

Education Database Payment Rules

Physician Payment types

All physicians should have a current UBC appointment. If you are unsure of their status please contact Donna Bradley.

Clinical Faculty - Appointment Policy & Compensation Terms

<http://med.ubc.ca/clinical-faculty/appointment-policies/>

Payment Category	
Straight FFS Straight Fee for Service	Under this payment system the Medical Services Plan pays physicians an established fee for each individual service they provide to each individual patient. The fees compensate physicians for their professional services but not for teaching.
CSC Service Contract	Under a service agreement, the government enters into a contract with a healthcare agency to provide funding in exchange for the delivery of specific services. The government-funded agency then contracts or directly employs individual physicians for the delivery of agreed-upon services. Typically emergency room physicians, anesthetists and other doctors who perform services solely in a publicly funded health care facility.
Sessional	A sessional form of payment is time-based rather than service-based. One session is a unit of physician time comprising 3.5 hours of service. This type of payment allows physicians to bill MSP for the actual time spent with, or on behalf of, a patient instead of the number of different services or treatments provided to the patient. A sessional method of payment is used for doctors working in mental health, palliative care, performing geriatric assessments, and some administrative work.
CASC Clinical Academic Service Contract	A contractual arrangement with the Ministry of Health allowing physicians to be recognized for their research, academic and administrative activities. <i>There are no CASCs in OBGYN.</i>
FTFM Full-Time Faculty Members - (also known as GFT)	Are clinicians or basic scientists who have responsibilities for teaching, research and administrative/service activities. They are employees of UBC. They may be tenure-track, tenured, grant tenure-track, grant tenured or without review.
Salaried	A salaried physician is usually on staff at a hospital, a private corporation, a crown corporation, or university. Examples would be the Chief of Staff at hospitals and physicians employed by the BC Cancer Agency, Riverview Hospital, Center for Disease Control.

MFM PhAIS physicians (FTFM) have their teaching uploaded from PhAIS periodically.

Payment Eligibility

	Teaching With PT Care (Clinical Teaching)	Teaching Without PT Care (Formal/Didactic Teaching)
FFS – Straight	Eligible	Eligible
CSC	Not Eligible	Eligible
Sessional	Not Eligible	Eligible
CASC	Not Eligible	Not Eligible
FTFM	Not Eligible	Not Eligible
Salaried	Not Eligible	Not Eligible

Student Types

The learner's name must be included in every teaching activity entry.

All medical student teaching activities will be entered on your behalf by the Undergraduate Program Administrator.

All Resident, Fellow and Advanced Training formal teaching activities will be entered on your behalf by the program's administration.

Resident, Fellow and Advanced Training clinical teaching will be entered by faculty members. Instructions for how to enter clinical teaching can be found in the Help section on the Education Database in the 'Clinical Teaching Activities Entry Guide' document

(https://ed.obgyn.ubc.ca/helpdocs/Clinical_Teaching_Activities_Entry_Guide.pdf)

Teaching out of province elective learners, Advanced Training Program learners and Non-MOH fellows should be entered as Non-MOH and Non-Eligible.

Teaching activities of all UBC residents/fellows on an elective in our department should be entered as Eligible as the money follows the learner.

Teaching done while on call, in clinic or OR is eligible for payment.

Teaching Description & Quantities

These rules are specific to our Department and are based on indications from Faculty of Medicine.

Category	SubCategory			
Postgraduate (programs Resident, Fellow - MFM, Fellow - REI, Fellow – GyneOnc, Fellow – UroGyne0				
Formal	Academic sessions, Rounds		90	1 Unit
Formal	Seminars	Prep & delivery	90	6 Units – Resident 1 Unit - Fellow REI 2 Units – Fellow GyneOnc
Formal	OSCE Examiner		90	3 Units - Resident 1 Unit – Fellow REI
Formal	OSCE Preparation		90	5 Units
Formal	Chief Resident		90	Typically 2 or 3 Units
Clinical	Ambulatory	Includes office/clinic teaching of UBC medical students, residents and fellows.	60	1 to 3 hours = 0.5 Units 3 to 5 hours = 1.0 Unit 5 hours or greater = 2.0 Units
Clinical	Surgical	Includes elective, in-patient and day care surgery by clinical faculty members with a UBC resident/fellow	60	1 to 3 hours = 0.5 Units 3 to 5 hours = 1.0 Unit 5 hours or greater = 2.0 Units
Clinical	Non-MOH Ambulatory/Surgical	Non ministry of health student	60	
Undergraduate				
Year 3				
Formal	Seminars		90	Typically 2.5 Units
Formal	Workshop		90	Typically 6 Units
Formal	OSCE Examiner		90	Typically 5 Units
Formal	Rounds Presenter		90	Typically 1.25
Clinical	Preceptors	(1 learner)	90/session	Typically 7 Units
Clinical	Ambulatory	(2 or more learner)	110/session	
Clinical	Surgical			
Year 4				
Clinical	Elective	UBC Medical student only (1 learner) (2 or more learner)	90/session 110/session	Typically 32 Units for 4 weeks sometimes shared
Clinical	Out of Province Elective student		0	Non eligible

Other/CME				
Committees	Major committees: Dept Executive Faculty Appt & Promotions		90	Typically 1 Unit
Committees	Minor committees: REC, General Exec, CTAA		90	Typically 1 Unit
CME	Rounds (Attendance)		0	1 Unit

Physician – Payment Methods

Payment types –		
Incorporated	payment is to be made to a company.	
Non-incorporated	payment to be made to an individual without a UBC salary appointment.	
Payroll	payment made to an individual with a UBC salary appointment. Payroll should only be chosen when the clinical faculty member is currently being paid on a regular basis through UBC payroll	
Other	payment is to be made internally, i.e., by journal voucher to a departmental account, etc.	