Clinical Associate and Locum Policy

Background
The Adult Critical Care Medicine (CCM) Residency is unique from many other residency programs in that many of its trainees begin their training as specialists, having previously completed fully accredited Royal College specialty programs. While the main priorities during the two year CCM residency are acquisition of the knowledge, skills and attitudes required to become a competent Intensivist and maintaining a healthy balance between personal and professional lives, providing opportunities for residents who wish to maintain competency in their base specialty of training during this time is also an important consideration. One common method used by residents to maintain competency is through clinical associate and locum opportunities.

For the purposes of this policy, locum work will be defined as the independent practice in the role of an attending physician in their base specialty whilst still in residency training. Clinical associate work will be defined as postgraduate residents who meet certain criteria authorized to provide supplementary services, under supervision, for patients receiving a service within a health authority in a clinical academic centre affiliated with the UBC Faculty of Medicine. In keeping with the existing University of British Columbia (UBC) Postgraduate Medical Education policy, the CCM Training Program Committee neither condones nor condemns clinical associate or locum work during residency training. However, this policy has been created in order to provide clarity for all relevant stakeholders on the different aspects of clinical associate or locum work for residents during their CCM training.

Prerequisites for the CCM Resident
In order to be considered eligible for clinical associate or locum work during their residency, a CCM resident must:

1. have previously completed a full residency accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) or an equivalent entity.
2. be in good standing with the RCPSC and the relevant Provincial College(s) of Physicians and Surgeons of the province(s) within which they will be CAing or locuming.
3. be licensed with the relevant Provincial College(s) of Physicians and Surgeons as an independent practitioner for the specialty within which they will be locuming.
4. have coverage through the Canadian Medical Protective Agency (CMPA) as an independent practitioner for the specialty within which they will be locuming.
5. have privileges at the hospital in the department of their base specialty.
6. be in good standing as a resident in the UBC Critical Care Medicine Training Program, as determined by the Program Director(s).

Acceptable Timing during the CCM Training Program
After fulfilling the prerequisites above, a CCM resident may undertake CA or locum work if:

1. They are not on an Intensive Care Unit (ICU) rotation.
2. They are on a rotation that is conducive to CA or locum work (elective, vacation).

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3. The opportunity does not occur during times when they have clinical or academic obligations to the CCM residency training program.
4. The opportunity will not impair his/her participation in CCM residency academic activities (e.g. working a Wednesday over-night shift prior to a Thursday CCM academic half-day).
5. They undertake a maximum of 7 "shifts" in a 28 day block.

Acceptable Opportunities
After fulfilling the prerequisites and ensuring the opportunity falls during an acceptable time as listed above, a CCM resident may undertake CA or locum work if:

1. The opportunity is within Canada.
2. They will be working as an attending physician in their base specialty of training.
3. If the CA or locum work is at a hospital that is not a UBC CCM program core site.

Note: CCM residents are not permitted to locum as an ICU attending physician. The only exception to this would be in the setting of a community hospital where physicians are required to cover the ICU in addition to their roles and responsibilities of their base specialty. For example, if a hospital needs general surgery coverage for a weekend and the surgeon on-call always covers the ICU in addition to their surgical duties at that hospital, this would be considered an acceptable locum opportunity.

The opportunity to CA or locum as a resident remains a privilege, not a right. There exists the potential for CA or locum work to impair the educational experience of the CCM residency. As a privilege bestowed upon the resident as an adult learner, it is expected that they will treat it as such, and use their judgment on when and how much CA or locum work they will engage in. However, if at any point the Residency Program Committee or the Program Director(s) sees evidence that CA or locum work is compromising educational/clinical activities or the physical/emotional well-being of the resident, this privilege will be suspended pending resolution of the concern (to be assessed quarterly during the Residency Training Program Committee meeting).

Measures to be taken if non-compliance

1) Warning by the Program Director(s).
2) If continued non-compliance with the above stated policy by a resident, the Program Director(s) and the RPC reserve the privilege of documenting non-adherence of these rules in the residents final rotation evaluation, and a remediation rotation can be mandated.

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