

# Locum Fees

Approved: May 2011 (MABC), October 2011 (DoM); February 2013 (DoM)

For Review: February 2015 or as otherwise indicated

## ***Acknowledgements***

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This guideline is adopted from the Midwives Association of BC Locum Fee Guideline.

## ***Role of Locum Tenens***

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Locum tenens is a Latin phrase meaning “place holder” (Tepper, 1993). Within medicine, locum physicians have always fulfilled a key role in the work force. In midwifery, the importance of the availability of locums is also apparent. A 2011 MABC survey found that 60.3% of midwife respondents had hired a locum and 25.9% of respondents had recently required a locum but were not able to obtain locum coverage. 58.6% of respondents stated that the greatest barrier to being able to hire a locum was the lack of availability of locum midwives. This shortage of locum midwives highlights the need to understand the role of a locum as well as to set out guidelines for locum fee compensation.

The purpose of the locum midwife is to care for clients during a midwife’s absence. Hiring a locum midwife may offer the benefit of maintaining the caseload for the hiring midwife hence avoiding her having to rebuild her practice after a maternity or extended leave. Hiring a locum midwife may benefit the locum midwife by providing work within an established practice and can offer experience in a new community or practice setting. There can be significant barriers to hiring locum midwives, especially but not exclusively in rural BC. Hiring midwives should be aware of the costs a locum may incur, which may include travel and accommodation as well as the costs of registration and insurance and other significant expenses such as relocating family or arranging for someone to cover her own practice. Locum midwives should be aware of the costs a hiring midwife may incur including the preparation of clients, practice partners and her community for a new midwife, logistical arrangements such as privileges, accommodation and transport, and issues involved in relinquishing responsibility for her established practice to another practitioner for a period of time.

Overhead costs may be considered those costs required to run a practice. This typically includes advertising, rent, utilities, billings, communications and/or administrative costs. Midwifery practices may also incur other overhead costs such as paying second attendants or other midwives for required additional coverage.

## ***MABC Locum Fee Guidelines Background***

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This guideline endeavours to meet the majority of midwifery practice needs. These guidelines may not however be feasible for small rural and/or remote practice situations with lower or unpredictable caseloads or practices where the overhead incurred represents more than 30% of the income. Midwives in these circumstances may need to negotiate other arrangements – this guideline is intended to provide opportunity for discussion and should be viewed as flexible rather than a prescribed requirement – each arrangement is individual and should be agreed upon by all parties involved.

Regardless of whether these locum fee guidelines apply or the midwives require other locum fee agreements, transparency regarding overhead costs and incoming billings between hiring and locum midwife is important. Discussing overhead costs in as well as anticipated billings and percentage of billings that a locum may receive promotes a sense of trust and confidence in both parties when reviewed in advance.

The Locum Fee Guideline Committee took the following into consideration when determining the suggested fees: locum fees for other health care practitioners; past, existing and proposed midwifery locum fee schedules (ex. BCWH, Victoria Department of Midwifery); the MABC – MOHS (Ministry of Health Services) midwifery fee schedule, recent fee changes, and MABC membership survey responses to the recent locum fee survey.

Feedback is welcome and can be directed at any time to the MABC Board of Directors via the MABC office at [mabc.registration@telus.net](mailto:mabc.registration@telus.net). The Board thanks the midwives on the committee for all their work in putting this document together. In addition there is a rationale document that was developed in conjunction with this guideline, which can be requested of the MABC office for further information about the process that was followed.

### **Short-term and Long-term Locum Fees (based on MABC guideline)**

<b>Daily coverage</b>	
<b>Home birth back-up</b>	\$350 if fee not covered by MSP. \$340 if second attendant is not able to bill directly to MSP and the primary RM bills for the fee.
<b>Antepartum or post-partum visit</b>	\$60 for 1 <sup>st</sup> hour or less; \$12.50 per 15 minutes thereafter for same call-out.
<b>Labour relief</b>	\$60 for 1st hour or less; \$12.50 per 15 minutes thereafter; If call-out results in attending birth, birth fee is owed instead.
<b>Covering for an entire labour and birth</b>	\$650
<b>Clinic coverage</b> • Half day (4 hours) • Full day	\$150 up to 5 visits or 4 hour day; \$300 up to 10 visits or 8 hour day; (additional visits \$30 each).
<b>Short-term pager coverage for 24 hours</b>	\$100 per 24 hrs, includes phone triage; For in-person assessment, fee for service as per guideline applies.

<b>Short-term coverage (2 weeks up to 3 months, i.e., 1 to 6 pay periods)</b>		
<b>Fixed Fee</b>	<b>Percentage</b>	<b>Alternate option</b>
\$6,250/mo; N.B. – no overhead charged to locum.	60% of total billings; N.B. – no overhead charged to locum.	\$1,000 per week PLUS; \$150 per each full clinic; \$75 per each ½ day clinic; \$350 per birth.
Long-term consecutive days of pager coverage with few or no clients due.	\$30 per 24 hours for 0 due dates; Additional \$10 per 24 hours per due date.	
<b>Long-term coverage is more than 3 months, i.e. 7 or more pay periods</b>		
<b>Fixed Fee</b>	<b>Percentage</b>	<b>Alternate option</b>
\$7,250/mo; N.B. – no overhead charged to locum.	70% of total billings; N.B. – no overhead charged to locum.	\$5,000/mo + $\frac{\text{monthly billings} \times 25\%}{\text{\# RMs on team}}$

*NB: As Uni Dues are deducted prior to distribution of the billings to the practice, standard locum fees are not subject to deduction of Uni Dues prior to payment to the locum. If a percentage of billings is elected, and agreed upon for payment, Uni Dues have been deducted at source so the percentage is the post-Uni Dues deduction amount.*

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## ***New Registrants and Supervision Requirements***

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The College of Midwives of BC's New Registrants Policy requires all newly registered midwives work within an established practice for a period of at least six months or until she has provided care through labour, birth and post-partum as the principal midwife to 20 women and their newborns. During this period, a new registrant should have an experienced general registrant available to her by phone for support and advice when she's providing care.

Before hiring a new registrant or other midwife requiring additional support or orientation during the locum period, it is recommended to discuss what she expects will be her needs in terms of support. New registrants who completed training in BC may require different support than midwives who trained in another jurisdiction.

Examples of discussion points to assist in determining the extent of support for a new registrant include but are not limited to:

- Availability for phone support;
- Availability for in-person support  
(for example: back-up at a more complex hospital birth);
- How many hours per week of additional support might be required?
- Who should new registrant call and when is each supervisor available?
- If primary supervisors are not available, who would be alternate supervisor?

The value of mentoring midwives' time and work needs to be acknowledged. It is reasonable for midwives to be compensated for their time in mentoring new midwives. However, careful consideration to the cost/arrangement should be given so as to avoid deterring a new registrant locum or locum midwife from accessing the required support because of the financial costs associated.

The following are examples of various arrangements that have been made between mentoring midwives and new registrants – midwives and new registrants may choose to use some of these examples but each agreement will be unique.

- No compensation requested / agreed upon in advance;
- Phone support may be at no charge;
- In person support is \$\_\_\_\_/hr up to a maximum of \$\_\_\_\_ per month;
- If mentoring midwife provides in-person support, new registrant covers equivalent time in antenatal or postnatal visits in exchange for hours of in-person support;
- New registrant receives short-term locum fees (ex ~60%) until new registrant's period is complete and then receives long-term locum fees (~70%) or other pre-agreed upon amount.