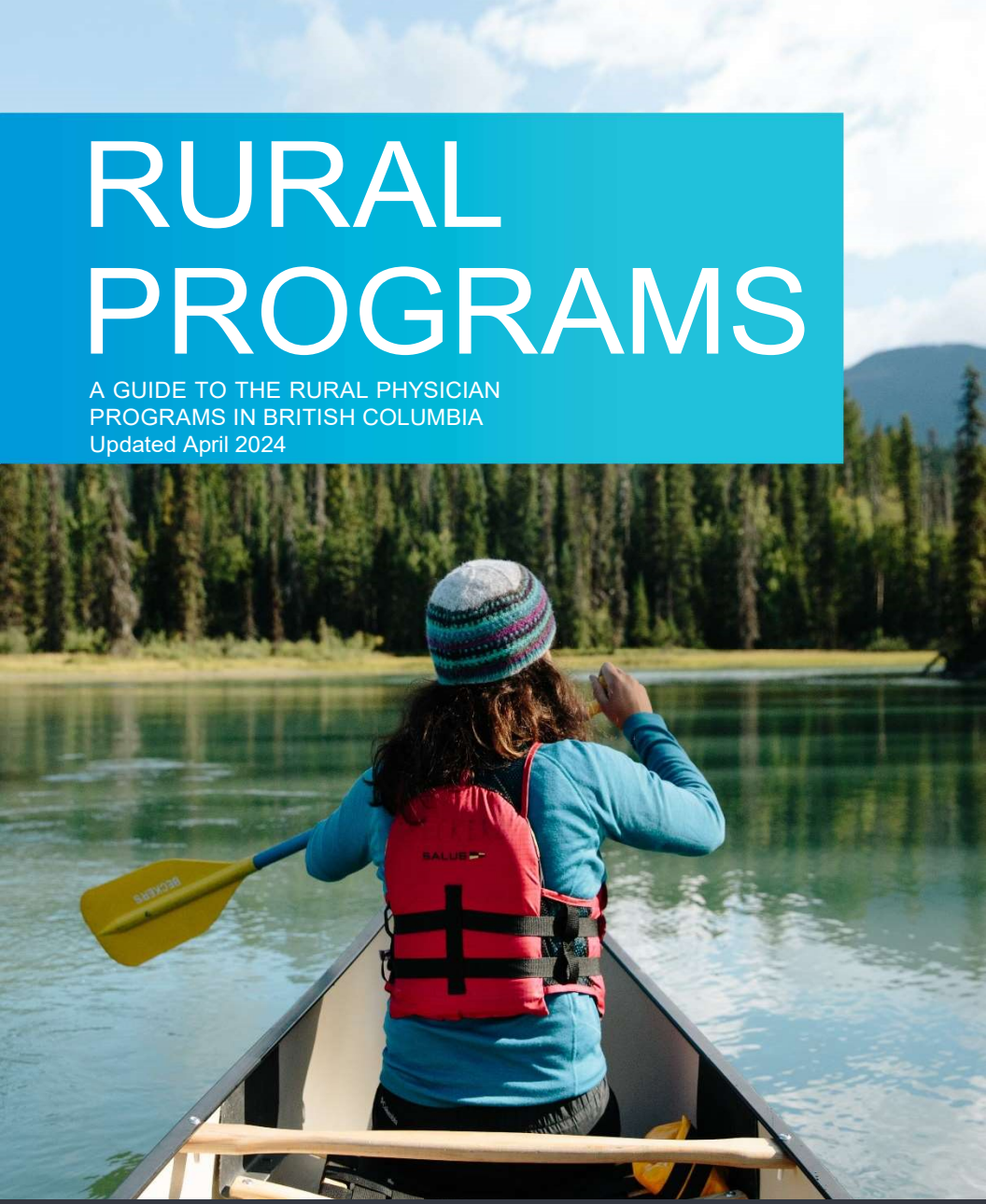
RURAL PROGRAMS

A GUIDE TO THE RURAL PHYSICIAN PROGRAMS IN BRITISH COLUMBIA
Updated April 2024



BRITISH COLUMBIA

doctors of bc

This guidebook is a guide to help rural physicians gain an understanding of the programs and support available to them through the Rural Practice Subsidiary Agreement (RSA).

