PHYSICIAN TO PHYSICIAN CAPACITY BUILDING APPROVAL FORM

With Division/Department Head approval, a mentee/mentorship physician learning request authorizes MSI to remunerate mentee physicians seeking enhancement of skills/training or retraining in an area of care in which the mentor physician has expertise and is receiving remuneration. This code is physician-directed, to assist a mentee physician in acquiring a new skillset or to maintain an existing skillset. It is applicable to all physicians for activities deemed by the Department/Division Head to meet operational needs and priorities, helping build capacity to address gaps in care.

MSI-approved physicians can claim this remuneration using fee code HSC PPCB1.

Physician to Physician Capacity Building learning opportunities must be:

- approved by the Department/Division Head for both mentor and mentee
- conducted in person during direct patient service encounters
- included within the physician's scope of practice and licence restrictions
- completed within 12 months from date of approval

A physician may claim up to a maximum of 12 hours per day. The maximum number of hours will depend on the learning opportunity; however, the mentorship hours must be assessed to be within a reasonable duration for the physician to obtain the necessary skill by the Department/Division Head prior to approval.

Once complete, the Department/Division Head may submit this form to MSI by email at MSI_Assessment@medavie.bluecross.ca. The mentee physician will not be able to access this fee code until MSI has received and processed this approval.

Mentee name: MSI provider #:
(six-digit number)

Mentor name: MSI provider #:

Learning opportunity requested:

Objective/capacity building outcome(s) expected:

Additional skills/training are within the scope of practice of the physician's specialty:

- ◯ Yes
- ◯ No

Maximum number of hours requested: hours

Effective date:

Note: the fee code will be accessible for a rolling calendar year or until the maximum number of hours has been reached.

Name of authorizing Department/Division Head (**mentor**):

Role:

Date:

Email:

Phone number:

Signature:

Name of authorizing Department/Division Head (**mentee**):

Role:

Date:

Email:

Phone number:

Signature: