ABBREVIATIONS AND DEFINITIONS

**CMPA**: Canadian Medical Protective Association, professional liability insurer

**Doctors of BC**: Effective 2014, this is the new name for British Columbia Medical Association

**FP**: Family Physician

**GP**: General Practitioner

**GP Obstetrical Premium**: A GPSC program to encourage and support low to moderate volume GP obstetrical care.

**GPSC**: General Practice Services Committee; a partnership between Doctors of BC, BC Ministry of Health, and Health Authority representatives.

**Health Authority**: Governing body with responsibility for the planning, coordination and delivery of health services in a specific region, including hospital, long term care and community services.

**Maternity Care Network Initiative**: A GPSC program to support a group practice approach to the provision of GP obstetrical care.

**Mentor**: A licensed health care provider (preferably a GP/Specialist) who has a formal agreement to provide advice and support to a graduated MC4BC Participant for up to 1 year following completion of the Program.

**MoH**: Ministry of Health

**Participant**: A physician who is accepted into the Program as the trainee.

**Preceptor**: A licensed health care provider (preferably a GP/Specialist) who will supervise a Participant while the Participant provides antepartum, labour, in-hospital delivery, postpartum and newborn care for the duration of the Program (up to 1 year).

**Program**: The MC4BC GP Self-Directed Obstetrical Upgrade Program.
Background and Purpose
Prenatal and obstetrical care provided by General Practitioners (GPs) is an essential and valued service. However, recent trends in British Columbia (BC) indicate that many GPs are dropping their in-hospital obstetrical privileges or choosing not to incorporate obstetrics into their practice, which is contributing to BC’s growing need for providers of primary maternity care. The General Practice Services Committee (GPSC) is working to modify this trend with programs and incentives for GPs to include obstetrical services in their practice. The GPSC-sponsored Maternity Care for BC (MC4BC) Program is a self-directed obstetrical upgrade program which has been successful to date in supporting both established and new FPs to gain further experience in order to provide primary maternity care.

The objective of the GPSC program is to support GPs to enhance their obstetrical skills and experience in order to begin, maintain, or reintroduce obstetrical care in their practice. The Program is designed for GPs who:

- are not currently providing obstetrical care but who want to include obstetrical care in their practice; or
- want additional experience or training to continue to provide obstetrical care; or
- are new to practice and wish to augment their obstetrical skills and experience.

The Program was formally evaluated in 2013 and has now been revised based on observed outcomes of the Program, the continued need and demand for GP obstetrical care, and the feedback received from Participants and Preceptors. This Program exists in addition to other GPSC maternity care enhancement programs such as the General Practitioner Obstetrical Premium and the Maternity Care Network Initiative. GPSC has allocated $970,000 for the revised MC4BC Program in fiscal year 2015/16.

Program
MC4BC will provide support for obstetrical skill enhancement in the following ways:

- Training stipend for Participants to attend to women in labour, delivery, and postpartum care in the hospital under the direct supervision of a Preceptor
- Training stipend to obtain antepartum and post-discharge postpartum care experience (including breastfeeding support) under the direct supervision of a Preceptor
- Stipend for the Preceptor
- Cost of professional liability insurance upgrade to include obstetrical services
- Costs for additional education required for participation in the MC4BC Program (e.g. Neonatal Resuscitation Program)
- Costs for travel and accommodation during the Program
- Stipend for the GP/Specialist Mentor for communication (in person, by telephone, or videolink) with a graduate Participant in the 12 months following completion of the Program

Delivery at home is not funded by this Program.
Eligibility
This Program is for GPs who:
   a) Plan to incorporate obstetrics into their practice; and
   b) Want to enhance their obstetrical skills and experience including labour and
delivery, antepartum, postpartum, or breastfeeding care at any stage of their
career.

A GP will be eligible for consideration to participate in the Program if he or she meets
ALL the following criteria:
1. Completes all required application documentation;
2. Has obtained full registration and licensure from the College of Physicians and
Surgeons of British Columbia to practice family medicine in BC;
3. Meets Health Authority privilege requirement(s) to provide obstetrical care in a
hospital while participating in the MC4BC Program; and
4. Intends to practice GP-obstetrics in BC for a minimum of two years after
completion of the MC4BC Program.

Funding
Funds will be available through the MC4BC Program for up to twenty (20) supervised
deliveries in a hospital setting and/or up to seventy (70) hours of supervised antepartum
or postpartum care. In addition limited funding is available for education, travel, and
insurance needs as needed.

a) Training Stipend available per Participant – up to $24,714.90
   i) Labour and Delivery in hospital (up to $16,476.60): Participants are
      eligible to receive $117.69/hr (the current hourly sessional rate), up to 7
hours per birth for the management of labour, delivery, and in-hospital
postpartum care for a maximum of 20 births. This stipend is in lieu of
income loss. Participants may not receive any fee-for-service activities
associated with attending a birth as part of this Program.

   ii) Antepartum and Post-Discharge Postpartum Care (up to $8238.30):
      Participants are eligible to receive $117.69/hr (the current hourly
sessional rate) for supervised antepartum and post-discharge postpartum
care including breastfeeding support, for up to 70 hours. The care may
take place in the hospital, in an office/clinic, or in the patient’s home.

Participants are required to document their approved supervised activities by
submitting an MC4BC Activity Log Form (Appendix 7) and an MC4BC Doctors
of BC Sessional Payment and Expense Form (Appendix 8) monthly.

The roles and responsibilities of the Participant are outlined in Appendix 10.

b) Preceptor Stipend – up to a total of $2,000 for supervision of in-hospital
labour/delivery/postpartum care and up to $2,000 for supervision of
antepartum and post-discharge postpartum community care, including
breastfeeding care per Participant.

The Preceptor can be a GP, a specialist physician, or a non-physician (i.e. a
Registered Midwife, a Lactation Consultant, or a Nurse Practitioner).

1 Applicants for MC4BC must meet Health Authority requirements for obstetrical privileges. If the Applicant has
been absent from practice for 3 or more years, s/he must advise the College of Physicians and Surgeons of BC
and must meet their Return to Practice requirements before applying to the MC4BC program.
GP and specialist physician Preceptors are eligible to receive $100 per in-hospital birth supervised, up to a maximum of 20 births in addition to their fee-for-service payments associated with a birth.

Non-physician Preceptors are eligible to receive $65 per in-hospital birth supervised, up to a maximum of 20 births, in addition to their fee-for-service payments associated with a birth.

GP and specialist physician Preceptors are eligible to receive $100 for each half-day (3.5 hours) for supervision of antepartum and postpartum community care for up to a maximum of 70 hours per Participant in addition to their regular fee-for-service billings associated with this care.

Non-physician Preceptors are eligible to receive $65 for each half-day (3.5 hours) for supervision of antepartum or postpartum community care for up to a maximum of 70 hours per Participant in addition to the fees received from other sources for the patient care.

The MC4BC Doctors of BC Sessional Payment and Expense Form (Appendix 8 and 9) must be submitted for payment. If several activities occur in one month, the MC4BC Activity Log Form may be submitted along with one monthly MC4BC Doctors of BC Sessional Payment and Expense Form.

The roles and responsibilities of the Preceptor are outlined in Appendix 10.

**Note: Preceptors who are paid on a sessional basis or on salary are ineligible to receive this Preceptor stipend.**

c) **Mentor Stipend** – up to $5,649.12
A GP or specialist physician Preceptor registered with the MC4BC Program is eligible to receive $117.69 per hour (in increments of 15 minutes), up to a maximum of 4 hours per month for a maximum of 12 months for communications with a Participant to provide mentorship for obstetrical practice. Communication may occur in person, by telephone or video link. Mentoring activities include: debriefing a case, chart review, direct patient care advice, and support for a Participant’s quality improvement initiative in their own practice. The MC4BC Activity Log Form along with the MC4BC Doctors of BC Sessional Payment and Expense Form are required to be submitted monthly for payment.

If a Participant solicits a mentor who is not their GP or specialist physician Preceptor, the Participant must send an email to the MC4BC Administrator seeking approval and explain the rational.

