

Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page:	1 of 6
Section: 1	DESCRIPTION, ADMINISTRATION, FUNDING	Effective:	JANUARY 1, 2003 REVISED OCTOBER, 2005

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. Eligible host GPs can request up to 28 days of locum services per year. 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. 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.

1.2 Administration:

The Ministry of Health, 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 \$1.85 Million annually for the RGPLP, including GP leave replacement funds that were previously included in arrangements with the Alternative Payments Program (APP) in some *Subsidiary Agreement for Physicians in Rural Practice* (RSA) communities. Program expenditures for locums working for APP funded physicians will be tracked separately from those replacing fee-for-service (FFS) practitioners.

Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page:	2 of 6
Section	2 DEFINITIONS	Effective:	JANUARY 1, 2003 REVISED OCTOBER, 2005

Term	Definition
BCMA	<ul style="list-style-type: none"> British Columbia Medical Association.
APP	<ul style="list-style-type: none"> Alternative Payments Program: A Ministry of Health Services program, administered from within Medical and Pharmaceutical Services that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
Full-time	<ul style="list-style-type: none"> Full-time for the purposes of the RGPLP is defined as providing service for at least 9 (nine) months of every year in the eligible community.
Locum Tenens	<ul style="list-style-type: none"> A physician with appropriate medical staff privileges who substitutes on a temporary basis for another physician.
MOH	<ul style="list-style-type: none"> Ministry of Health.
Host Physician	<ul style="list-style-type: none"> A physician who resides and practices full-time in an eligible RSA community (7 or less physicians).
Rural Retention Premium	<ul style="list-style-type: none"> 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 receive a flat sum retention allowance in addition to the FFS premium.
Service Clarification Code	<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.
RSA	<ul style="list-style-type: none"> The <i>Subsidiary Agreement for Physicians in Rural Practice</i> (RSA) is administered by the Joint Standing Committee on Rural Issues (JSC), in accordance with the negotiated agreement between the BCMA and the Government.
HIBC	<ul style="list-style-type: none"> Health Insurance BC: The administrative operations of the MSP and Pharmacare

Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page:	3 of 6
Section	3 HOST PHYSICIAN ELIGIBILITY	Effective:	JANUARY 1, 2003 REVISED OCTOBER 2005

Policy:**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 MOH on an annual basis.

If a community does not qualify for the Rural Retention Program (RRP) 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 FFS physicians AND physicians who receive compensation through APP Agreements may request locums through the program, providing they and their community meet the eligibility criteria.
- 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 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 and should try to provide a vehicle for the locum if needed.

Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page:	4 of 6
Section	4 LOCUM ELIGIBILITY	Effective:	JANUARY 1, 2003 REVISED OCTOBER, 2005

Policy:**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 and ATLS, or willing to obtain certification,
- Enroll and remain enrolled in MSP.

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.

4.3 Health Authority Responsibilities:

- In some cases, where there is no host physician (i.e. a community loses the sole physician), the RGPLP may provide a locum as a temporary replacement until the HA can recruit another physician, up to the 28 maximum days.
- In such instances, the HA assumes the responsibilities of the host physician.

Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page:	5 of 6
Section	5 CLAIMS SUBMISSION AND LOCUM PAYMENT PROCESS	Effective:	JANUARY 1, 2003 REVISED OCTOBER, 2005

Policy:

5.1 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 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 FFS billings to the resident/host physician for the term of the assignment.

5.2 Medical Services Plan:

- Under the *5 Days or Over* component of the Program, the MSP will pay the locum a guaranteed minimum of \$750 per day for provision of direct services (effective August 1, 2002) for each day on assignment, paid semi-monthly; for the *Weekend Coverage* component, the MSP will pay the locum a guarantee of \$2,000 for coverage from Friday at 18:00 to Monday at 08:00, paid semi-monthly. In the event of a weekend including a statutory holiday, payment will be a guarantee minimum of \$2,750.
- In cases where 60 (sixty) percent of the paid MSP claims are greater than \$750 per day (averaged over the length of the assignment based on a 7 hour day) or the \$2,000 under the weekend coverage (\$2,750 when a statutory holiday is part of the weekend), 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 \$300 for under 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 FFS claims for the RGPLP.
- The host physician receives 40 (forty) percent of paid MSP claims, paid by the MSP on a semi-monthly basis.



Chapter:	RURAL GENERAL PRACTITIONER LOCUM PROGRAM	Page: 6 of 6
Section 6	ADVISORY COMMITTEE	Effective JANUARY1, 2003 REVISED OCTOBER, 2005

Policy:

6.1 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.

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 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.