

**RURAL SPECIALIST LOCUM PROGRAM  
(RSLP)**

**Policy**

**Ministry of Health Services**

**September, 2010**



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## 1.1 Description

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

## 1.2 For RSLP eligibility purposes:

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 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 Services requiring that specialty service in the community;

1.2.4 There must be less than 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.



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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 Services, Rural Practice Programs, administers the RSLP in accordance with policies and guidelines established by the Joint Standing Committee on Rural Issues (JSC). The Ministry of Health Services, Rural Practice Programs, 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.

### 1.4 Payment:

The locum will be paid a daily rate of \$1200 per day for provision of services. The locum will also be paid a travel time honorarium through the Medical Services Plan (MSP) payment system. Travel expenses for getting to and from the community will be paid by the Program. The HA will provide accommodation for the locum while on assignment.

### 1.5 Program Funding:

The current budget of the RSLP is \$1.65 Million. Expenditures will be monitored to stay within the prescribed budget.



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<b>Section: 2</b>	<b>Definitions</b>	<b>Effective:</b>	<b>September 2010</b>

<b>Term</b>	<b>Definitions</b>
BCMA	<ul style="list-style-type: none"> <li>British Columbia Medical Association.</li> </ul>
APP	<ul style="list-style-type: none"> <li>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.</li> </ul>
Designated specialist centre	<ul style="list-style-type: none"> <li>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).</li> </ul>
Full-time	<ul style="list-style-type: none"> <li>Full-time for the purposes of the RSLP is defined as providing service at least 9 months of every year in the eligible community.</li> </ul>
Health Authority	<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>
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> <li>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.</li> </ul>
Locum Tenens	<ul style="list-style-type: none"> <li>A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.</li> </ul>
MOHS	<ul style="list-style-type: none"> <li>Ministry of Health Services.</li> </ul>
MSP	<ul style="list-style-type: none"> <li>Medical Services Plan.</li> </ul>
Host Physician	<ul style="list-style-type: none"> <li>An eligible specialist physician who resides and practices full-time in an eligible community</li> </ul>
Rural Retention Premium	<ul style="list-style-type: none"> <li>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.</li> </ul>
Service Clarification Code (SCC)	<ul style="list-style-type: none"> <li>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.</li> </ul>
Supplemental Physician	<ul style="list-style-type: none"> <li>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</li> </ul>
RSA	<ul style="list-style-type: none"> <li>The Joint Standing Committee on Rural Issues (JSC) administers the <i>Rural Practice Subsidiary Agreement (RSA)</i>, as per the negotiated agreement between the BCMA and the Government.</li> </ul>



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<b>Section: 3</b>	<b>Host Physician Eligibility and Responsibility</b>	<b>Effective:</b>	<b>September 2010</b>

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### 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.
- Reside and 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 in the absence of a host physician, health authorities must request locum services from the Program using the Request for Specialist Locum Assistance form. This Program is for FFS physicians and physicians who receive compensation through APP Agreements.

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 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.

The host physician and Health Authority will establish local hospital privileges on behalf of the locum physician, for the term of the locum assignment.

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<b>Section: 4</b>	<b>Locum Eligibility and Responsibilities</b>	<b>Effective:</b>	<b>September 2010</b>

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### 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 an RSLP designated specialty centre;
- ACLS and ATLS certification is also preferred; but not an absolute requirement.

### 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.
- For office based locum assignments, locums must assign payment to the host physicians' payment number for services provided while on assignment; the host physician is responsible for submitting claims to MSP.
- For 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
- 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.

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<b>Section: 5</b>	<b>HA and Host Physician Responsibilities</b>	<b>Effective:</b>	<b>September 2010</b>

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### 5.1 Health Authority Responsibilities

- The HA will ensure the locum receives the appropriate on-call availability payments.
- The HA will reimburse the locum for accommodation for the duration of the assignment.
- 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
- The health authority is responsible for the credentialing process and for establishing hospital privileges for the locum physician.

### 5.2 Resident/Host Physician

- 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 to the locum leaving the assignment and should be minus the amount recovered for overhead.
- The locum will 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.
- The host physician must provide the locum with a detailed reconciliation of claims submitted.
- Locums must assign payment for FFS billings to the resident/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.



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<b>Section: 6</b>	<b>Payment by MoHS/RSLP</b>	<b>Effective:</b>	<b>September 2010</b>

## 6.1 Ministry of Health Services (MoHS)

- The MoHS will pay the locum a guaranteed minimum of \$1,200 per day for provision of direct services for each day (24 hours) on assignment, paid semi-monthly.
- The MSP will pay the locum a travel honorarium to a maximum of \$1,000 per return trip.
- The MoHS will reimburse the locum physician for their travel expenses (within BC) to and from the community.
- 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 \$1,200 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 \$1,200 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 \$1,200 per day and no top-up is applied.



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<b>Section: 7</b>	<b>Reporting, Monitoring and Evaluation</b>	<b>Effective:</b>	<b>September 2010</b>

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### **7.1 Reporting, Monitoring and Evaluation**

The Rural Practice Programs, in consultation with HIBC, will monitor program expenditures on a regular basis and perform an annual reconciliation of program expenditures. Expenditure/utilization reports will be provided to the JSC on a quarterly basis.