The roles and responsibilities of a Mentor are outlined in Appendix 10.

**Note: Mentors who are paid on a sessional basis or receive a salary are ineligible for this Mentor stipend.**
d) **Travel Allowance** – up to $9,500
A maximum of $9,500 is allocated for travel and accommodation during the Program per Participant. These funds must be exclusively used for the travel to/from the obstetrical training site. Doctors of BC rates and approved expenses apply for all expenses. Reimbursement will be provided upon submission of receipts and a completed MC4BC Doctors of BC Sessional Payment and Expense Form.

e) **CMPA Obstetrical Insurance cost differential** – up to $100
A maximum of $100 will be reimbursed to the Participant for the difference in the upgrade to CMPA obstetrical category professional liability insurance after application of the Doctors of BC CMPA Rebate for the duration of the Program. GPs are responsible for the cost of obstetrical category insurance after completion of the Program. Reimbursement will be provided upon submission of receipts and a completed MC4BC Doctors of BC Sessional Payment and Expense Form.

f) **Additional Education Requirements** – up to $1,000
Up to $1,000 in funding will be reimbursed upon submission of receipts for educational programs required by the Health Authority approved physician leader in order to obtain or maintain hospital privileges during the Program (eg. NRP, Fetal Health Surveillance, ALARM, ALSO). GPs will be responsible for any additional educational costs that are needed for the maintenance of obstetrical privileges after completion of the Program. Reimbursement will be provided upon submission of receipts and a completed MC4BC Doctors of BC Sessional Payment and Expense Form.

g) **Funding under the MC4BC Program is NOT available for:**
- Study time or preparation time
- Upgrading of surgical skills (see Rural Coordination Centre R3 Enhanced Skills program www.rccbc.ca/rural-physicians/rural-programs#C)
- Educational needs for the practice of obstetrics on an ongoing basis
- Ongoing costs of providing obstetrical care (CMPA, hospital privileges requirements) outside of the time of enrollment in this Program

**NOTE:** All benefits received from the MC4BC Program are taxable.

---

2 Cost of insurance with Family Medicine with obstetrics after CMPA rebate is $1200 per year. Cost of insurance without obstetrics after CMPA rebate is $550 per year. The difference is $650 per year or $12.50 per week. This Program will pay the additional insurance for 8 weeks. $12.50 X 8 weeks = $100.
Application Process
If you meet the eligibility requirements, follow these steps:

- Complete the MC4BC Learning Needs Assessment (Appendix 1) and the MC4BC Self-Assessment of Competencies Worksheet (Appendix 2) and plan your learning objectives.
- Contact a Preceptor and discuss your learning objectives, your timeframe, the facility, and options for learning. For assistance in finding a Preceptor, you may contact the Divisions of Family Practice, or the MC4BC Administrator.
- Confirm and finalize your Learning Plan (Appendix 3) with your Preceptor.
- Complete and sign the Application Form.
- Attach the MC4BC Learning Needs Assessment (Appendix 1), the MC4BC Self-Assessment of Competencies Worksheet (Appendix 2), and the finalized Learning Plan (Appendix 3).
- Obtain and attach a Facility Letter of Support for MC4BC Participation (Appendix 5) signed by the Health Authority approved physician leader who is responsible for recommending/confirming hospital obstetrical privileges (e.g. Chief of Medical Staff, Department Head, Division Head).

Applications must include the following completed and signed:

1. MC4BC Application Form
2. MC4BC Learning Needs Assessment (Appendix 1)
3. MC4BC Self-Assessment of Competencies Worksheet (Appendix 2)
4. MC4BC Learning Plan (Appendix 3)
5. Facility Letter of Support for MC4BC Participation (Appendix 5)

Applications forms may be obtained from:
MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorsofbc.ca  F: 604.638.2920  W: www.gpscbc.ca

Application Deadline and Screening
The MC4BC Subcommittee, will review applications on a monthly basis and make recommendations regarding successful applicants to GPSC. Applications will be reviewed in order of receipt to the Program Administrator (e.g. reviewed on a first come, first served basis). The final application deadline is June 1, 2015.

GPSC has the ultimate discretion and authority to review all decisions and to make exceptions to decisions coming from the MC4BC Subcommittee.

Notification Process and Requirement to Sign the Return of Service Agreement
Following the review, each applicant will receive a letter of acceptance or denial. Upon the direction of the GPSC, the MC4BC Administrator will distribute a copy of the MC4BC Return of Service Agreement (the “Agreement”) to each successful applicant.
Applicant must sign and return the Agreement to the Doctors of BC before any funding is administered. A signed copy of the Agreement will be returned to the Participant for his or her records. If the applicant fails to sign the Agreement, he or she will not be eligible to receive any Program funding.

Return of Service Commitment
After completion of the Program, the Agreement requires each Participant to:
   a) Attend, as a primary provider, a minimum of 12 births over 24 months following completion of the MC4BC Program,
   b) Practice obstetrics in BC,
   c) Complete other activities as required to maintain hospital privileges for the purpose of practicing obstetrics, and
   d) Give permission to have GPSC confirm through MSP the number of births attended after the completion of the Program for 24 months.

Commencement of the Program
Once a successful applicant receives a notice of approval, he or she is required to sign the Return of Service agreement and return it to the Program Administrator. The successful applicant must commence the Program within six months from the date of the Program Administrator’s approval letter.

Completion of Program Requirement
Once documented acceptance into the program has been received, the successful applicant is required to complete training by March 31 2016.

Notification of Completion and Self-Reflection Learning Activity
Participants are not required to complete every activity in their learning plan. When the Participant feels satisfied that they have completed their learning objectives, they will notify the Program Administrator that they have completed the Program. The notification should include the following:
   o a statement of completion
   o number of births attended
   o confirmation that hospital privileges for the practice of obstetrics has been granted or applied for
   o a completed MC4BC Participant Self-Reflection Learning Activity (Appendix 6)
   o notification whether the Participant will be accessing the mentorship follow-up Program and who the Mentor will be.

Please send notification of completion and the MC4BC Participant Self-Reflection Learning Activity by fax or email to:

MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorsofbc.ca F: 604.638.2920 W: www.gpscbc.ca
Upon receipt of the Self-Reflection Learning Activity, the Administrator will then release the Participant’s first delivery sessional fee ($117.69) to mark the completion of the Program.

**Payments for Same Services or Activities from “Multiple Sources”**
To receive MC4BC funding, Participants, Preceptors, and Mentors may not be receiving payment for obstetrical upgrade re-training or training, or teaching from another funding source. In addition, the MC4BC Program is not meant to act as a replacement curriculum for other training programs.

**Deferments, Extensions and Alterations of Program**
If a Participant wishes to seek permission to defer, extend or alter any part of his or her Program, a request must be submitted in writing to the GPSC prior to the commencement of the proposed changes with an explanation of the reason(s) for the request. Examples of reasons would include serious family illness or other reasons beyond the control of the Participant. Each request will be adjudicated by the GPSC and the decision will be communicated in writing to the Participant making the request.

**Failure or Inability to Commence or Complete the Program**
If a Participant has started the training but fails to complete the Program including Return of Service, as per the Agreement, he or she may be required to repay all funds already provided unless he or she qualifies for the exemption described below.

In the event that the Participant is, through no fault of his/her own, unable to commence or complete the Program as required by the Agreement, but has demonstrated due diligence in attempting to do so to the satisfaction of the GPSC, the Participant may apply to the GPSC to be released from some or all of his/her training and repayment commitments. The GPSC has the authority, in its sole discretion, to determine whether or not to release the Participant from all or any of the obligations under the Agreement.

**Evaluation**
The GPSC evaluates all of its programs and initiatives from time to time. In the future, Participants may be asked to participate in an evaluation process related to MC4BC. All information collected as part of an evaluation of the MC4BC Program will be anonymous. No specific individuals will be identified and all results will be presented in an aggregate manner in a report to the GPSC. Participation in an evaluation process is entirely voluntary. However, continuing the MC4BC Program into the future relies upon meaningful program evaluation. If a graduate of the Program chooses to participate in an evaluation process, participation will be seen to signify informed consent to include the information provided into the analysis of the aggregated data.