It provides a brief synopsis of the programs offered. For more information on eligibility for each program, physicians should refer to the official policies, terms of reference, agreements, and applicable Government legislation.

Clarification and interpretation of these official programs and policies may also be obtained by contacting the Ministry of Health's Rural Practice Programs or Doctors of BC using the contact information provided in this guidebook.

THE RSA IS AVAILABLE AT:
doctorsofbc.ca or
www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs

The Rural Practice Subsidiary Agreement (RSA) is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC (DoBC) and the Medical Services Commission (MSC).

The Joint Standing Committee on Rural Issues (JSC), established under the RSA, is comprised of representatives from DoBC, the Ministry of Health (the Ministry) and the health authorities (HAs). The JSC advises the BC Government and DoBC on matters pertaining to rural medical practice and is responsible for the overall governance of the Rural Practice Programs.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique and difficult circumstances faced by physicians in these areas.

CONTACT INFORMATION

PROGRAM	CONTACT INFORMATION
RURAL RETENTION PROGRAM (RRP) RECRUITMENT INCENTIVE FUND (RIF) RECRUITMENT CONTINGENCY FUND (RCF) ISOLATION ALLOWANCE FUND (IAF) RURAL EMERGENCY ENHANCEMENT FUND (REEF) RURAL CONTINUING MEDICAL EDUCATION (RCME) INDIVIDUAL FUNDS NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP) GENERAL PROGRAM OR PAYMENT INFORMATION	Ministry of Health Rural Practice Programs Physician Services Branch Tel: 250.952.2754 HLTH.RuralPrograms@gov.bc.ca www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs
NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP) TO ENQUIRE ABOUT PROVIDING VISITS OR APPROVAL SUPERVISORS OF PROVISIONALLY LICENSED PHYSICIANS (SPLP)	Contact your local HA NHA-uralPrograms@northernhealth.ca RuralPrograms@vch.ca RuralPrograms@interiorhealth.ca MedStaffDevelopment@islandhealth.ca
RURAL LOCUM PROGRAMS	Locums for Rural BC 2889 East 12th Avenue Vancouver, BC V5M 4T5 info@locumsruralbc.ca Tel: 1.877.357.4757 Fax: 1.877.387.4757 locumsruralbc.ca
RURAL CANADIAN MEDICAL PROTECTIVE ASSOCIATION (R-CMPA) BENEFIT RURAL EDUCATION ACTION PLAN (REAP) FOR PROGRAM CLAIMS	Doctors of BC 115 – 1665 West Broadway Vancouver, BC V6J 5A4 Tel: 604.736.5551 Toll free in BC: 1.800.665.2262 RuralPrograms@DoctorsofBC.ca doctorsofbc.ca
RURAL EDUCATION ACTION PLAN (REAP) REAP PROGRAM COORDINATOR	University of British Columbia 300 – 5950 University Boulevard Vancouver, BC V6T 1Z3 Tel: 604.822.2675 Fax: 604.822.6950 AP.Physicians@ubc.ca rccbc.ca/reap
RURAL CONTINUING MEDICAL EDUCATION (RCME) COMMUNITY PROGRAM RURAL COORDINATION CENTRE OF BC (RCCbc)	Rural Coordination Centre of BC 620 – 1665 West Broadway Vancouver, BC V6J 1X1 Tel: 604.738.8222 Fax: 604.738.8218 Toll free: 1.877.908.8222 Email: info@rccbc.ca Website: rccbc.ca

ACRONYM LIST

ACLS	Advanced Cardiac Life Support
ATLS	Advanced Trauma Life Support
BC	British Columbia
BSA	Benefits Subsidiary Agreement
CARE	Comprehensive Approach to Rural Emergencies
CCFP	Certification in the College of Family Physicians
CME	Continuing Medical Education
CMPA	Canadian Medical Protective Association Benefit
CPSBC	College of Physicians and Surgeons of BC
ED	Emergency Department
EEP	Emergency Education Program
ER	Emergency Room
FFS	Fee-For-Service
FP	Family Practitioner
FPA	Family Practice Anaesthesia
FTE	Full Time Equivalent
HA	Health Authority
IAF	Isolation Allowance Fund
ICBC	Insurance Corporation of British Columbia
JSC	Joint Standing Committee on Rural Issues
LRBC	Locums for Rural BC
MOCAP	Medical On-call Availability Program
MSC	Medical Services Commission
MSP	Medical Services Plan
NITAOP	Northern & Isolation Travel Assistance Outreach Program
PLP	Provisionally Licensed Physician
RBCM	Rural Business Cost Modifier
RCCbc	Rural Coordination Centre of BC
RCF	Recruitment Contingency Fund
RCME	Rural Continuing Medical Education
R-CMPA	Rural Canadian Medical Protective Association Benefit
REAP	Rural Education Action Plan
REEF	Rural Emergency Enhancement Fund
RESSO	Rural Family Practice Enhanced Surgical Skills OB Locum Program
RFPALP	Rural FP Anaesthesia Locum Program
RFPLP	Rural Family Practitioner Locum Program
RIF	Recruitment Incentive Fund
RLP	Rural Locum Program
RRP	Rural Retention Program
RSA	Rural Subsidiary Agreement
RSLP	Rural Specialist Locum Program
SP	Specialist
SPLP	Supervisors of Provisionally Licensed Physicians

THE PROGRAMS

RURAL RETENTION PROGRAM (RRP)

The RRP consists of a set of retention benefits paid to physicians working in eligible communities covered under the RSA.

The RRP program is made up of three payment components paid to eligible rural physicians: the RRP Fee Premium, the RRP Flat Fee and the Rural Business Cost Modifier (RBCM) benefit. These payment amounts are determined by the number of rural medical isolation points calculated annually and assigned to the RSA community (see page 27 for more information on how community rural isolation points are calculated and page 26 for a list of current eligible rural communities). The program is administered and managed by the Ministry in accordance with the policies established by the JSC.

RRP FEE PREMIUM

A percentage paid on top of MSP billings or service contracts. Any physician who provides a service in an eligible RSA community may receive the RRP Fee Premium. The RRP Fee Premium is automatically paid as long as the Service Clarification Code of the community where the service is provided is on the MSP claim.

RRP FLAT FEE

An annual Flat Fee payment paid to any physician that permanently resides and practices in an eligible RSA community for a minimum 9 months per year and bills equal to or greater than $75,000 in the previous calendar year. Flat Fee payments are distributed through the HA.

RURAL BUSINESS COST MODIFIER

An enhancement to the RRP Flat Fee to further support physicians permanently residing and practicing in rural communities.

If a physician lives in a RSA community but practices in a different RSA community, they will receive the Fee Premium, Flat Fee and RBCM for the community in which they practice.

RURAL CONTINUING MEDICAL EDUCATION (RCME)

The RCME Program provides support through 2 separate benefits: RCME Individual Funds and RCME Community Program. The purpose of the RCME Program is to support physicians in participating in medical education to update and/ or enhance medical skills and credentials required for rural practice. These benefits are in addition to the CME entitlement provided for in the Benefits Subsidiary Agreement (BSA) between the BC Government and the DoBC.

RCME INDIVIDUAL FUNDS

- Provides funding directly to eligible rural physicians through their HA. To be eligible for this benefit, physicians must permanently reside and practice in an eligible RSA community for a minimum of 9 months per year. A physician who qualifies for RCME but does not stay in a community covered by this agreement for 12 months is eligible for a prorated amount. The program is administered and managed through the Ministry and HAs according to the policies established by the JSC.

Funding amounts are based on community designation (A,B,C,D) and a physicians time in the community.

FAMILY PRACTITIONERS	Up to 2 years	In 3rd & 4th year	Over 4 years
'A' communities	$1,320	$3,520	$5,720
'B' communities	$440	$2,640	$4,840
'C' communities	$0	$2,200	$4,400
'D' communities	$0	$1,100	$2,200
SPECIALISTS	Up to 2 years	In 3rd & 4th year	Over 4 years
'A' communities	$1,800	$4,800	$7,800
'B' communities	$600	$3,600	$6,600
'C' communities	$0	$3,000	$6,000
'D' communities	$0	$1,500	3,000

