

**Rural General Practitioner Locum Program (RGPLP)  
Policy**

Ministry of Health

Revised June 2014

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 2 of 10

**Section: 1** Description, Administration, and Funding

**Effective:** June 2014

## 1.1 Description

The Rural General Practitioner Locum Program (RGPLP) helps rural general practitioners (GPs) secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME) and vacation. Where communities are facing a serious health care services access problem and/or presenting an unreasonable work load for physicians in the community, Health Authorities (HAs) may request RGPLP assistance for a vacant position that is identified in a HA/Ministry approved Physician Supply Plan and that meets the criteria outlined in Section 5 below.

The RGPLP gives higher priority to the most rural communities by applying locum rates and eligible number of days by community type (see Appendix A).

Each request must be at least five days in duration, unless it is under the Weekend Coverage component of the Program effective April 1, 2005 or is during the week that includes a statutory holiday (see section 5.2). A weekend commences on Friday at 18:00 and concludes on Monday at 08:00 or Tuesday at 08:00 if a statutory holiday is part of the weekend. There is no fee charged to the GP for using the program.

Locums with enhanced skills, limited to General Surgery, Anesthesia, Emergency, and Obstetrics/Gynecology, may be entitled a daily stipend when these skills are required for their locum assignment as identified by the host physician.

## 1.2 Administration

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

## 1.3 Funding

The Government will provide \$4.2 Million annually for the RGPLP, including GP leave replacement funds that were previously included in arrangements with the Alternative Payments Program (APP) in some Rural Practice Subsidiary Agreement (RSA) communities. Program expenditures for locums working for APP funded physicians will be tracked separately from those replacing fee-for-service (FFS) practitioners. In addition, the JSC has allocated an additional \$500,000 to support vacant positions from the funds identified in the April 6, 2009 Memorandum of Agreement to support its work in enhancing and expanding the programs that support the delivery of physicians' services to British Columbians who practice in rural areas.

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 3 of 10

**Section: 2** Definitions

**Effective:** June 2014

<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 that 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 RGPLP is defined as providing service at least 9 months of every year in the eligible community.</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 (7 or less physicians).</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	<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 Services (inc. 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>
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>

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 4 of 10

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

**Effective:** June 2014

### 3.1 Host Physician Eligibility

To obtain 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).
- Enroll and remain enrolled in MSP.
- Practice full-time in an eligible RSA community with seven or fewer GPs. At the beginning of each year, the number of physicians practicing in each community is verified through written confirmation by the responsible HA, in collaboration with the local and/or regional Medical Advisory Committee.
- Determination of GP numbers is based on information provided by each HA in collaboration with the Medical Advisory Committee, which is collected by MoH on an annual basis.
- The number of days eligible physicians practicing in A,B,C, and D communities are entitled to are as follows:

'A' Communities	43 days/fiscal year
'B' Communities	38 days/fiscal year
'C' Communities	33 days/fiscal year
'D' Communities	28 days/fiscal year

If a community is not part of the RSA, the local physicians are not eligible for the RGPLP.

### 3.2 Requesting Services

- Eligible host physicians must request locum services from the Program. 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 RGPLP locum days, provided they meet the other eligibility requirements.
- When requesting locum assistance, the host physician must identify whether the limited enhanced skills are required by the locum physician (Obstetrics/ Gynecology, Emergency, Anesthesia, or General Surgery). These 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.

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 5 of 10

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

**Effective:** June 2014

### 3.3 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.
- Provide reasonable accommodation for the locum, 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.

<b>Chapter:</b> Rural General Practitioner Locum Program (RGPLP)	<b>Page:</b> 6 of 10
<b>Section: 4</b> Locum Eligibility and Responsibility	<b>Effective:</b> June 2014

#### 4.1 Locum Eligibility

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

- Be eligible to practice in British Columbia;
- Be a resident of British Columbia through the duration of their contract;
- Be a member in good standing with the CMPA; and
- Be certified in ACLS or accredited in a CARE<sup>bc</sup> course;
- Be certified in ATLS (preferred);
- Enroll and remain enrolled in MSP;
- Must provide a list of any enhanced skills that they may be able/willing to provide (General Surgery/Anesthesia/Emergency/Obstetrics & Gynecology). In order to receive the stipend the service must be requested by the host physician and be required by rural hospitals.