**Exceptions to Policy**
The GPSC has the discretion and authority to review all requests made in writing and to make exceptions to this policy. The GPSC has the discretion and authority to make changes to the Program and any policy without prior notice.

**Program Contact Information**
For further information on any part of the Program, please contact:
MC4BC Administrator
SUMMARY OF APPLICATION PROCESS

Purpose
MC4BC provides funding for a self-directed learning program in order to:
- Support GPs who are not currently providing obstetrical care but would like to include this service into their practice
- Support GPs who want additional experience or training to continue to provide obstetrical care
- Support GPs who are new to practice and wish to augment their obstetrical skills and experience

Eligibility
A GP will be eligible for this Program if he/she:
- Has obtained full registration and licensure from the College of Physicians
- Has obtained obstetrical privileges for the hospital(s) in which they plan to receive training
- Intends to practice in BC after they have completed the Program
- Completes all required application documentation

Funding
To support each applicant, a maximum of $44,965 of funding is available, which may include the following:
- **Training Stipend** – up to $24,715
- **Preceptor Stipend** – up to $2,000 for 20 births per Participant and up to $2,000 for 70 hours of antenatal/postpartum community care per Participant.
- **Mentor Stipend** – up to $5,650
- **Travel Allowance** – up to $9,500
- **Additional Education Requirements** – up to $1,000
- **Additional cost of upgrade of insurance to obstetrical category after CMPA Rebate** – up to $100

*Note: All expenses will only be reimbursed upon submission of receipts.*

Application Timeline and Screening
Applications will be reviewed on a first come, first-served basis. Application deadline is June 1, 2015, or until all available funding has been allocated, whichever comes first. Please inquire with the Program Administrator for an update on available program funding.

Submit your completed and signed application to:
MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorsofbc.ca  F: 604.638.2920  W: www.gpscbc.ca
Checklist
An application will be considered complete and will be reviewed only when ALL of the following are completed, signed, and received:

- MC4BC Application Form
- MC4BC Learning Needs Assessment Form (Appendix 1)
- MC4BC Self-Assessment Competencies Worksheet (Appendix 2)
- MC4BC Learning Plan (Appendix 3)
- Facility Letter of Support for MC4BC Participation (Appendix 5)
Maternity Care for BC (MC4BC)
GP Self-Directed Obstetrical Upgrade Program

APPLICATION FORM

Collection of information: The information on this form is collected for the purposes of processing your application for funding through the MC4BC Program (a program of the General Services Practices Committee), and record keeping associated with that Program. All information you provide will be used in a manner that complies with the terms of the Freedom of Information and Protection of Privacy Act.

I. PERSONAL DATA

<table>
<thead>
<tr>
<th>Surname (Please Print)</th>
<th>First Name and Initial</th>
<th>Gender</th>
<th>MSP Payee Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Business Phone</th>
<th>Cellular Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address:</th>
</tr>
</thead>
</table>

II. COLLEGE OF PHYSICIANS AND SURGEONS OF BC (CPSBC) REGISTRATION

<table>
<thead>
<tr>
<th>Date of CPSBC Registration</th>
<th>CPSBC Identification Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Family Medicine Residency Program (internship) and Date of Graduation</th>
<th></th>
</tr>
</thead>
</table>

III. FUNDING REQUESTED (Check All that apply)

- O Training Stipend
- O Preceptor Stipend
- O Mentorship Stipend
- O Travel Allowance
- O Additional Education Requirements
- O CMPA differential

Are you receiving any other funding or incentives for obstetrical training from any other source?
- □ No
- □ Yes If Yes, please list below:

IV. DECLARATION (Important – Read and Sign)

I hereby declare that the information I have provided in this application for is, to the best of my knowledge, correct and complete. I acknowledge that this information may be used to determine my eligibility for funding from the MC4BC Program and to determine whether I must repay any such funding if I do not complete any approved and funded training:
- I understand that: making statements that are not true, or that are misleading, may be considered fraud. Fraud is against the law in Canada and reasonable suspicion of fraud may result in civil action or criminal prosecution;
- I understand that the sessional fee from my first delivery ($117.69) will be withheld until the completion of the Program;
- I agree that I will provide proof of completion of the Program by submitting a Self-Reflection Learning Activity Form (Appendix 6) to the MC4BC Administrator;
- I agree that I will use GPSC funds specifically and exclusively for enhanced obstetrical training only;
- I have divulged all other sources of funding that I have received which are relevant to obstetrical training/upgrading;
- I agree that I will maintain hospital privileges and obstetrical professional liability insurance to provide obstetrical services within the Province of British Columbia for a minimum of 2 years upon completion of the Program;
- I understand, that, for evaluation purposes, I may be asked for information about the Program in the future.

Applicant signature: ___________________ Print name: ___________________
Date signed: ___________________
APPENDIX 1
MC4BC Learning Needs Assessment

Name: ___________________________ Date: ____________________________

Describe in detail your experience to date with maternity care:

a) In an education program (describe the program, location, date, and your experience):

b) In a residency program (describe the program, location, date, and your experience):

c) In practice (describe the setting, location, dates, and your experience):

d) Complete the MC4BC Self-Assessment of Competencies Worksheet (Appendix 2).

Please keep a copy of the full application for your own records
MC4BC Self-Assessment of Competencies Worksheet

Use the following questionnaire to assess your learning objectives. Complete and attach to your application.

I. SYSTEMS AND RESOURCES IN COMMUNITY AND LOCAL FACILITY

Please rate your understanding of the following:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Need significant improvement</th>
<th>Satisfactory; Need some improvement</th>
<th>Understand well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration for in-hospital delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies regarding referral if any</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies and processes for hospital privileges and maintenance of privileges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies and processes for induction of labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities for ultrasound, specialist referrals, Public Health supports, other resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for and mechanism of transfer to another facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources available for PN care, PP care, newborn care, breastfeeding, specialists, Public Health, special populations, PP depression, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand who the team members are for various aspects of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-call arrangements and options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-life balance strategies used by local physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other list:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please keep a copy for your records.
II. PRENATAL CARE (PN)

How would you rate your competence in providing maternity care in the following areas?

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Need significant improvement</th>
<th>Satisfactory; Could improve</th>
<th>Perform with ease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy confirmation, determining and confirming expected due date (EDD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal genetic screening: tests available, timing, referral, counseling, results follow up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening in PN care: by history, ethnicity, risk factors, and physical examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle counseling in PN care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine PN visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of requests for abortion, referral, counseling, follow up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of early pregnancy bleeding and miscarriage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Pregnancy Induced Hypertension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of threatened and actual preterm labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for Obstetrical referral at this facility and community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for referral for Internal Medicine, Anesthesia, Pediatrics, and other specialties.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis and management of suspected growth variations (IUGR, macrosomia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consent for VBAC and screening of candidates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administering and interpreting TACE and Edinburgh Depression Scale questionnaires</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prelabour Rupture of Membranes, term and preterm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening and management of gestational diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other list:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please keep a copy for your records.
### III. LABOUR AND BIRTH

How would you rate your competence in providing maternity care in the following areas?

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Need significant improvement</th>
<th>Satisfactory; Could improve</th>
<th>Perform with ease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of prodromal labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of active labour and second stage with and without epidural anesthesia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of normal second stage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analgesia options in labour and indications:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medications and dosages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sterile water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Injection technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nitrous oxide technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and management of progress in labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for and management of induction of labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for and management of augmentation of labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation of fetal heart rate assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Auscultation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Electronic fetal heart rate monitoring and indications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of shoulder dystocia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting an in-hospital delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting a normal birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing episiotomy and indications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of 3rd stage of labour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery of placenta by manual removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis and management of Post Partum Hemorrhage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair of 2nd degree lacerations and diagnosis of 3rd / 4th degree tears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing vacuum assisted delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination of newborn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing resuscitation of a newborn (NRP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When to consult in labour</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please keep a copy for your records
###IV. POSTPARTUM CARE (PP)

How would you rate your competence in providing maternity care in the following areas?

