

**Rural Specialist Locum Program (RSLP)
Policy**

Ministry of Health

Revised April 2018



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	2 of 11
Section: 1	Description, Eligibility, Administration, and Funding	Effective:	April 2018

1.1 Description

The Rural Specialist Locum Program (RSLP) helps rural specialists secure subsidized periods of leave from their practices for purposes such as Continuing Medical Education (CME) and vacation.

1.2 Eligibility:

- 1.2.1 A physician must maintain hospital privileges in the rural community and participate in providing on call support in one of the following designated core specialty categories: Anesthesia, General Surgery, Internal Medicine, Orthopedics, Pediatrics, Obstetrics, Psychiatry and Radiology.
- 1.2.2 Rural physicians in designated core specialty categories who maintain privileges in a rural hospital and who participate in an on call group in support of a rural hospital's operations in designated rural communities are eligible for RSLP benefits for up to a maximum of 35 days of locum coverage per year. Each request must be at least two (2) days in duration. There is no fee to the specialist for using the program.
- 1.2.3 There must be a Health Authority Physician Supply Plan approved by the Ministry of Health requiring that specialty service in the community.
- 1.2.4 There must be less than five (5) physicians who maintain hospital privileges and provide on call support in that specialty service in the community.
- 1.2.5 The community must be more than 70 kilometers distant from a nearby major medical centre providing those same specialty services.
- 1.2.6 Subject to authorization by the Joint Standing Committee on Rural Issues (JSC) and subject to the availability of funding and locums, the RSLP may also be used to assist Health Authorities address serious gaps in the provision of specialist services for patients caused by specialist physician vacancies in Ministry of Health approved, Health Authority Physician Supply Plans.



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	3 of 11
Section: 1	Description, Eligibility and Administration	Effective:	April 2018

1.2.7 Subject to meeting the above criteria, the current list of communities approved by JSC as meeting RSLP program eligibility are: Campbell River, Comox, Courtenay, Cranbrook, Dawson Creek, Fort St. John, Kitimat, Nelson, Port Alberni, Powell River, Prince George, Prince Rupert, Quesnel, Salmon Arm, Sechelt, Smithers, Terrace, Trail and Williams Lake.

1.3 Administration:

The Ministry of Health administers the RSLP in accordance with policies and guidelines established by the Joint Standing Committee on Rural Issues (JSC). The Ministry of Health in collaboration with HAs, arranges assignments for locums, who work as independent contractors with the program. The assignments will be prioritized according to the level of urgency by specialty/community.

The locum will be paid a daily rate of \$1,500 per day for provision of services. The locum will also be paid a travel time honorarium through the Medical Services Plan (MSP) payment system or through Locums for Rural BC. Travel expenses for getting to and from the community will be paid by the Program. The program will provide accommodation for the locum while on assignment in A and B designated communities. The HA will provide accommodation for the locum while on assignment in C or D designated communities.



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	4 of 11
Section: 2	Definitions	Effective:	April 2018

Term	Definitions
APP	<ul style="list-style-type: none"> 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.
Designated specialist centre	<ul style="list-style-type: none"> Designated communities that are eligible for the RSLP, as identified in 1.2.7, with less than five specialists in a core specialty, (specialties identified in Section 1.2.1).
Full-time	<ul style="list-style-type: none"> Full-time for the purposes of the RSLP is defined as providing service at least 9 months of every year in the eligible community.
Health Authority	<ul style="list-style-type: none"> Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> Joint Committee with equal representation from Doctors of BC and Ministry of Health (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.
Locums for Rural BC (LRBC)	<ul style="list-style-type: none"> Locums for Rural BC, Health Match BC, Health Employer’s Association of BC.
Locum Tenens	<ul style="list-style-type: none"> A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOH	<ul style="list-style-type: none"> Ministry of Health.
MSP	<ul style="list-style-type: none"> Medical Services Plan.
Host Physician	<ul style="list-style-type: none"> An eligible specialist physician who practices full-time in an eligible community
Rural Retention Premium	<ul style="list-style-type: none"> Physicians providing services in eligible RSA communities 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.
Service Clarification Code (SCC)	<ul style="list-style-type: none"> 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.
Supplemental Physician	<ul style="list-style-type: none"> 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
RSA	<ul style="list-style-type: none"> The Joint Standing Committee on Rural Issues (JSC) administers the <i>Rural Practice Subsidiary Agreement (RSA)</i>, as per the negotiated agreement between Doctors of BC and the Government.



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	5 of 11
Section: 3	Host Physician Eligibility and Responsibility	Effective:	April 2018

3.1 Host Physician Eligibility

To obtain locum assistance, a host physician must:

- Be a specialist, certified by the Royal College of Physicians and Surgeons of Canada, or be a non-certified specialist with equivalent recognized training in one of the designated core specialties and eligible to write the qualifying exams, and licensed to practice medicine in British Columbia.
- Practice full time in an eligible rural community in a designated core specialty category.
- Maintain privileges, provide service and on call support to the hospital in an eligible rural community.
- Enroll and remain enrolled with MSP.
- Be a member in good standing with the Canadian Medical Protective Association (CMPA).