#### 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.
- Be willing to provide hospital ED services when providing weekend locum assignments in communities where there is a hospital.
- Notify Rural Practice Programs 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 submitting claims to the MSP.

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 7 of 10

**Section: 5** Vacant Positions and Health Authority Responsibility

**Effective:** June 2014

## 5.1 Community Eligibility for Vacant Positions

The community must be an eligible Rural Subsidiary Agreement (RSA) community with seven or less physicians and be a minimum of 105 km from a major medical centre. Major medical centres 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 be able to clearly identify:
  - the vacancy in the Ministry/HA endorsed Physician Supply Plan;
  - the serious health care service access problems that the vacancy is causing for the community; and
  - the extra work load being placed on other physicians in the community over and above what would be considered a reasonable work load.
- The Health Authority must submit an application for a vacant position to the Ministry of Health for approval in advance.
- Once the application has been approved, the Health Authority will be notified and can begin to assist the locum physician in obtaining hospital privileges, etc.
- If a Health Authority 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 taken to the JSC for review.

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 8 of 10

**Section: 6** Claims Submission and Payment

**Effective:** June 2014

## 6.1 Host Physician

- The host physician is expected to submit claims within two weeks of the end of the locum's assignment and refused claims within two 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 percent 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 host physician for the term of the assignment.

## 6.2 Medical Services Plan:

- Under the 5 days or over component of the Program, MSP will pay the locum the guaranteed minimum daily for provision of direct services (effective October 1, 2008) for each day on assignment, paid semi-monthly. Daily rates for community types A,B,C and D are as follows:

'A' Communities	\$900/day
'B' Communities	\$850/day
'C' Communities	\$800/day
'D' Communities	\$750/day

- For the weekend coverage component, MSP will pay the locum a guaranteed rate for coverage from Friday at 18:00 to Monday at 08:00, paid semi-monthly. Guaranteed weekend rates for community types A, B, C and D are as follows:

'A' Communities	\$2,450
'B' Communities	\$2,300
'C' Communities	\$2,150
'D' Communities	\$2,000

- In the event of a weekend, including a statutory holiday, payment will be a calculation of the weekend rate plus one day of the daily rate based on community type.



<b>Chapter:</b>	Rural General Practitioner Locum Program (RGPLP)	<b>Page:</b>	9 of 10
<b>Section: 6</b>	Claims Submission and Locum Payment Process	<b>Effective:</b>	June 2014

- In the event of a statutory holiday falling in the middle of the week, a locum assignment may be a minimum of four days of work in length, but five days will be deducted from the host physician's annual eligible number of days.
- In cases where 60 percent of the paid MSP claims are greater than the 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 on a quarterly basis.
- MSP will pay the locum travel expenses as per Government financial standards upon receipt of original receipts.
- MSP will pay the locum a travel honorarium to a maximum of \$600 per return trip. Travel time will be reimbursed \$50 for less than one hour, \$300 for one to four hours, and \$600 for greater than four hours, return trip.
- MSP will recover 60 percent of the locum's Fee-For-Service claims for the RGPLP.
- The host physician receives 40 percent of paid MSP claims, paid on a semi-monthly basis. In the case of vacant positions, the HA will receive the 40 percent of paid MSP claims. If the locum is providing service in a private clinic, the HA must make an arrangement with the clinic regarding the 40 percent. The 40 percent received by the HA must be used to support physician resources; it is not to be used for general revenue.
- The daily stipend for Emergency and Obstetrics/Gynecology is \$50/day and for General Surgery and Anesthesia is \$100/day. If more than one enhanced skill is provided, the maximum daily stipend is \$100/day.

**Chapter:** Rural General Practitioner Locum Program (RGPLP)

**Page:** 10 of 10

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

**Effective:** June 2014

## 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 RGPLP. 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 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 Ministry of Health will provide a report on the utilization of the RGPLP to the JSC at every meeting. The Ministry of Health will report on financial information, identify unresolved program issues, and make recommendations on policy or program changes, as needed.

The payments for APP communities and vacant positions will be tracked and reported separately.