

## INTRODUCTION

The creation of these “**Guidelines for Physician Remuneration**” evolved from the concern expressed by Sport Medicine physicians that our expert medical services are expected to be provided on a voluntary basis. Historically (prior to the creation of C.A.S.M.) physicians were retained by the various sport governing bodies to provide medical coverage for their athletes while training and competing. Physicians were happy being part of a sport community that provided opportunities such as international travel and exposure to world-class athletes. More recently Sport has become much more complex; the number of events requiring our services is more numerous, the diversity of international venues experienced and the lack of malpractice insurance liability due to high incomes of professional athletes. Teams are now made up of not only coaches, but exercise physiologists, strength and conditioning coaches, sport psychologists, nutritionists and various therapists (AT, PT, RMT, DC). In fact many “amateur” sports are not really amateur anymore; they require the specialized commitment only a Sport Medicine physician can provide.

With the creation of CASM and the training of physicians to be experts in the field of Sport Medicine we began to see ourselves as resources with a specific value and specialized expertise. Many physicians now feel that they should be paid to coordinate the complex care of today’s athletes, especially when one considers the medico-legal risk associated currently with this care.

This is not to say that Sport Medicine physicians should not volunteer to look after amateur athletes or cover local events. The long tradition of volunteerism should not be lost; however, many of us are uncertain about what our services are worth when there is an opportunity for financial reimbursement to provide Sport Medicine services. The purpose of these guidelines is to help the CASM. members define the value of these services. Additionally, use of these guidelines will help increase the sport communities’ awareness of the value of our expertise and care, thereby increasing the number of physician reimbursement opportunities.

These guidelines have been developed by committee and from input of some of the CASM membership (opinions were collected via the List-Serve). Subsequently, the results of a survey sent to all CASM members indicated that the majority of those who responded felt that guidelines should be put in place.



## **RISKS OF REQUESTING REMUNERATION**

- National Sport Organizations could recruit non-C.A.S.M. certified doctors to provide coverage despite having less specialized training.
- Other health care professionals (Chiropractors, Osteopaths, Athletic therapists, Physiotherapists) could take on a greater volunteer role with teams and send injured athletes to the local emergency room
- Increasing event budgets to cover physician remuneration could jeopardize event viability, limiting athletic competition opportunities

## **CONSIDERATIONS**

### NON-MONETARY VALUE

- Having one's name associated with a team (especially professional)
- Providing medical services for a major games (Olympics)
- Being considered a local expert – potential for increasing exposure or consults
- Free advertising by virtue of being part of an event
- Personal gratification

### MONETARY VALUE

- Clothing package
- Travel expenses
- Daily per diem
- Honorarium (hourly, daily, per event)
- Ability to bill for medical services provided one is not already receiving financial compensation for covering the event - care should be taken not to inappropriately double bill
- Access to sports equipment for free or at reduced rates
- Insurance coverage (pro teams/athletes only)
- Opportunities for partner/family to travel or attend events for free
- Covering costs of office overhead while away

## REMUNERATION GUIDELINES

### ANY EVENT:

- Communications (cell phone or two-way radio) to be provided
- Clothing package
- Accommodation if applicable
- Travel to / from venue if applicable
- Parking costs for all pre- event organizational meetings
- Medical malpractice insurance when C.M.P.A. coverage is insufficient
- Pre-participation examinations (complete history and physical examination) - \$50.00 - \$100.00 with optional form fee
- Examination to clear athlete to compete while at event - \$50.00 - \$75.00 (unless already receiving honorarium)
- Name and title to be included in event program

### LOCAL EVENTS:

- Event tickets for guests
- Meals while covering event
- Parking
- Hotel room at team hotel, if applicable
- Hourly rate (negotiable) - \$100.00 - \$200.00 per hour
- Daily rate\* - \$500.00 per half day (max. 6 hr).

\*This rate is negotiable – especially if covering weekend events when office expenses are not a consideration. A reduced rate (or payment in kind) may be considered if the physician is able to bill a provincial health care plan for patient care.

### EVENTS REQUIRING TRAVEL:

- All travel expenses including meals, hotel, transportation to and from event and various venues
- Daily honorarium of \$100.00 - \$250.00 per day to cover office expenses (with the option of exchanging the honorarium for a ticket for a companion)



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- Event tickets for travel companion
- Phone card to be able to communicate with family while away

CHIEF MEDICAL OFFICER:

- Extra consideration could be negotiated when taking on this responsibility.

POSSIBLE EXCEPTIONS:

- Major games
- Not for profit organizations
- Community events
- Any event where you feel you are getting adequate non-monetary value to compensate you for your time

**SUMMARY**

In summary, these guidelines have been written to supply a starting point for sports medicine physicians to deal with the financial side of their work. The rationale for the guidelines has been laid out in a compact but complete manner. We have sought and utilized feedback from the membership, and offer ourselves as a continuing working group, as we view the guidelines as a work in progress. We would ask the Board to give the guidelines CASM's official support and that they be made available in PDF form on the web page for use by our members. Further that we seek the Board's counsel on what other provider groups and franchise holders are to be circulated the guidelines for their opinions. Finally, we strongly emphasize that these guidelines have not been designed to undermine the spirit and tradition of volunteerism but to give members an alternative in the settings they feel are appropriate.