accommodation must be submitted.
- If the accommodation is not located in the same community as where the services are being provided, prior approval must be sought.
- In C and D designated communities, host physicians are responsible to provide accommodations (see above under Host Physician Responsibilities).
- **KITCHENS:** For locum assignments a minimum of 5 days in length, in A and B communities, an additional \$20 per night may be paid for accommodation with a kitchen. The \$20 is in addition to the above noted rates.

#### 4.3.2 Car Rentals

- In A and B communities, car rental expenses will be reimbursed where it is necessary for a locum physician to rent a vehicle. Normally an economy car will be covered except in the case of bad road conditions where it may be necessary to rent a 4 wheel drive or car with good winter tires.
- In C and D communities, car rental expenses will only be covered when travelling to and from the community as required.

#### 4.3.3 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.

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### 5.1 Health Authority Responsibility

- Ensure the locum receives the appropriate on-call availability payments.
- In cases where the Program provides locum services solely for the purpose of filling the medical on-call availability schedule, the HA will ensure the locum days are applied against each of the local GPA's 35 locum relief days in an equitable manner.
- Facilitate credentialing process and hospital privileges for the locum.
- Sign off on the requests for GPA locum assistance (normally the Senior Medical Director).

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**Section: 6** Payment

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## 6.1 Payment

- The MoH or LRBC will pay, semi-monthly, the locum a guaranteed minimum amount per day for provision of direct services for each day (24 hours) on assignment.
- The MoH or LRBC will pay the locum semi-monthly the guaranteed minimum daily rate of \$1,000 for provision of direct services for each day on assignment. 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 \$1,000 and \$1,270.
- In cases where a certified anesthesiologist specialist provides coverage for a GPA, the locum will be paid a guaranteed daily rate of \$1,500.
- 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 RGPALP; 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 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 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.
- The LRBC will pay the locum travel expenses as per Government financial standards, upon receipt of original receipts.
- Accommodation and car rentals will be paid by the Program in A and B designated communities for the duration of the locum assignment.
- The MoH or LRBC will pay the locum a travel time honorarium to a maximum of \$1,500. Travel time will be reimbursed 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.

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<b>Section: 7</b>	Reporting, Monitoring, and Evaluation	<b>Effective:</b>	Jan 2021

## 7.1 Advisory Committee

The 2002 Memorandum of Agreement between the Government and Doctors of BC re-established the JSC as a governing committee for the RGPALP. The JSC will determine allocation of program funds and provide policy direction for the program.

The JSC is comprised of five voting members appointed by Doctors of BC and five voting members appointed by the Government. Up to three alternate voting members may be appointed for each party. The JSC meets a minimum of six days per year and is co-chaired by a member of the Government and a member of the Doctors of BC.

## 7.2 Reporting, Monitoring and Evaluation

The Ministry of Health will monitor program expenditures on a regular basis and perform an annual reconciliation of program expenditures.

The LRBC will provide a RGPALP utilization report to the JSC at each meeting.