RURAL GENERAL PRACTITIONER LOCUM PROGRAM (RGPLP)

Policy

Ministry of Health Services

July 2010

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Section: 1	**Description, Administration Payment and Program Funding**	**Effective:**	**July 2010**

1.1 Description:

The Rural General Practitioner Locum Program (RGPLP) is a provincial program that 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, HA's may request RGPLP assistance for a vacant position that is identified in a HA/Ministry approved Physician Supply Plan and 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 5 (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 at 08:00 Monday or 08:00 Tuesday 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 Services, administers the RGPLP in accordance with policies and procedures established by the Joint Standing Committee on Rural Issues (JSC). Physician Compensation, Rural Practice Programs, 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 Program Funding:

The Government will provide $2.9 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 reside in rural areas.

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Section: 2	**Definitions**	**Effective:**	**July 2010**

Term	***Definitions***
BCMA	• British Columbia Medical Association.
APP	• Alternative Payments Program: A Ministry of Health Services program, administered from within the Medical Services Division that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
Full-time	• Full-time for the purposes of the RGPLP is defined as providing service at least 9 months of every year in the eligible community.
Locum Tenens	• A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOHS	• Ministry of Health Services.
Host Physician	• A physician who resides and practices full-time in an eligible RSA community (7 or less physicians).
Rural Retention Premium	• 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 *live and practice* in eligible RSA communities may receive a flat sum retention allowance in addition to the FFS premium.
Health Authority	• 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)	• Joint Committee with equal representation from BCMA 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.
Service Clarification Code (SCC)	• 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	• 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
MSP	• Medical Services Plan.
HIBC	• Health Insurance BC: The administrative operations of the MSP and Pharmacare.
RSA	• The *Rural Practice Subsidiary Agreement* (RSA) is administered by the Joint Standing Committee on Rural Issues (JSC), in accordance with the negotiated agreement between the BCMA and the Government.

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Section: 3	**Locum Eligibility - Host Physician**	**Effective:**	**July 2010**

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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.
- Reside and practice full-time in an eligible RSA community with 7 (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 MoHS 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 resident/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, providing 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 outlined.
- 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.

3.3 Host Physician Responsibilities:

- The host physician must 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.
- The host physician must provide the locum with detailed information on the care and treatment of patients in hospital or those requiring special treatment.
- If necessary, the host physician will establish local hospital privileges on behalf of the locum physician, for the term of the locum assignment.
- The host physician will 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.

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Section: 4	**Locum Eligibility - Locum**	**Effective:**	**July 2010**

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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;
- Being certified in ATLS is 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 Responsibilities:

- Locums will provide service in the host community, for the duration of each assignment, including the provision of on-call/availability services as per HA requirements.
- Locums will notify Rural Practice Programs immediately upon becoming unavailable to provide locum services.
- Locums must assign payment provided to the host physicians' payment number for services provided while on assignment; the host physician is responsible for submitting claims to the MSP.

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Section: 5	**Vacant Positions**	**Effective:**	**July 2010**

5.1 Community Eligibility for vacant positions:

The community must be an eligible Rural Subsidiary Agreement (RSA) community with 7 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 Health Authority must be able to clearly identify:

- the vacancy on the Ministry/HA endorsed Physician Supply Plan
- the serious health care service access problems that the vacancy is causing for the community
- the extra work load this is placing upon other physicians in the community over and above what would be considered a reasonable work load

5.3 The Health Authority must submit an application for a vacant position to the Ministry of Health Services for approval in advance.

5.4 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.

5.5 If a Health Authority should find that the number of days of locum coverage committed are not sufficient, they need to 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.

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Section: 6	**Claims Submission and Locum Payment Process**	**Effective:**	**July 2010**

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6.1 Resident/Host Physician:

- The host physician is expected to submit claims within 2 (two) weeks of the end of the locum's assignment, and refused claims within 2 (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% 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.

6.2 Medical Services Plan:

- Under the 5 Days or Over component of the Program, the 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, the 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.
- 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 (sixty) 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.
- The MSP will pay the locum travel expenses as per Government financial standards upon receipt of original receipts.
- The MSP will pay the locum a travel honorarium to a maximum of $600. Travel time will be reimbursed $50 for under 1 (one), hour return trip, $300 for 1 (one) to 4 (four) hours, return trip, and $600 for greater than 4 (four) hours, return trip.
- The MSP will recover 60 (sixty) percent of the locum's Fee-For-Service claims for the RGPLP.
- The host physician receives 40 (forty) percent of paid MSP claims, paid by the MSP 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.

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Section: 7	**Advisory Committee**	**Effective:**	**July 2010**

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7.1 Advisory Committee:

The 2002 Memorandum of Agreement between the Government and the BCMA 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 5 (five) voting members appointed by the BCMA and 5 (five) voting members appointed by the Government, and up to voting 3 (three) alternates for each party. The JSC meets a minimum of 6 (six) times a year, and is co-chaired by a member chosen by the Government and a member chosen by the BCMA.

7.2 Reporting, Monitoring and Evaluation:

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

The Ministry of Health Services will provide a RGPLP report to the JSC on a quarterly basis. The report will include financial information; identify unresolved program issues, and make recommendations for new policy or program changes as needed.

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