

**Supervisors of Provisionally Licensed Physicians (SPLP)  
Policy**

Ministry of Health

May 2015



---

<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	2 of 7
<b>Section: 1</b>	General	<b>Effective:</b>	April 2014

---

**1.1 Purpose and Principles:**

Physicians who are granted provisional registration by the College of Physicians and Surgeons of BC are subject to limits and conditions on their registration, including the requirement of being supervised by an experienced, fully licensed physician. Health authorities, as the sponsoring agencies, are mandated by the College to identify supervisors to assist provisional registrants in achieving full registration.

This program is intended to provide support to supervising physicians who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of rural physicians who have provisional licenses.

**1.2 Program Objectives:**

1. To help alleviate the financial and related burdens experienced by physicians who travel and/or forego their own practice time to provide supervision to provisionally licensed, rural physicians
2. To assist health authorities in recruiting and retaining physicians, including provisionally licensed physicians, in rural BC communities

**1.3 Program Funding:**

On January 13th, 2014, the Joint Standing Committee on Rural Issues (JSC) passed a decision to support the supervisors of provisionally licensed physicians in rural communities. The JSC allocated \$6.2M of funding to support rural supervisors.

<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	3 of 7
<b>Section: 2</b>	Definitions	<b>Effective:</b>	April 2014

<b>Term</b>	<b>Definition</b>
College of Physicians and Surgeons of BC (CPSBC)	<ul style="list-style-type: none"> <li>The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians who practice medicine in the province must be registrants of the College.</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>
IMG	<ul style="list-style-type: none"> <li>International Medical Graduate</li> </ul>
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> <li>Joint Committee with equal representation from BCMA and MoH (which includes HA reps) that is responsible for policy direction for rural programs.</li> </ul>
MoH	<ul style="list-style-type: none"> <li>Ministry of Health</li> </ul>
Medical Services Commission (MSC)	<ul style="list-style-type: none"> <li>The MSC is a 9 member statutory body responsible for the administration of the Medical Services Plan of BC.</li> </ul>
Provisionally Licensed Physician (PLP)	<ul style="list-style-type: none"> <li>Registration in the provisional class permits a physician to practice medicine with specific limits and conditions granted by the Registration Committee, including the requirement to have both a sponsoring organization and a supervisor approved by the College.</li> </ul>
Resident Physicians	<ul style="list-style-type: none"> <li>For the purposes of this program, a physician who resides at least 9 months of every year in an RRP community is a resident physician.</li> </ul>
RRP Community	<ul style="list-style-type: none"> <li>An RSA Community which meets all the criteria for the RRP.</li> </ul>
RSA Community	<ul style="list-style-type: none"> <li>A community listed in Appendix A of the RSA.</li> </ul>
Rural Practice Subsidiary Agreement (RSA)	<ul style="list-style-type: none"> <li>An agreement between the BCMA and the Government that is intended to enhance the availability and stability of services provided by physicians in smaller urban, rural and remote areas of British Columbia by addressing some of the uniquely demanding and difficult circumstances attendant upon the provision of those services by physicians.</li> </ul>
Supervisee	<ul style="list-style-type: none"> <li>The Provisionally Licensed Physician</li> </ul>
Supervisor	<ul style="list-style-type: none"> <li>The physician responsible for supervision of the Provisionally Licensed Physician and reporting the PLP's competency and professionalism to the CPSBC.</li> </ul>



---

<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	4 of 7
<b>Section: 3</b>	Eligibility	<b>Effective:</b>	April 2014

---

**3.1 Community Eligibility:**

The community must be a RSA Community, as designated by the JSC.

**3.2 Physician Eligibility:**

- Any general practitioner or specialist physician who is identified and recognized by the health authority (the sponsor) as a supervisor of a provisionally licensed, rural physician (who practices in a designated RSA community)
- Supervisors must be approved by the College of Physicians and Surgeons of BC as a supervising physician.
- Supervisors may be compensated for their time and expenses for supervising up to two rural, provisionally licensed physicians, unless approved by the College



<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	5 of 7
<b>Section: 4</b>	Health Authority Responsibility	<b>Effective:</b>	April 2014

#### **4.1 Health Authority Responsibility**

The program will be funded by the government and administered by the health authorities, in collaboration with the Rural Programs area of the Ministry of Health. The health authorities will prepare and submit a detailed statement of the physicians who supervise one or more provisionally licensed, rural physicians to the Ministry of Health on a quarterly basis

- The Ministry will issue payment to the health authorities and the health authorities will pay the supervising physicians directly
- The JSC will oversee the administration of this new program and will evaluate the continuation of funding if and when a provincial funding mechanism for all supervising physicians (of rural and urban provisional registrants) becomes available.



---

<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	6 of 7
<b>Section: 5</b>	Funding and Payment	<b>Effective:</b>	April 2014

---

### **5.1 Payment**

- Physicians who are recognized by the health authority as a supervisor of a provisionally licensed, rural physicians will be eligible for financial incentives as follows (per supervisee):
  - \$400 per week for the first three months of supervision
  - \$100 per week for the next nine months of supervision
  - \$50 per week for subsequent years of supervision (up to a maximum of four additional years)
  - A travel time honorarium of up to \$600 (per round trip):
    - \$50 for less than one hour
    - \$300 for one to four hours
    - \$600 for great than four hours
  - Reimbursement of travel expenses in accordance with Government financial policies.

### **5.2 HA Funding for Administration:**

The JSC agreed to provide the HA's with funding to assist with administration costs associated with implementing this program. The amount of administration funding will be determined by the JSC on an annual basis.



---

<b>Chapter:</b>	Supervisors of Provisionally Licensed Physicians (SPLP)	<b>Page:</b>	7 of 7
<b>Section: 6</b>	Reporting, Monitoring, and Evaluation	<b>Effective:</b>	April 2014

---

### **6.1 Advisory Committee**

The 2014 Memorandum of Agreement between the Government and Doctors of BC re-established the JSC as a governing committee for the SPLP Program. 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.

### **6.2 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 SPLP utilization report to the JSC at each meeting.

### **6.3 Exceptions:**

Exceptions to program requirements may be considered by the JSC on a case-by-case basis.