

Understanding MOCAP

With the recent MOCAP (Medical On-Call Availability Program) changes announced by the health authorities, I thought this an opportune time to try and make sense of a somewhat complex topic. The health authorities' announcement of their distribution plans for MOCAP funds prompted a number of calls from physicians to the BCMA requesting clarification.

Born out of the workload and remuneration disputes in the northern part of the province during the mid- to late-1990s, MOCAP became part of the 2001 Working Agreement. It was developed to better organize or systemize on call, as well as ensure fair remuneration for physicians who are restricted from pursuing outside activities or interests during their "off time."

As its name implies, MOCAP payments are made to physicians who avail themselves to being on call—not for the actual on-call work itself. Payment for on-call work is separate. Any physician is entitled to MOCAP payments when a health authority wants to contract with the physician for on-call coverage for an institution, agency, or service. It does not pay for on-call coverage for a doctor's own, or call groups', patients.

There are four levels of on-call availability, as follows:

- On site, On call—Where a physician is required to remain on site while providing on-call coverage.
- Level 1—Where the physician is required to be available by phone within 10 minutes and on site within 45 minutes.
- Level 2—Where a physician is required to be available by phone within 15 minutes and on site within 2 hours.
- Level 3—Where a physician is

required to be available by phone within 15 minutes and on site within 16 hours.

Because MOCAP must not contribute to physician burnout, typically several physicians will share this coverage—usually in groups of four or more. Also included in MOCAP are Call Back (where a physician is not on call but is called in by the health authority) and Doctor of the Day (where a general practitioner is available to take responsibility for an "orphaned" patient in a hospital).

MOCAP is part of the doctors' negotiated agreement with government that continues until at least 31 March 2012. The Ministry of Health divides the MOCAP budget among the health authorities. It is the prerogative of each health authority to determine which levels of on call they want, and accordingly how each will allocate its portion of the MOCAP funding. With help from the MOCAP Contract Review Committee (established by each health authority and includes physicians) the health authorities annually reassess their funding allocation and determine what changes are necessary for the upcoming year. The priorities that each health authority must support are:

- Life and limb support in emergency rooms.
- The operational efficiency of hospitals.
- Support for general practitioner care of complex patients in the community.

Before MOCAP allocation is finalized, each health authority must discuss it with their medical advisory committee (HAMAC) and consider any recommendations the HAMAC makes. Additionally, the health authorities must advise all affected physicians of their allocation of MOCAP

funds by a specified date (this year it was 1 July).

Because the annual review of MOCAP funding by the health authorities may result in unpopular changes, dispute resolution mechanisms are available. There is no requirement that physicians must agree to their revised or eliminated MOCAP level. Specific procedures are in place for physicians who wish to challenge the health authority's decisions.

More information on MOCAP can be found on the BCMA web site at www.bcma.org, by referring to the *Member Guide to the New BCMA Agreements* sent to each physician last fall, or by contacting Ms Tania Keefe in the Negotiations Department at tkeefe@bcma.bc.ca or 604 638-2871.

—J. William Mackie, MD
BCMA President



Helping Yourself or a Colleague

The Physician Health Program of British Columbia is a confidential resource for physicians, medical students, residents and their families. Common concerns dealt with by the program include, but are not limited to: personal and family emotional health issues, the inappropriate use of alcohol and/or drugs or coping with physical illness etc. If you choose, you can call the program anonymously.

If you have concerns about yourself or someone close to you please don't hesitate...

CALL: 1-800-663-6729 or 604-742-0747