

**Recruitment Incentive Fund
(RIF)
Policy**

Ministry of Health

Revised June 2013



Chapter: Recruitment Incentive Fund (RIF)

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Section: 1 General

Effective: June 2013

1.1 Description

The purpose of the Recruitment Incentive Fund (RIF) is to provide an incentive to physicians recruited to fill vacancies or pending vacancies that are part of a Physician Supply Plan in communities listed under the RSA. This policy is guided by principles set forth by the Joint Standing Committee on Rural Issues (JSC) and, where applicable, is intended to be consistent with, but not duplicate other programs.

1.2 Funding

The Government will provide funding to pay the applicable recruitment incentives to eligible communities up to \$20,000 per physician.

1.3 Guidelines

The amount of the incentive payable per eligible physician is up to \$20,000 dependent on the degree of isolation of the community. Funding is pro-rated for physicians working less than full-time.

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Section: 2	Definitions	Effective:	June 2013

Term	Definition
Alternative Payments	<ul style="list-style-type: none"> • Methods of payment, other than FFS, for physician services.
APP	<ul style="list-style-type: none"> • Alternative Payments Program: A Ministry program, administered from within the Medical Services Division (MSD) that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
BCMA	<ul style="list-style-type: none"> • British Columbia Medical Association.
Designated Specialties:	<ul style="list-style-type: none"> • Designated specialties include General Surgery, Orthopaedics, Paediatrics, Internal Medicine, Obstetrics/Gynecology, Anaesthesia, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	<ul style="list-style-type: none"> • The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for <u>each specialty</u> in the previous calendar year as defined by MSP.
Health Authority	<ul style="list-style-type: none"> • Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	<ul style="list-style-type: none"> • A physician who travels from his/her home community to an eligible RSA community to provide outreach/direct patient services.
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> • Joint Committee with equal representation from BCMA and Ministry of Health (inc. health authorities). Responsible for policy direction for rural programs including Rural Retention Program (RRP), Rural GP Locum Program (RGPLP), Rural Continuing Medical Education (RCME), etc.
Locum Tenens	<ul style="list-style-type: none"> • A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOH	<ul style="list-style-type: none"> • Ministry of Health
Medical Services Commission	<ul style="list-style-type: none"> • The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Resident Physicians	<ul style="list-style-type: none"> • For the purposes of this program, a physician who resides at least 9 months of every year in an RRP community is a resident physician.
RRP Community	<ul style="list-style-type: none"> • An RSA community which meets all the criteria for the RRP.
Service Clarification Code	<ul style="list-style-type: none"> • Code (Appendix A) for the community in which the service has been provided which must be indicated on all billings submitted by the physician in order to receive the fee premium.
Rural Practice Subsidiary Agreement	<ul style="list-style-type: none"> • The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the BCMA and the Government.
Supplemental Physician	<ul style="list-style-type: none"> • A physician who does not have a permanent position in the community, who is providing additional support required to maintain services in the community, is not substituting for another physician and is filling a vacancy in the physician supply plan



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Section: 3	Eligibility	Effective:	June 2013

3.1 Community Eligibility

Communities under the Rural Practice Subsidiary Agreement (RSA) are eligible for the RIF provided that there is a vacant position in the Physician Supply Plan.

The incentive amounts vary based on the degree of isolation of the community as follows:

- A communities \$20,000
- B communities \$15,000
- C communities \$10,000
- D communities \$5,000

3.2 Physician Eligibility

Physicians recruited to an RSA community to fill a vacancy in the Physician Supply Plan may be eligible to receive the RIF. The amount of the incentive payment will be pro-rated for physicians working less than full time.

Physicians must be recruited from outside of eligible RSA communities.

A physician receiving this benefit is obligated to repay the amount in full if he or she leaves the community less than one year after commencing work.

If a physician has already received a recruitment incentive for moving to an eligible RSA community and subsequently left that RSA community, they are eligible to receive a recruitment incentive for recruitment to a different RSA community once they have been gone from the original community for a minimum of 2 years. The physician may not have been recruited from a RSA community.

Any medical school resident who transitions to full time practice, filling a vacancy in the physician supply plan in an eligible rural community, may receive the recruitment incentive.



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Section: 4	Payment	Effective:	June 2013

4.1 Payment

Upon successful recruitment to an eligible RSA community, the Health Authority submits a Recruitment Incentive application to the Ministry of Health. The application form should be submitted quarterly.

All applications must be received for payment at the Ministry of Health within one year of the date of eligibility. No retroactive payments shall be issued on applications older than one year.

Health Authorities must notify the Ministry of Health of any physicians who do not fulfill the one year commitment.

The funds are released by the Ministry of Health to the Health Authorities who will disburse the applicable amounts to the physicians.