RCME COMMUNITY PROGRAM

- Provides funding and resources to groups of local physicians in eligible RSA communities to support their community education needs. This may include supporting CME networks, closer to home CME events and purchasing equipment to support CME activities.
- The program is administered and managed by the RCCbc according to the policies established by the JSC.
- Funds may be used to:
    - compensate physicians for time spent developing and/or planning CME events. Funds are not to be used to pay physicians for time spent participating in CME events.
    - deliver activities involving other health care professionals in the community.
- Community funds are calculated annually and may be accumulated for up to 3 years.
- Community eligibility is determined using the number of permanent practice physicians, the community's rural isolation points, and a minimum baseline required to carry out community RCME activities. No community receives less than $5,000 or more than $250,000 annually.

RURAL CMPA BENEFIT (R-CMPA)

- Provides enhanced funding to offset professional Canadian Medical Protective Association (CMPA) costs through reimbursement of up to 50% of CMPA out-of-pocket costs for eligible rural physicians.
- Physicians must permanently reside and practice in an eligible RSA community for a minimum of 9 months per year and bill equal to or greater than $75,000.
- R-CMPA is in addition to the CMPA entitlement provided for in the BSA between the BC Government and the DoBC.
- The program is administered and managed by the DoBC according to the policies established by the JSC.
- Annual reimbursements are provided to eligible rural physicians through the DoBC based on the CMPA costs for the previous calendar year.

RECRUITMENT INCENTIVE FUND (RIF)

- Provides financial incentives to physicians recruited to fill vacancies or pending vacancies that are part of a Physician Supply Plan in RSA communities.
- Funding is prorated for physicians working less than full-time.
- A physician is obligated to repay this benefit if they leave the community within 1-year of their start date.
- The program is administered and managed by the Ministry, in accordance with the policies established by the JSC.
- The RIF amounts vary based on the community designation:

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

RECRUITMENT CONTINGENCY FUND (RCF)

- Provides funding to assist with physician recruitment where HAs have identified a vacancy.
- HAs may use the funds to cover expenses such as advertising and site visits.
- Physicians moving to an eligible RSA community may receive a stipend to support their relocation costs.
- The program is administered and managed by the Ministry according to the policies established by the JSC.

ISOLATION ALLOWANCE FUND (IAF)

- Funding available for physicians providing necessary medical services, in eligible RSA communities for a minimum of 9 months per year.
- The community must have fewer than 4 physicians, no hospital, and not be eligible for Medical On-call Availability Program (MOCAP), Call- Back, and Doctor of the Day payments.
- Payments are calculated and disbursed on an annual basis and range from approximately $5,000 to $75,000.
- The program is administered and managed by the Ministry according to the policies established by the JSC.

RURAL EMERGENCY ENHANCEMENT FUND (REEF)

- REEF is intended to encourage and support the provision of reliable public access to emergency services in HA designated Emergency Departments (EDs) in RSA communities. The program is administered by the Ministry, in collaboration with the HAs, in accordance with the policies established by the JSC.
- REEF provides annual funding of up to $200,000, where the HA has designated a site for 24/7/365 public access to hospital emergency services.
- For less than 24/7/365 service, the annual funding amount will be pro-rated to correspond with the HA designated hours of public access.
- In collaboration with the HA, an annual ED coverage plan (Plan) will be developed by the group of community physicians who are prepared to commit to ensure that 24/7/365 (or the HA designated posted hours) public access to hospital emergency services is maintained in their community.
- The Plan is intended to include proposed supports that will assist each individual community. This may include incenting weekends and difficult to cover shifts, assisting with locum coverage, etc. The Plan must also include a "contingency plan" to outline what will be done to cover the ED in the event that an unforeseen circumstance arises.
- Once approved, the physicians and HA will implement the Plan and submit quarterly invoices to the Ministry confirming whether the Plan was followed.
- The invoice will also report any ED closures that have occurred during the quarter. If closures are related to physician availability, the invoice may be reduced by an hourly rate.
- Unreported closures may result in an additional penalty of up to $2,500 per occurrence.

NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)

- Provides funding for travel expenses and Travel Time Honorarium for approved physicians who visit eligible rural and isolated communities to provide medical services. The program is administered by the Ministry in collaboration with the HAs, according to the policies established by the JSC.