3.2 Requesting Services

The host physician or health authority, in the absence of the host physician, must request locum services from the RSLP using the Request for Specialist Locum Assistance form. This Program is for FFS physicians and physicians who receive compensation through APP Agreements, provided they and their community meet the eligibility criteria.

The ability of the RSLP program to fill RSLP locum requests is subject to the availability of locum tenens physicians and funding.

3.3 Host Physician Responsibility

- Provide the locum with detailed information on the care and treatment of patients in hospital or those requiring special treatment.
- Establish local hospital privileges on behalf of the locum physician, in collaboration with the HA, for the term of the locum assignment.
- Provide the locum with a detailed reconciliation of claims submitted.

Where the locum is providing *office-based services* the following applies:

- 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 should pay the locum directly for those services not covered by MSP (i.e., private, ICBC, WCB, Reciprocal billings). Payment should be made prior



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	6 of 11
Section: 3	Host Physician Eligibility and Responsibility	Effective:	April 2018

to the locum leaving the assignment and should be minus the amount recovered for overhead.

- Locums must assign payment for FFS billings to the host physician for the term of the assignment. The host physician will receive 40 percent 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 at 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 the HA requirements, the host will not receive the 40 percent of paid MSP claims for overhead.



Chapter:	Rural General Practitioner Locum Program (RGPLP)	Page:	7 of 11
Section: 4	Locum Eligibility and Responsibility	Effective:	April 2018

4.1 Locum Eligibility

To provide locum services through the RSLP, 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, or carry alternative medical malpractice insurance;
- Be certified by the Royal College of Physicians and Surgeons or be a non-certified specialist with additional recognized training in one of the core specialties and eligible to write the qualifying exams;
- Enroll and remain enrolled with MSP for program payment purposes;
- NOT be a core specialist in the rural community's Health Authority and RSLP designated specialty centre;
- ACLS, ATLS, and/or CARE Course certification is also preferred but not a requirement.

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 the Locums for Rural BC immediately upon becoming unavailable to provide locum services.
- For *office-based* locum assignments, the locum must assign payment to the host physician's payment number for services provided while on assignment; the host physician is responsible for submitting claims to MSP.
- For *hospital-based/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.
- Normally assume the host physician's hospital and on-call responsibilities during the assignment and will receive funding for the level of on-call availability (MOCAP) required by the HA for the duration of the 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 in which they are providing locum coverage is entered on all claims submitted for payment.



Chapter:	Rural General Practitioner Locum Program (RGPLP)	Page:	8 of 11
Section: 4	Locum Eligibility and Responsibility	Effective:	April 2018

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.
- 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.



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	9 of 11
Section: 5	Health Authority Responsibility	Effective:	April 2018

5.1 Health Authority Responsibility

- Ensure the locum receives the appropriate on-call availability payments.
- Reimburse the locum for accommodation for the duration of the assignment in C and D designated communities.
- 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 specialists' 35 locum relief days in an equitable manner.
- Facilitate credentialing process and hospital privileges for the locum.
- Sign off on the requests for specialist locum assistance (normally the Senior Medical Director).



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	10 of 11
Section: 6	Payment	Effective:	April 2018

6.1 Payment

- The MoH or LRBC will pay, semi-monthly, the locum a guaranteed minimum of \$1,500 per day for provision of direct services for each day (24 hours) on assignment.
- The MSP or LRBC will pay the locum a travel honorarium to a maximum of \$1,000 per return trip.
- The MoH or LRBC will reimburse the locum physician for their travel expenses (within BC) to and from the community. In A and B designated communities, accommodation and car rentals will also be paid.
- In the case of the locum replacing the host physician in their office practice, the MSP will recover 60 percent of the locum's FFS claims for the RSLP; and the host physician will receive 40 percent of the locum's paid MSP claims, paid on a semi-monthly basis by MSP. In cases where 60 percent of the paid MSP claims are greater than \$1,500 per day (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 paid MSP claims are greater than \$1,500 per day (averaged over the length of the assignment), the top-up will be calculated and paid to the locum on a quarterly basis.
- In cases where there is an Alternative Payment Program (APP) arrangement in place, FFS is not billed. Therefore, the daily rate is \$1,500 per day and no top-up is applied.



Chapter:	Rural Specialist Locum Program (RSLP)	Page:	11 of 11
Section: 7	Reporting, Monitoring, and Evaluation	Effective:	April 2018

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 RSLP. 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, in consultation with Health Insurance BC and Locums for Rural BC, will monitor program expenditures on a regular basis and perform an annual reconciliation of program expenditures.

Locums for Rural BC will provide a report on the utilization of the RSLP to the JSC at every meeting. Locums for Rural BC and 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.