

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

Ministry of Health  
Revised April 2024

**Chapter:** Rural Specialist Locum Program (RSLP)

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**Section: 1** General

**Effective:** April 2024

### **1.1 Description**

The Rural Specialist Locum Program (RSLP) helps specialists (SPs) in rural communities 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 RSLP 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 RSLP.

### **1.4 Oversight**

RSLP 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 Doctors of BC 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 RSLP 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:** April 2024

<b>Term</b>	<b>Definitions</b>
Alternative Payment Program (APP) Contract	An alternative physician compensation model to Medical Services Plan (MSP) FFS.
Designated Specialist Centre	Designated RSA communities that are eligible for the RSLP with less than 5 specialists in a core specialty: Anaesthesia, General Surgery, Internal Medicine, Orthopaedics, Paediatrics, Obstetrics/Gynaecology, Psychiatry and Radiology.
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 specialist who practices full-time in an eligible RSA community and meets the eligibility criteria.
Locums for Rural BC (LRBC)	Locums for Rural BC 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).
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.
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 Premium (RRP)	Physicians providing services in eligible RSA communities will receive a premium on their MSP FFS claims; those who live and practice in eligible RSA communities may receive a flat sum retention allowance in addition to the FFS premium.
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.

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<b>Section: 3</b>	Community / Host Physician Eligibility and Responsibility	<b>Effective:</b>	April 2024

### 3.1 Community Eligibility

- Have 6 or fewer SPs in the same core specialty for A and B communities OR fewer than 4 SPs in the same core specialty for C and D communities. Determination of SP numbers is based on the information provided by each HA for the RRP Flat Fee quarterly confirmations to the Ministry.
- There must be a HA Physician Supply Plan approved by the Ministry requiring that specialty service in the community.
- The community must be more than 70km distant from a nearby major medical centre (MCC) providing those same specialty services. MMCs for the purpose of this program are: Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, and Prince George.

### 3.2 Host Physician Eligibility

To obtain locum assistance, a host physician must:

- Be a SP, certified by the Royal College of Physicians and Surgeons of Canada, or be a non-certified SP with equivalent recognized training in one of the designated core specialties and eligible to write the qualifying exams.
- Be 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 regional HA.
- Enroll and remain enrolled with Medical Services Plan (MSP).
- Permanently practice in an eligible RSA community in a designated core specialty.
- Maintain privileges, provide service and on-call support to the hospital in an eligible rural community in one of the following designated core specialty categories: Anaesthesia, General Surgery, Internal Medicine, Orthopaedics, Paediatrics, Obstetrics/Gynaecology, Psychiatry and Radiology.

### 3.3 Requesting Services

- Eligible host physicians, or HA in the absence of the host physician, must request locum services through LRBC. Both SP on FFS AND APP Agreements may request locums through LRBC, provided they and their community meet the eligibility criteria.
- 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:
  - A, B, C and D Communities with 4 or fewer SPs in the same core specialty are eligible for up to a maximum of 35 days of locum coverage per year. Each request must be at least two (2) days in duration.
  - A and B communities with 5 or 6 SPs (including vacancies) in the same core specialty are eligible for up to a maximum 140 days of locum coverage per year, to be shared amongst the community. No one physician may receive more than 35 days per year. Each request must be at least two (2) days in duration.

- The ability of LRBC to fill RSLP locum requests is subject to the availability of SP locums and program funding.
- Subject to authorization by the JSC and subject to the availability of funding and locums, the RSLP may also be used to assist HAs to address serious gaps in the provision of SP services for patients caused by SP vacancies in Ministry approved, HA Physician Supply Plans.

### **3.4 Host Physician Responsibility**

The host physician is responsible for providing the locum physician with:

- A list of 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.
- In C and D designated communities' reasonable accommodation for the locum physician 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.
- Where the locum is solely 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 two weeks of the refusal date.
- The host physician should pay the locum directly for those 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 and should be minus the amount recovered for overhead.
- Locum physicians must assign payment for FFS billings to the host physician for the term of the assignment. The host physician will receive 40% of the paid MSP claims billed during the locum assignment, to be applied to overhead expenses. In the case of a non-certified SP 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 SP.

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 the HA requirements, the host physician will not receive the 40% of paid MSP claims for overhead.

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**Section: 4** Locum Eligibility and Responsibility

**Effective:** April 2024

#### 4.1 Locum Physician Eligibility

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

- Be eligible to practice in BC.
- Reside in BC through the duration of their RSLP assignment.
- Be a member in good standing with the CMPA, CPSBC and the regional HA.
- Be certified by the Royal College of Physicians and Surgeons or be a non-certified SP with additional recognized training in one of the designated core specialties and eligible to write the qualifying exams.
- Enroll and remain enrolled with MSP.
- NOT be a core SP in the rural community's HA and RSLP designated specialty centre.
- Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), and/or Comprehensive Approach to Rural Emergency BC (CARE) Course certification is preferred but not a requirement.

#### 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 the LRBC immediately should they become unavailable to provide locum services.
- 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 office-based locum assignments.
- Apply for an additional payment number and bill all FFS claims under that payment number for the duration of the locum assignment for hospital-based/on-call locum assignments.
- 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.
- Ensure that 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.



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**Section: 5** Health Authority Responsibility

**Effective:** April 2024

### **5.1 Health Authority Responsibility**

The HA must:

- 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 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 local SPs' 35 locum relief days in an equitable manner.
- Facilitate credentialing process and hospital privileges for the locum physician.
- Sign-off on the requests for RSLP assistance (normally the Senior Medical Director).

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**Section: 6** Payment

**Effective:** April 2024

## 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 accommodation 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 RSLP 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 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 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.

## **6.3 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 \$1,875 per day (effective January 1, 2024). In A and B designated communities, the Rural Retention Program (RRP) fee premium percentage will be applied to the daily rate which will increase the daily rate to between \$1,875 to \$2,437.

## **6.4 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 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 guaranteed 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 paid MSP claims are greater than the guaranteed daily rate (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 guaranteed daily rate is paid and no top-up is applied.



**6.5 Submission Deadlines:**

- Effective April 1, 2024, RSLP 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 31 of the next fiscal year. For example, a physician 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.

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**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 RSLP 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 RSLP as required.