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Need significant improvement</th>
<th>Satisfactory; Could improve</th>
<th>Perform with ease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting early breastfeeding:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In the 1st 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In the 2nd 24 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In the 3rd day and beyond</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis and treatment of breastfeeding problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing for and interpreting hyperbilirubinemia of newborn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treating hyperbilirubinemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn complications:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hypoglycemia- indications for testing, tests, and interpretation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Neonatal withdrawal syndromes (narcotics, antipsychotics, antidepressants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of weight gain and treatment of excessive wt. loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early development in first 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rourke Baby Record – how to use it, where to find it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-partum care of mother, routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis and treatment of endometritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening for and treatment of PP depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other list:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please keep a copy for your records.*
V. SUMMARY: LEARNING OBJECTIVES AND LEARNING PLAN WORKSHEET:

From the above worksheets, reflect and write down your top 5 Learning Objectives for the MC4BC Program, and how they might be achieved. Use these worksheets to design your MC4BC Learning Plan (Appendix 3) with the Preceptor.

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>What activities might help you achieve this goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Please keep a copy for your records.
I. PRECEPTOR(S)
Name(s): ________________________ Location/Facility: ____________________________

II. DATE AND DURATION OF LEARNING PERIOD:
Start date: ________________________ End date: _____________________________
Date to review learning plan: ____________________________

III. REQUIREMENTS FOR OBSTETRICAL PRIVILEGES AT FACILITY
List facility requirements and your plan to meet them (include dates)

IV. DETAILED LEARNING PLAN
After discussion with Preceptor(s), outline your expected learning activities as below:

1) PRENATAL AND POSTPARTUM CARE:
   Date: ________________________ Location: ____________________________
   Preceptor: ________________________
   Activities:
   Learning objectives:

2) LABOUR DELIVERY CARE:
   Date: ________________________ Location: ____________________________
   Preceptor: ________________________
   Activities (include expected number of births):
   Learning objectives:

Please keep a copy for your records.
MC4BC Review of Learning Objectives and Revisions to Learning Plan

Optional Activity: Using this form, review your Learning Plan (Appendix 3) after you are half-way through the Program. Fill in the top half of this form and then discuss your plan with your Preceptor. Add notes for revisions to your Learning Plan (Appendix 3).

Date of Review: __________________________

What learning objectives do you have outstanding, to add, or to revise?

How do you plan to achieve these objectives?

Notes

Participant:

Preceptor:
Facility Letter of Support for MC4BC Participation

Applicant will complete top half of this letter and give to the Health Authority approved physician leader at facility for completion. Applicant will enclose this signed letter with the application to the MC4BC Program.

Name of Applicant: ____________________________________________________________

Date: ______________ Name of Facility: _____________________

The GP mentioned above is applying to the Maternity Care for BC (MC4BC) Program to enhance their maternity care skills and experience. A brief outline of their learning plan is provided below. If you are able to support this plan, please sign this form and return it to the applicant.

Name of Preceptor(s): ____________________________

Brief description of planned learning activities:

Planned date of learning period:

__________________________________________

I ______________________ (print name) support the Applicant’s self-directed learning plan at this facility. I confirm that the Applicant has met the requirements and has been (or will be) granted temporary hospital privileges to provide obstetrical care during the learning period.

Signature: _________________________________

Date: _________________________________

Position: _________________________________

Please return this signed form to the Applicant.
APPENDIX 6

MC4BC Participant Self-Reflection Learning Activity

Name: _______________________________ Date: _______________________________

Upon completion of the MC4BC Program, please complete this form, review it with your Preceptor, and return it to the MC4BC Administrator for the release of $117.69 withheld from your first delivery. This activity will assist you in consolidating your learning and assist the GPSC on improving the Program for the future. Many of the answers to these questions can be used in a MainProC Self-Directed Learning Activity application.

1. Review the MC4BC Self-Assessment Competencies Worksheet (Appendix 2).

2. What stands out for you, comparing this to your self-assessment before the Program began?

3. What areas were you successful in achieving your learning objectives?

4. What areas were you unsuccessful in achieving your learning objectives?

5. In what way will you change your practice?

6. How will you continue to get support for your maternity care practice?

7. What were the particular strengths of the MC4BC Program?

8. What could be improved in the MC4BC Program?

9. Would you recommend your Preceptor(s)/Mentor(s) or your training site to future Participants? If yes, please state their names and the location.

   If needed please write answers on a separate sheet or attach document.

Note: All information contained on the Self-Reflection Learning Activity Form will be anonymized and aggregated to protect the privacy of the Participant.

Thank you very much for your participation and best wishes with your maternity practice.

Please return this form by email, fax or mail to
MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorsofbc.ca       F: 604.638.2920       W: www.gpscbc.ca
APPENDIX 7

MC4BC Activity Log Form

Name: ______________________  Month: ______________________

(Please ✓) □ Participant  □ Preceptor  □ Mentor

Use the following form to track your activities over a 1 month period.

Note: Please submit this form along with the MC4BC Doctors of BC Sessional Payments Form (Appendix 8) on a monthly basis.

<table>
<thead>
<tr>
<th>Activity Performed (In-Hospital Delivery, Ante/Postpartum Care, Mentorship, Travel)</th>
<th>Date of Service (MMM-DD, YY)</th>
<th>Location/Training Site</th>
<th>Name of Your Preceptor(s) / Participant(s)</th>
<th>Time Claimed (in 0.25 hour increments)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Deliveries _______  Total Number of Hours Claimed _______
MC4BC Sessional Payment & Expense Form

Monthly Summary

Please include the MC4BC Activity Log Form (Appendix 7) along with this form.

Personal Information

<table>
<thead>
<tr>
<th>Salaried?</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSP#</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>City:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payable To:</th>
<th>Province:</th>
<th>Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BC</td>
<td></td>
</tr>
</tbody>
</table>

Time

Please complete applicable side only.

<table>
<thead>
<tr>
<th>Participant</th>
<th>GP or Specialist Preceptor/Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Management of labour & delivery ($117.69/hr)

# of hours claimed: _____

Antepartum/Postpartum Care/Breastfeeding ($117.69/hr)

# of hours claimed: _____

Travel Time to/from training site ($117.69/hr)

# of hours claimed: _____

Name of Preceptor(s)

<table>
<thead>
<tr>
<th>GP or Specialist Preceptor/Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Supervision of labour & delivery ($100/delivery)

# of deliveries: _____

Supervision of Antepartum/Postpartum Care ($100/half-day)

# of half-days: _____

Mentorship ($117.69/hr)

# of hours claimed: _____

Name of Participant(s)

Expenses

<table>
<thead>
<tr>
<th>Original receipts required.</th>
<th>Total Amount</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Airfare</th>
<th>Parking</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Car Rental</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Taxi</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Auto</th>
<th>Km @ $0.51/km</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accommodation (up to a max of $200/night)</th>
</tr>
</thead>
</table>

Miscellaneous Expenses - Item Description

<table>
<thead>
<tr>
<th>CMPA ($100 maximum)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Education ($1,000 maximum)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TOTAL EXPENSES CLAIMED</th>
</tr>
</thead>
</table>

For Office Use Only

<table>
<thead>
<tr>
<th>Amount</th>
<th>Account Codes 8400-00</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Finance Approval</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Authorized Signature</th>
</tr>
</thead>
</table>

Claimant’s Signature

Authorized Signature

DEADLINE: Sessional Forms must be submitted each month from the date(s) of service completion.
Expenses will be paid as follows:

1. **Deadline**
   The Participant and the Preceptor/Mentor must each submit their claims **ONCE A MONTH** from the date(s) of service for in-hospital delivery, ante/postpartum care, and/or mentorship, along with the Activity Log Form.