ELIGIBILITY FOR FAMILY PRACTITIONERS

Family Practitioners (FPs) are eligible for funding to visit eligible RSA communities as follows:

- A communities – where an FP is not available within 50km, communities are eligible for a maximum of 52 visits per year.
- B, C, and D communities – where an FP is not available within 105km, communities are eligible for a maximum of 48 visits per year.

ELIGIBILITY FOR VISITING SPECIALIST PHYSICIANS

Specialists (SPs) are eligible for funding to visit eligible RSA communities as follows:

- A communities – where the specialty is not available within 50km, communities are eligible for up to 36 visits for rural generalist services including Obstetrics and Gynecology, General Internal Medicine, General Surgery, Psychiatry and Paediatrics. All other specialties are eligible for up to 24 visits per year.
- B, C, and D communities – not available within 105km, communities are eligible for up to 24 visits per year per each eligible specialty.

ELIGIBLE DESIGNATED SPECIALTIES (When not supported by other programs)

Dermatology	Obstetrics/Gynecology	Plastic Surgery
ENT	Oncology	Physiatry
General Surgery	Ophthalmology	Psychiatry*
Internal Medicine*	Orthopaedic Surgery	Radiology
Methadone Program	Paediatrics	Urology
Neurology	**Includes sub-specialties*	

ELIGIBILITY FOR FIRST NATIONS COMMUNITIES

- All "A" designated First Nations communities are eligible for 12 NITAOP visits per year for FPs and Designated Specialties with a minimum of 1-hour travel round trip requirement.

TRAVEL REIMBURSEMENT

- Reimbursement will be paid directly to approved visiting physicians by MSP upon receipt of their travel expense form and applicable receipts for each visit.
- Effective April 1, 2024, the Application for Expense form and applicable receipts must be submitted within 90 days from the date the physician arrives home to be reimbursed for travel expenses and the travel time honorarium.

TRAVEL TIME

- Approved physicians are entitled to a Travel Time Honorarium.
- Travel time is calculated from the time the physician leaves their residence/office to the time of arrival in the community, and from the time the physician leaves the community to the time they arrive to their residence/office within the province.
- Effective April 1, 2024, the Travel Time Honorarium will be paid as follows:
    - $250 for less than or equal to 2.5 hours return trip
    - $500 for greater than 2.5 to 4 hours return trip
    - $1,000 for greater than 4 to 10 hours return trip
    - $1,500 for greater than 10 hours return trip

SUPERVISORS OF PROVISIONALLY LICENSED PHYSICIANS (SPLP)

This program is intended to provide support to supervising physicians who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of rural provisionally licensed physicians (PLPs). The program is administered by the Ministry in collaboration with the HAs, in accordance with the policies established by the JSC.

ELIGIBILITY

- Any FP or specialist physician who is identified and recognized by the HA (the sponsor) as a supervisor of a rural PLP (who practices in a designated RSA community).
- Supervisors must be approved by the College of Physicians and Surgeons of BC (CPSBC) as a supervising physician.

PAYMENT

Physicians who are recognized by the HA as a supervisor of up to 2 rural PLPs (at any one time) will be eligible for financial incentives as follows (per supervisee):

a) $400 per week for the first 3 months of supervision

b) $100 per week for the next 9 months of supervision

c) $50 per week for subsequent years of supervision (up to a maximum of 4 additional years)

TRAVEL TIME AND EXPENSES

- Effective April 1, 2024, the Travel Time Honorarium will be paid as follows:
  - $50 for less than 1 hour return trip
  - $300 for 1 to 4 hours return trip
  - $600 for greater than 4 hours return trip
- Reimbursement of travel expenses in accordance with Government policies

RURAL LOCUM PROGRAMS

The Rural Locum Programs (RLPs) provide support to physicians permanently practicing in RSA communities so they can take reasonable periods of subsidized leave from their practices for CME, vacation and health needs. The RLPs include the Rural FP Locum Program (RFPLP), the Rural FP Anaesthesia Locum Program (RFPALP), Rural Family Practice Enhanced Surgical Skills OB Locum Program (RESSO), and the Rural Specialist Locum Program (RSLP).

