

## **APPENDIX G**

### **MEDICAL ON-CALL/AVAILABILITY PROGRAM (MOCAP)**

- 1.1 MOCAP will provide payment to physician(s) and physician groups who are available to provide emergency care to new or unattached patients, other than their own or their call groups', as required and approved by Health Authorities.
- 1.2 The MOCAP funding described in section 17.1 of the 2022 Physician Master Agreement includes funding for Doctor of the Day payments. This provides greater flexibility for Health Authorities in purchasing MOCAP coverage and Doctor of the Day services.
- 1.3 Where MOCAP availability coverage is required it is in the best interests of the population served that it be provided on a 24/7/52 basis. It is recognized that, in some circumstances, a Health Authority may decide to provide MOCAP availability coverage on some other basis.
- 1.4 Physicians will provide MOCAP availability coverage in accordance with the provisions of the template MOCAP Contract attached as Schedule 1 to this Appendix.
- 1.5 MOCAP availability payments will be determined on the basis of annual rates.
- 1.6 The annual rates for MOCAP availability will be as follows:
  - (a) Level 1- The annual rate for 24/7/52 Level 1 is \$247,500 per call group.
  - (b) Level 2 - The annual rate for 24/7/52 Level 2 is \$181,500 per call group.
  - (c) Level 3 -. The annual rate for 24/7/52 Level 3 is \$77,000 per call group.
  - (d) On Site On-Call - Where a physician is designated to be on-call on site. Physician groups in this category predominately include tertiary obstetrics, anesthesia, and neonatology. The annual rate for 24/7/52 on site on-call is \$357,500 per call group.
- 1.7 Where a physician is not on-call but is called in by the Health Authority to provide a service, the physician will be compensated at the rate of \$250 per call back provided the Call Back Criteria attached as Schedule 2 are met.
- 1.8 MOCAP arrangements should be sustainable and therefore must not contribute to physician burnout.