2. **Fees**
   - **Participant**
     - $117.69/hr, up to a maximum of 7 hours in-hospital delivery, up to a maximum of 20 births
     - * Please note that the first session of your delivery ($117.69) will be withheld until the completed Self-Reflection Learning Activity (Appendix 6) is returned to the Program Administrator
     - $117.69/hr, up to a maximum of 70 hours in antepartum or postpartum care (including breast-feeding care)
   - **GP/Specialist Preceptor**
     - $100.00/in-hospital delivery, up to a maximum of 20 births
     - $100.00/half-day (3.5 hours) antepartum or postpartum care supervision, up to a maximum of 70 hours per Participant.
   - **Mentorship (post Program completion)**
     - $117.69/hr billable in increments of 15 minutes (0.25 hr), up to a maximum of 4 hours per month for up to 12 months per Participant

3. **Transportation/Travel**
   - **Travel Allowance**: A maximum of $9,500 per Participant is allocated for travel and accommodation to/from the training site during the training period.

   **Vehicle Expenses**: Travel must be the most expeditious and economical route to attendance. Reimbursement will be made at $0.51/kilometer for private vehicle mileage incurred, for a minimum of 100km roundtrip.

   Reimbursement will not be made for transportation within Metro Vancouver (Vancouver, North Vancouver, West Vancouver, Richmond, Delta, Burnaby, New Westminster, Coquitlam, Port Coquitlam, White Rock, Surrey and Langley) and Greater Victoria (Victoria, Esquimalt, Oak Bay, Saanich, Saanich Peninsula and Sidney, Colwood, Metchosin and Langford).

   **Parking Expenses**: Receipted parking charges will be reimbursed, except for doctors parking within the Doctors of BC building, which is free for members when a current membership card is placed on the dashboard.

   **Taxi/Bus Expenses**: Receipted claims for taxi or bus costs will be reimbursed.

   **Accommodation**: Only Participants living outside Metro Vancouver can reimburse for their hotel stays, to a maximum of $200 per night.

4. **CMPA**
   CMPA Obstetrical Insurance up to a maximum of $100 will be provided for the difference in the upgrade³ to CMPA Obstetrical Insurance costs (after the application of the CMPA rebate) for the course of the training period will be reimbursed to the physician upon submission of receipts. GPs will be responsible for the additional cost of obstetrical insurance post-training.

5. **Additional Education Requirements to obtain privileges to undertake MC4BC training**
   Up to $1,000 in funding will be reimbursed upon submission of receipts for educational programs required in order to obtain privileges to undertake MC4BC training.

---

**NOTE: Salaried physicians are not entitled to charge sessional fees.**

Completed forms should be sent to:
MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorofbc.ca
F: 604.638.2920
W: www.gpsc.bc.ca

---

³ Cost of insurance with Family Medicine with obstetrics after CMPA rebate is $1200/year. Cost of insurance without obstetrics after CMPA rebate is $550/year. The difference is $650 per year or $12.50 per week. This Program will pay the additional insurance for 8 weeks. $12.50 X 8 weeks = $100
**APPENDIX 9**

MC4BC Sessional Payment & Expense Form

*FOR NON-PHYSICIANS ONLY*

Monthly Summary

Please include the MC4BC Activity Log Form (Appendix 7) along with this form.

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried? □ Yes Date:</td>
</tr>
<tr>
<td>Name: __________________ Address: __________________</td>
</tr>
<tr>
<td>Payable To: __________________ City: __________________</td>
</tr>
<tr>
<td>Province: BC Postal Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Non-Physician Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Supervision of labour &amp; in-hospital delivery ($65/delivery) # of deliveries: _____</td>
<td></td>
</tr>
<tr>
<td>□ Supervision of Antepartum/Postpartum Care ($65/half-day) # of half-days: _____ for</td>
<td></td>
</tr>
<tr>
<td>Name of Participant(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Account Codes 8400-00</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Finance Approval</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

______________________________
Claimant’s Signature

______________________________
Authorized Signature

**DEADLINE:** Sessional Forms must be submitted each month from the date(s) of service completion.
Expenses will be paid as follows:

1. **Deadline**

   The Non-Physician Preceptor must each submit their claims **ONCE A MONTH** from the date(s) of service for in-hospital delivery and/or ante/postpartum care along with the Activity Log Form.

2. **Fees**

   - $65.00/in-hospital delivery, up to a maximum of 20 births
   - $65.00/half-day (3.5 hours) antepartum or post-discharge postpartum care supervision, up to a maximum of 70 hours per Participant.

**NOTE: Salaried Non-Physicians are not entitled to charge sessional fees.**

**Completed forms should be sent to:**
MC4BC Administrator  
Doctors of BC  
Ste 115 - 1665 West Broadway  
Vancouver, BC V6J 5A4  
E: gpsc.mc4bc@doctorofbc.ca  
F: 604.638.2920  
W: www.gpscbc.ca
APPENDIX 10
MC4BC Roles and Responsibilities

Responsibilities of the MC4BC Participant
A GP Participant in the MC4BC Self-Directed Obstetrical Upgrade Program aims to increase his/her knowledge and experience in family medicine-obstetrical care. S/he has the following responsibilities:

- To create and revise as needed a self-directed learning experience
- To complete all requirements of the Program, including a Self-Reflection Learning Activity and Return of Service Agreement
- To complete all requirements necessary for obtaining hospital privileges to provide obstetrical care in the facility
- To be available to care for patients in various settings according to one’s learning needs and the patients’ care requirements
- To provide labour, delivery, and in-hospital postpartum care, under the supervision of the Preceptor
- To assume graduated levels of responsibility with the aim of assuming full care of patients under supervision
- To take an active role in his/her learning
- To initiate quality improvement activities with the care team and with their Preceptor such as: case debriefing, chart review, or audits
- To provide care aligned with the principles of family medicine: longitudinal comprehensive care with continuity over the maternity care period: pregnancy, labour, birth, and postpartum care up to 6 weeks, to the best of his/her ability given the constraints of the period of time of the Program and the specific learning objectives

Responsibilities of the MC4BC Preceptor
A Preceptor in the MC4BC Self-Directed Obstetrical Upgrade Program is someone who makes him/herself available to a Participant to directly and indirectly supervise his/her patient’s care for the duration of the Program (individualized ~ up to 1 year). The MC4BC Preceptor has the following responsibilities:

- To review and respond to the Participant’s Learning Plan
- To assist the Participant in achieving his/her learning objectives by offering or recommending clinical practice learning opportunities in various settings
- To provide supervision to a Participant while they provide care to a patient of the Preceptor or his/her team in any of the following situations: antepartum care, in-hospital delivery, postpartum and breast feeding care
- To supervise care activities that might include: direct patient care, telephone calls with patients, ordering investigations, reviewing lab and imaging results, making referrals, charting in health records, giving handover reports, performing procedures, managing labour, and performing a delivery
- To assist the Participant in developing the full scope of skills and experience necessary to practice FP-obstetrical care
- To foster a safe learning culture
- To support the Participant to gradually increase the level of responsibility of care to being fully responsible
- To participate in quality improvement activities such as: case debriefing, chart review, or audits when appropriate with the Participant
- To be available to the Participant for discussions to enhance their learning
Responsibilities of the MC4BC Mentor

The mentorship aspect of the MC4BC Program will foster continued learning and provide ongoing support for graduates of the Program for up to one year. As the graduate begins to provide maternity care in their practice or as a locum, there may be a need for guidance on professional and personal issues (i.e. patient care advice and work-life balance). A Mentor is ideally a family doctor who is experienced in maternity care and is currently providing full obstetrical care to his/her patients. The Mentor may share these duties on occasion with their on-call team for urgent requests from a Participant. If the Mentor is not a family physician, the Participant should write to the MC4BC Administrator explaining the situation and why an alternative health care practitioner is requested to fill this role. The MC4BC subcommittee of the GPSC will decide if the request can be granted. The Mentor may receive a stipend but there is no payment allotted to the graduate Participant (Mentee). The responsibilities of the Mentor are:

- To be available for communicating with the Program graduate (Participant) for up to one year
- To provide support and encouragement for the integration of maternity care into a family medicine practice
- To provide an alternative contact person for urgent requests from the Participant should the Mentor be unavailable
- To foster a safe learning culture
BETWEEN:

The British Columbia Medical Association operating as the Doctors of BC

(the “Doctors of BC”)

AND:

MC4BC Program Participant (the “Participant”)

(collectively, “the Parties”)

WHEREAS:

A. The Government and the Doctors of BC have agreed that the Government will provide funding to the Doctors of BC to be allocated by the General Practice Services Committee to support GPs to enhance their obstetrical skills and experience in order to begin, maintain, or reintroduce obstetrical care in their practice. The Program is designed for GPs:
   • Who are not currently providing obstetrical care but who want to include obstetrical care in their practice; or
   • Who want additional experience or training to continue to provide obstetrical care; or
   • Who are new to practice and wish to augment their obstetrical skills and experience;

B. The General Practice Services Committee may use these funds to provide each eligible Participant with total support funding of up to $35,315 under a Return of Service Agreement;

C. The Participant is qualified in Family Medicine, is registered with the College of Physicians and Surgeons of British Columbia and wishes to commit to:
   • Performing a minimum of 12 deliveries over the 24 months following the completion of the Program in BC in the context of Family Medicine maternity care;
   • Maintaining hospital privileges to provide GP obstetrical care;
   • Maintaining professional liability insurance to practice GP obstetrics in BC; and
   • Performing other activities as specified by the Health Authority approved physician lead.

D. The Parties wish to enter into this Return of Service Agreement.

THEREFORE the Parties agree as follows:

1. Definitions

The following definitions apply to this Agreement:

Agreement means this Return of Service Agreement and includes the main part and any attached Schedules;

Family Medicine Maternity Care or GP obstetrical care in this context means that the GP is providing longitudinal comprehensive care with continuity over the maternity care period, which includes preconception, pregnancy, labour, birth, and postpartum care up to 6 weeks.
2. **Participant Obligations**

2.1 In consideration of the payment described in section 4, the Participant shall:

a) adhere to the learning plan developed by the Participant in accordance with the Policies and Guidelines of the Program;

b) perform a minimum of 12 in-hospital deliveries over the 24 months following the completion of the Program;

c) give permission to have GPSC confirm through MSP the number of births attended after completion of the Program for 24 months;

d) practice GP obstetrics in BC upon completion of the Program, for the time period specified in section 2.1(b) or as agreed to pursuant to section 2.2;

e) perform other activities as required by the Health Authority approved physician leader;

f) provide GP obstetrical care in a practice or as a locum;

g) maintain hospital privileges to practice GP obstetrics where required, during the Program, and the entire Return of Service period, except where the Health Authority does not renew these privileges due to Health Authority physician need; and

h) maintain full licensure to practice with the College of Physicians and Surgeons of British Columbia and membership in the Canadian Medical Protection Association, which includes GP obstetrical services.

2.2 The Parties may agree in writing to extend the time limit referred to in section 2.1(b).

2.3 The Participant shall be responsible for and shall indemnify the Doctors of BC against any tax or other statutory obligations the Participant may incur including, without limitation, penalties, interest and expenses related thereto arising from any payment made to the Participant pursuant to this Agreement.

3. **Return of Service Period**

3.1 The Return of Service Period shall begin upon receipt of notification of completion of the Program by the Participant to the Program Administrator. Notification is to be sent in writing to:
3.2 The Return of Service Period shall terminate 24 months following the notification of completion of the Program, or as of the time period agreed to by the Parties pursuant to section 2.2.

4. Payment

4.1 Upon execution of this Agreement by the Participant, the Doctors of BC shall pay the Participant the amounts specified in Schedule A in accordance with the Policies and Guidelines of the Program.

4.2 The maximum amount payable by the Doctors of BC to the Participant for participation in the Program is:

a) **Training Stipend** Available per Participant (up to $24,714.90)

   **Labour/Delivery in the hospital (up to $16,476.60):** The Participant is eligible to receive up to 7 hours per birth at $117.69/hr (the current sessional rate)\(^4\) for the management of labour, delivery, and in-hospital postpartum care, up to a maximum of twenty (20) births. This stipend is in lieu of income loss. The Participant is not eligible to receive any fee-for-service rates associated with a birth they attend as part of this Program.

   **Antepartum/Postpartum Care (up to $8,238.30):** The Participant is eligible to receive $117.69/hr (the current sessional rate), up to 70 hours, of supervised antepartum and post-discharge postpartum care (including breastfeeding). The care may take place in the hospital, in an office/clinic, or in the patient’s home.

b) **Travel Allowance** (up to $9,500)

   A maximum of $9,500 is allocated for travel and accommodation during the duration of the Program for expenses incurred travelling to/from the obstetrical training site. Doctors of BC rates apply for all expenses. Reimbursement will be provided upon submission of receipts and claimed on the Doctors of BC Sessional Payment and Expense Form.

c) **CMPA Obstetrical Insurance (cost differential – up to $100)**

   A maximum of $100 will be reimbursed to the Participant for the difference in the upgrades to CMPA Obstetrical coverage costs after application of CMPA Rebate, for the course of the Program upon submission of receipts. GPs will be responsible for the additional cost of obstetrical insurance post-Program.

d) **Additional Education Requirements (up to $1,000)**

   Up to $1000 in funding will be reimbursed upon submission of receipts for educational programs required by Health Authority in order to obtain privileges to undertake the Program (e.g. NRP, Fetal Health Surveillance, ALARM, ALSO) and claimed on the Doctors of BC Sessional Payment and Expense Form. GPs will be

---

\(^4\) 1 GP session (based on current rates as of April 1, 2013) is equivalent to $117.69 per hour x 7 hours max = $823.83 per birth attended
responsible for any additional educational costs that are needed for maintenance of privileges post-Program.

5. Default

5.1 Except as provided in section 5.3, if the Participant fails to complete his or her obligations under the Agreement, the Participant shall repay to the Doctors of BC the amount owing to the Doctors of BC for the portion of the Program that the Participant failed to complete (the “Repayment”).

5.2 The Repayment is due on demand by the Doctors of BC and the amount of Repayment outstanding as of the demand date will bear interest at the prime rate as set by the Canadian Imperial Bank of Commerce on Canadian dollar commercial loans. Interest shall be calculated from the earliest date that the Participant ceases to comply with one or more of the obligations described in section 2.

5.3 If the Participant is unable to complete his or her obligations under this Agreement due to unforeseeable circumstances beyond his or her control, such as the serious illness or death of the Participant or for a reason not attributable to a breach of this Agreement by the Participant, the Doctors of BC shall, at the direction of the GPSC, forgive the Repayment and any interest accrued.

6. Dispute Resolution

6.1 A dispute between the Parties concerning the interpretation, application, or alleged breach of this Agreement shall be settled in the following manner:

   a) the Parties must first try to resolve the dispute through an informal discussion;
   b) if the dispute is not resolved through this informal discussion, the party raising the dispute must advise the other party, in writing, of its view of the dispute with full particulars of the facts upon which it relies and the sections of the Agreement alleged to be violated;
   c) following receipt of the written advice containing details of the issue in dispute, the Parties will meet in an attempt to resolve the dispute or to narrow the issues in dispute;
   d) if the dispute is not resolved through this discussion, the Parties may refer the dispute to mediation.

6.2 If there is no resolution of a dispute under section 6.1, either party may refer it to arbitration for final resolution, pursuant to the Commercial Arbitration Act.

6.3 If an arbitrator cannot be agreed upon within fifteen working days of the referral to arbitration, the Chief Justice of the Supreme Court of British Columbia will be asked to appoint the arbitrator and the arbitrator so appointed shall have the jurisdiction to issue a final and binding award resolving the dispute.

6.4 The costs of the arbitrator will be shared equally between the Parties and each party will be responsible for all of the costs of its own participation in the arbitration.

7. Reporting

7.1 The Doctors of BC or the GPSC may ask the Participant for information relating to this Agreement or the participation of the Participant in the Program, including but not
limited to a report or documentation concerning the performance of the Participant obligations, and the Participant shall provide this information forthwith.

8. **Notice**

8.1 A notice given or required to be given under this Agreement shall be in writing and shall be delivered personally or by courier, or sent by certified or registered mail addressed to the other party at the address set out below or at such other address as either party later designates to the other party in writing.

MC4BC Administrator  
Doctors of BC  
Ste 115 - 1665 West Broadway  
Vancouver, BC V6J 5A4  
E: gpsc.mc4bc@doctorsofbc.ca  
F: 604.638.2920  
W: www.gpscbc.ca

8.2 Any written communication from either party will be deemed to have been received by the other party on the third business day after mailing in British Columbia; on the date of personal delivery if delivered; or on the date of transmission if faxed.

8.3 Either party may, from time to time, notify the other party in writing of a change of address and, following the receipt of such notice, the new address will be deemed to be the address of the party that gave notice.

9. **Relationship**

9.1 Nothing in this Agreement shall be construed to make the Participant a partner, employee or agent of the Doctors of BC for any purpose whatsoever.

10. **Amendments**

10.1 This Agreement shall not be amended except by prior written agreement between the Doctors of BC and the Participant.

11. **Enforceability and Severability**

11.1 If a court or other lawful authority of competent jurisdiction declares any provision of this Agreement invalid, illegal or unenforceable, this Agreement shall continue in full force and effect with respect to all other provisions. All rights and remedies under such other provisions shall survive any such declaration.

12. **No Waiver Unless in Writing**

12.1 No waiver of any breach of this Agreement shall operate as a waiver of any similar subsequent breach or of the breach of any other provision of this Agreement. No provision of this Agreement shall be deemed to be waived and no breach excused unless such waiver or consent excusing the breach is in writing and signed by the party that is purporting to have given such waiver or consent. No delay or omission on the part of any party to this Agreement shall operate as a waiver of any such right. No waiver or failure to enforce any provision of the Agreement shall in any way affect the validity of the Agreement or any part of it.

13. **Assignment or Transfer**
13.1 Neither this Agreement, nor any of the rights or obligations of the Parties arising under this Agreement, shall be transferable or assignable by any party to any third party without the prior written consent of the other party.

14. Miscellaneous

14.1 This Agreement shall be governed by and construed in accordance with the laws of British Columbia.

14.2 The Schedules to this Agreement form part of this Agreement.

14.3 Except to the extent otherwise expressly stated in this Agreement, the rights and remedies of the Parties are cumulative and are in addition to, and not in substitution for, any rights and remedies provided by law or in equity.

14.4 This Agreement shall operate to the benefit of and be binding upon the Parties to the Agreement and their respective successors.

14.5 Each party shall promptly do, execute, deliver or cause to be done, executed and delivered all further acts, documents and things in connection with this Agreement that the other party may reasonably require for the purposes of giving effect to this Agreement.

14.6 Unless the context requires otherwise, words importing the singular include the plural and vice versa and words importing gender include all genders.

14.7 For greater certainty, any provision of this Agreement which by its nature or context is intended to survive the termination of this Agreement, shall survive the termination of this Agreement.

14.8 This Agreement and all documents contemplated by or delivered under or in connection with this Agreement constitute the entire agreement between the Parties with respect to the subject matter of this Agreement and supersede all prior agreements, negotiations, discussions, undertakings, representations, warranties and understandings, whether written or oral, express or implied, statutory or otherwise.

SIGNED AND DELIVERED
by the Participant

____________________
(Please Print Name)

__________________
(Date Signed and Location)

SIGNED AND DELIVERED
by Doctors of BC

____________________
(Name)

__________________
(Please Print Name)

__________________
(Date Signed and Location)
1. Why was this Program developed and how is it funded?

Prenatal and obstetrical care provided by General Practitioners (GPs) and Family Physicians (FPs) is an essential and valued service; however, recent provincial trends indicate GPs are either dropping their obstetrical privileges or choosing not to incorporate obstetrics into their practice.

The General Practice Services Committee (GPSC) is working to reverse this trend and encourage GPs to include obstetrical services as part of their practices. Objectives of this Program are to support GPs who:

- Are not currently providing obstetrical care but who want to include obstetrical care in their practice;
- Need support to continue to provide low volume obstetrical care;
- Are new to practice and wish to consolidate their obstetrical skills.

In addition to the General Practitioner Obstetrical Premium and the Maternity Care Network Initiative, GPSC has allocated funding to support training for both rural and urban GPs/FPs wanting to update their obstetrical skills. Funding will be provided to cover income loss, a Preceptor/Mentor stipend, liability insurance upgrade, Neonatal Resuscitation Program (NRP) training costs as well as travel and accommodation during the program.

2. How long will this Program run for?

The application deadline is June 1, 2015. Participants have up to one year from the date they return their Return of Service Agreement to complete their Self-Reflection Learning Activity (Appendix 6). Receipt of the Learning Activity will mark the completion of the Program. Following the submission of the Learning Activity form, the Participant has the option to participate in the Mentorship Program for another 12 months.

3. What can I apply for?

Training funds through the MC4BC Program will be available for up to 20 supervised deliveries in a hospital setting and/or up to 70 hours supervised community antepartum/postpartum sessions. Funding is available for each Participant for obstetrical skill enhancement, which may include some or all of the following:

a) **Training Stipend** - available per Participant – up to $24,714.90
   i) **Labour/Delivery in hospital (up to $16,476.60)**: Participants are eligible to receive up to 7 hours per birth at the current sessional rate (two GP sessions5) for management of labour and delivery, up to a maximum of 20 births. This stipend is in lieu of income loss. Participants are not eligible to receive any fee-for-service rates associated with a birth they attend as part of this Program.
   ii) **Antepartum/Postpartum Care (up to $8,238.30)**: Participants are eligible to receive $117.69/hr (the current sessional rate), up to 70 hours for

---

5 1 GP session (based on current rates as of April 1, 2013) is equivalent to $117.69 per hour x 7 hours max = $823.83 per birth attended
supervised antepartum and post-discharge postpartum community care sessions (including breastfeeding).

b) **Preceptor Stipend** – available per Preceptor - up to $2,000 for in-hospital labour, delivery, and postpartum care, and up to $2,000 for antepartum and post-discharge postpartum community care per Participant

i) **Labour/Delivery in hospital (up to $2,000):** The GP/Specialist Preceptor is eligible to receive $100 per in-hospital delivery supervised, up to a maximum of 20 births in addition to their regular fee-for-service billings associated with a birth.

The Non-Physician Preceptor is eligible to receive $65 per in-hospital delivery supervised, up to a maximum of 20 births in addition to their regular fee-for-service billings associated with a birth.

ii) **Antepartum/Postpartum Care (up to $2,000):** GP and specialist physician Preceptors are eligible to receive $100 for each half-day (3.5 hours) for supervision of antepartum and postpartum community care for up to a maximum of 70 hours per Participant in addition to their regular fee-for-service billings associated with this care.

Non-physician Preceptors are eligible to receive $65 for each half-day (3.5 hours) for supervision of antepartum or postpartum community care for up to a maximum of 70 hours per Participant in addition to the fees received from other sources for the patient care.

Physicians and non-physicians who receive salary for their time are not entitled to this stipend.

c) **Mentor Stipend** – up to $5,649.12

A GP/Specialist Preceptor registered with the MC4BC Program may continue to provide mentorship to a Participant in the 12 months after completion of the Program. GP/Specialist Mentors are eligible to receive $117.69/hr (in increments of 15 minutes), for cumulative time spent mentoring obstetrical care, up to a maximum of 4 hours per month for a maximum of 12 months for communications with a Participant. Communication may occur in person, by telephone or video link.

