

Specialist Emergency Coverage Program Saskatchewan Health Authority Application Form

Medical Services
3475 Albert Street
Regina, SK S4S 6X6
Phone: 306-787-2383
Fax: 306-787-3761

Revised November 2019

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Application Process

Physicians that are providing emergency call coverage and wish to be compensated according to the SECP Program Policies, must submit an application to the SECP Committee. Physicians who are currently approved to receive funding from the SECP and are requesting a change in the level of coverage (i.e. Tier I or Tier II) must also apply to the SECP Committee.

The Saskatchewan Health Authority must also submit an application form outlining whether or not it supports the physician application.

All applications must include:

- a) a completed SECP Physician Application Form; and,
- b) a completed SECP Authority Application Form.

Formal applications are not required for:

1. Tier I rotations that are on exceptional status and intend to return to 24/7 coverage following the exceptional circumstance period; or
2. Tier I rotations that meet all of the following:
 - have voluntarily chosen to provide Tier II coverage due to physician resources;
 - have been successful in recruiting physicians and are now able to provide Tier I coverage;
 - have not exceeded 24 months at Tier II; and
 - want to return to Tier I payment.

Even though a formal application is not required in the above two circumstances, notify MSB so that payments can be adjusted.

Review and Implementation Process

Applications will be considered twice yearly with deadlines of January 31 and August 31.

The SECP Committee will review applications following each application date. For changes to existing rotations, decisions will be implemented upon the date that the change in coverage occurred and as agreed upon by the SECP Committee. For new rotation requests, decisions will be implemented from the date that the rotation can confirm that coverage was provided and agreed upon by the SECP Committee. Committee decisions will not be implemented retroactive further than the previous two fiscal quarters.

Direct applications to:

SECP Committee
c/o Kinda Kealy
Medical Services Branch, Saskatchewan Ministry of Health
3475 Albert Street Regina, SK S4S 6X6
Phone: 306-787-3437 Fax: 306-787-3761 E-mail: kinda.kealy@health.gov.sk.ca

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Name of Rotation and Location		
Type of Request (identify one)	<input type="checkbox"/> new rotation	<input type="checkbox"/> change in tier
Type of Rotation requested (identify one)	<input type="checkbox"/> Tier I	<input type="checkbox"/> Tier II
Describe how the above SECP Request (as outlined in detail in the Physician's Application Form) fits with the Health Authority's delivery care plan.		
What are the plans, if any, to recruit additional physicians to this rotation?		
Describe how <u>new</u> or <u>unassigned</u> patients requiring emergency specialized services will be cared for if the SECP request is denied.		

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Do you support the SECP rotation request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain why you support or do not support the request.		

Name (please print)

Title

Signature

Date