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MSP: Changes to compensation for teaching

I was absolutely shocked when I received MSP's 1 May 2015 updated preamble C.18 regarding payment for services rendered by trainees. If you only glanced at this preamble, or skipped over it completely, let me sum it up for you: MSP wants to decrease your compensation for teaching.

Let's get to the specifics. The first paragraph reads "the total billings must not exceed the amount that a medical practitioner could bill in the same time period in the absence of the other team members." In other words, in a busy practice, a physician will likely be unable to bill for a number of patients seen by a resident. However, that physician is still responsible for reviewing the files, doing all the follow-up on labs, diagnostic imaging, consults, and arranging for further appointments. Not only that, the physician will still have to pay the MOA, nurses, transcriptionists, and even the cleaning people for all the associated work required for those patient visits with the learner. Where is this money supposed to come from?

Under clauses A and B, a surgeon or anesthetist running two rooms can bill for only one, even though he or she is still the one responsible for the outcome of all those cases. So, if the physician cannot bill for this, does it mean the resident or fellow now takes on full responsibility for their cases? If so, should MSP not then pay the fee to the resident or fellow? If no one is getting paid the surgical or anesthetic fees, does that mean MSP will keep the money for services rendered?

Under clause D, the physician has to directly attend an admitted inpatient whom the resident is caring for in order to bill for that visit. That means that even if a physician does a thorough review of that patient with the resident later in the day, he or she cannot bill for this. How in any way would this incentivize physicians to take the time out of their busy schedules to do thorough patient reviews? Physicians are ultimately responsible for the patient and the outcome, but will not be paid for the services they have rendered?

According to clause E, if a patient is in the ER with a resident through the night, the physician will be paid only for the initial ER visit and no continuing care surcharges unless he or she physically goes into the ER and sees that patient. How is this supposed to get residents practice-ready if, in order to bill for the review and care of that patient, the physician has to physically see every patient the resident sees on a shift? How is that going to help residents who sometimes are only a month away from becoming an attending?

If MSP is not going to compensate us for teaching trainees, what is their plan? Are they going to force UBC to make every physician in BC an associate professor and start paying us all salaries? Where is UBC supposed to get this money?

I am a rural physician. It is very hard to get rural preceptors to train residents. It adds work to their already overloaded days. It adds follow-up work when that resident leaves the community. We all know that rural areas of BC are crying out for resources, and most rural physicians are overworked. With the continuous lack of physicians in rural areas and increasing demands from patients on the health care system, who in their right mind is going to want to add teaching without appropriate compensation on top of this?

I cannot support a health care system that makes a physician fully responsible for the initial and follow-up care of a patient, which requires significant resources from their clinic staff and themselves, but is unwilling to pay them for that service. If MSP is unwilling to pay for a visit to a patient by a resident under my care, even though I have to assume the ultimate responsibility for the outcome of that visit, I can only say that my incentive to continue to teach trainees is being stretched very, very thin.

—Bret Batchelor, MD
Vanderhoof