A special request and a written rationale must be provided to the Program Administrator if a non-physician is to be considered for mentorship.

d) **Travel Allowance** – up to $9,500

A maximum of $9,500 is allocated for travel time and expenses incurred travelling to/from the obstetrical training site, as well as accommodation expenses during the Program. Doctors of BC rates apply for all expenses.
Maternity Care for BC (MC4BC)
GP Self-directed Obstetrical Upgrade Program

e) **CMPA Obstetrical Insurance** cost differential – up to $100
   A maximum of $100 will be reimbursed to the Participant for the difference in the upgrade\(^6\) to CMPA Obstetrical Insurance costs after application of CMPA Rebate, for the course of the Program upon submission of receipts. GPs will be responsible for the additional cost of obstetrical insurance post-Program.

f) **Additional Education Requirements** – up to $1,000
   Up to $1000 in funding will be reimbursed upon submission of receipts for educational programs required by Health Authority in order to obtain privileges to undertake training (e.g. NRP, Fetal Health Surveillance, ALARM, ALSO) and claimed on the Doctors of BC Sessional Payment and Expense Form. GPs will be responsible for any additional educational costs that are needed for maintenance of privileges post-training.

g) **Funding under the MC4BC Program is NOT available for:**
   - study time or preparation time
   - upgrading of surgical skills (see Rural Coordination Centre R3 Enhanced Skills Program [www.rccbc.ca/rural-physicians/rural-programs#C](http://www.rccbc.ca/rural-physicians/rural-programs#C))
   - educational needs for the practice of obstetrics on an ongoing basis
   - ongoing costs of providing obstetrical care (CMPA, hospital privileges requirements) outside of the time of enrollment in this Program.

   Note: All payments received from the MC4BC Program must be declared as taxable income. This amount will be offset by any expenses incurred for this Program.

4. **Who is eligible?**
   The objective of the GPSC MC4BC Program is to support GPs to enhance their obstetrical skills and experience in order to begin, maintain, or reintroduce obstetrical care in their practice. The Program is aimed at any GPs in active practice in BC who:
   - Are not currently providing obstetrical care but who want to include obstetrical care in their practice;
   - Need support to continue to provide low volume obstetrical care;
   - Are new to practice and wish to consolidate their obstetrical skills.

   In addition, the applicant must have full licensure from the College of Physicians and Surgeons to practice family medicine in BC.

5. **Are residents currently in training eligible?**
   No. Residents currently in training are not eligible to participate in the program.

6. **Are GPs from other provinces eligible for the GP Self-directed Obstetrical Upgrade Program?**
   No. GPs from other provinces are not eligible for the Program.

\(^6\) Cost of insurance with Family Medicine with obstetrics after CMPA rebate is $1200/year. Cost of insurance without obstetrics after CMPA rebate is $550/year. The difference is $650 per year or $12.50 per week. This Program will pay the additional insurance for 8 weeks. $12.50 X 8 weeks = $100
7. How can I apply?

Applications for the Program must include the following:

a) A completed application form

b) A completed learning needs assessment form (Appendix 1), outlining what experience is to be gained from this Program (e.g. Increased volume of deliveries, use of the vacuum and forceps, breastfeeding expertise, etc.)

c) A detailed learning plan which includes:
   - Requirements for privileging,
   - Details of training sites (e.g. case room, maternity clinic, office, home, breastfeeding clinic, mentorship)
   - Name of Preceptor(s)
   - Number of deliveries that are to be supervised during the Program
   - Approximate date when training will start and finish, and
   - Other training requirements as determined by the Health Authority approved physician leader.

d) If the training Program includes ante/postpartum experience, a letter from the Health Authority approved physician leader that:
   - Indicates support for the Participant’s learning plan,
   - Identifies the Preceptor(s), and
   - Confirms the Participant has obtained temporary obstetric privileges in order to complete the Program.

8. When can I apply?

The revised MC4BC Program will be taking applications after September 1, 2014. Once you have completed the required documentation, it can be submitted directly.

9. Where do I get the application form and information about the process?

Application forms may be obtained from:

MC4BC Administrator
Doctors of BC
Ste 115 - 1665 West Broadway
Vancouver, BC V6J 5A4
E: gpsc.mc4bc@doctorsofbc.ca F: 604.638.2920 W: www.gpsc.bc.ca

10. What is the review process for applications and how long would it take?

The MC4BC Subcommittee will review applications on a monthly basis and make recommendations regarding successful applicants to GPSC. Applications will be reviewed in order of receipt to the Program Administrator (e.g. reviewed on a first come, first serve basis).

GPSC has the ultimate discretion and authority to review all requests and to make exceptions to decisions coming forth from the MC4BC Subcommittee.
11. If I receive other types of funding related to obstetrical services, how does this affect my eligibility?

Physicians are ineligible from receiving funding from the MC4BC Program if they are receiving funding for obstetrical training from another source.

12. Is the funding taxable? Can the funding be paid to my medical corporation if I am incorporated?

Yes. Funding is taxable by the Canadian Revenue Agency and it can be paid to a Participant or Preceptor's medical corporation.

13. What qualifies as travel expenses?

Vehicle mileage, air, ferry, transit, taxi, parking, and accommodation expenses incurred for the travel to/from your obstetrical training site, as approved in advance and as per current Doctors of BC policies. Receipts must be provided for reimbursement.

14. How and when do I submit a claim?

Participant, Preceptor, and Mentor claims should be made within one month following the delivery using Doctors of BC MC4BC sessional claim forms.

15. How long do I have to complete my Self-Reflection Learning Activity?

Within one year of the signed date on the Participant’s Return of Service Agreement.

16. How will I know when I have completed the Program?

Participants are not required to complete every activity in their learning plan. They are also not obligated to perform the maximum number of deliveries or hours of supervised antepartum/postpartum care. As soon as the Participants feel satisfied that they have completed their learning objectives, they are to submit the following documents to the MC4BC Administrator to indicate the completion of the Program:

- a statement of completion
- number of births attended
- confirmation that hospital privileges for the practice of obstetrics has been granted or applied for
- completed MC4BC Participant Self-Reflection Learning Activity (Appendix 6)
- completed sessional form (Appendix 8) to claim $100 for this activity
- notification whether the Participant will be accessing the mentorship follow-up Program and who the Mentor will be.

17. I understand that I must provide proof that I have completed my learning plan. What is considered as proof?

A letter from the Health Authority approved physician leader where the training occurred recognizing/authorizing your ability to practice obstetrical care.

18. Can I share the funding with another physician?

No. Funding may not be shared with another physician.
19. Can I take either planned or unanticipated breaks during the Program?
Yes. Breaks in your Program are permitted as long as the Program Administrator is notified and a revised learning plan is submitted that indicates how the training will recommence.

20. What if I attend to fewer than 12 births during the 24 months following the Program?
The Program Administrator will require a written explanation why the Participant failed to meet the requirement.

21. Would I still qualify for other funding and incentive programs (e.g., Rural Service Agreement (RSA) Retention Allowances, Rural Education Action Plan (REAP), other recruitment bonuses) if I apply for this Program?
Yes. You may still qualify for other funding and incentive programs as long as you are not receiving funding for the same activities from another source.

22. Can I access any further funding if I require further obstetrical training?
Yes. You may access any further funding for obstetrical training, but not from the MC4BC Program. Each physician is only eligible to access this Program once.

23. Can other professionals, besides physicians, act as my Preceptor?
Yes. Preceptors may be GPs, Specialists, and Non-Physicians (i.e. Lactation Consultants, Nurse Practitioners, and Registered Midwives).

24. Are obstetricians who provide preceptorship, eligible for the Preceptor stipend?
Yes. Specialists are entitled to the Preceptor stipend of $100/delivery and $100/half-day supervision of antepartum/postpartum care.

25. Are Registered Midwives, Lactation Consultants, and Nurse Practitioners who provide delivery or antepartum/postpartum preceptorship, eligible for the Preceptor stipend?
Yes. Non-physicians are eligible for the provision of this preceptorship.

26. Do non-physicians qualify for the mentorship Program?
Participants are encouraged to solicit a GP/Specialist as their Mentor. If a Participant solicits a mentor who is not their GP/Specialist Preceptor, the Participant must send an email to the MC4BC Administrator seeking approval and explain the rational.

27. Can I learn how to do home birth through this Program?
Home births are not part of this Program at this time.