Locums for Rural BC (LRBC) is responsible for the day-to-day administration of the RLPs on behalf of the JSC. LRBC provides a concierge service to rural physicians and locums to assist with the placement, privileging, and travel to/from RSA communities to provide locum services. The LRBC website is interactive and allows hosts to post locum opportunities, and for locum physicians to review and request placement.

HAs may request support from the RLPs where there is a vacancy in the physician supply plan that is causing serious health care service access problems and/or an unreasonable workload being placed on a host physician.

GENERAL INFORMATION

ELIGIBILITY – HOST AND LOCUM PHYSICIANS

- Be licensed to practice medicine in BC and in good standing with the CPSBC, CMPA and the regional HA.
- SPs must be certified by the Royal College of Physicians and Surgeons of Canada or be a non-certified specialist with additional recognized training in one of the core specialties and eligible to write qualifying exams.
- Have malpractice liability insurance with the CMPA in the appropriate classification for their practice.
- Enrolled in the Medical Services Plan (MSP) of BC.
- Host physicians must permanently practice in an eligible RSA community.

- Host physicians are not eligible to use the RLPs simultaneously.
- Host physicians must identify any enhanced skills that are required and are to be provided by locums e.g. emergency, obstetrics/gynecology, general surgery, anaesthesia.
- Locum physicians should have certification in Advanced Cardiac Life Support (ACLS) or Comprehensive Approach to Rural Emergencies (CARE). Advanced Trauma Life Support (ATLS) is preferred but not mandatory.
- Locum physicians must obtain HA privileges to practice in the rural hospital(s) if required.

PAYMENT – HOST AND LOCUM PHYSICIANS

- MSP will recover 60% of the locum's fee-for-service (FFS) claims; the host physician receives 40% of the paid MSP claims to cover overhead, paid on a semi-monthly basis.
- In cases where 60% of paid MSP claims are greater than the designated rate (averaged over the length of the assignment), a top-up will be calculated and paid to the locum physician on a quarterly basis.
- The host physician must reimburse the locum for services not covered by MSP (e.g. private, ICBC, WorkSafe BC, reciprocal billings), less the 40% recovered for overhead, and ensure that the locum receives the on-call payment and RRP Fee Premium, if applicable.
- As locum physicians do not bill FFS while on assignment in an APP community, there is no overhead compensation to the host physician or top-up payments to locum physicians.
- Locums are eligible to receive payment for on-call through MOCAP (where applicable). For on-call assignments, locums must apply for an additional payment number and bill all claims under that payment number for the duration of the assignment.

TRAVEL BENEFITS

- Locum physicians on assignment may receive reimbursement for travel related expenses, including flights, car rental, accommodations, ferry travel, use of personal vehicle, parking, taxi, and meals (with certain exceptions).
- Air travel reimbursement is based on the most economical airfare

obtained at the time of booking.

- Personal vehicle use is reimbursed at $0.61 per km.
- Accommodation bookings and reimbursement is based on the approved list of accommodations offering Government rates.
- The RLPs will cover accommodation and car rental expenses where necessary for the locum while on assignment in A and B designated communities.
- The HA or host physician will provide accommodation and car rental expenses for the locum while on assignment in C or D designated communities. If necessary, car rental expenses when travelling to and from the community will be covered by the program.

TRAVEL TIME HONORARIUM

- Effective April 1, 2024, the Travel Time Honorarium will be paid as follows:
  - $250 for less than or equal to 2.5 hours return trip
  - $500 for greater than 2.5 to 4 hours return trip
  - $1,000 for greater than 4 to 10 hours return trip
  - $1,500 for greater than 10 hours return trip
- Travel time is calculated from the time the physician leaves their residence/office to the time of arrival in the community, and from the time the physician leaves the community to the time they arrive to their residence/office.

RURAL FAMILY PRACTICE LOCUM PROGRAM (RFPLP)

- The host physician must practice medicine in an eligible RSA community with 7 or fewer FP, and may request the following number of days of locum services per fiscal year based on RSA community designation:

A communities	43 days
B communities	38 days
C communities	33 days
D communities	28 days

- Each locum request must be a minimum of 5 days, except for weekend assignments where coverage is 3 days (commencing

Friday at 18:00 and concluding Monday at 08:00).

- Effective January 1, 2024, the guaranteed daily rate from $1,275 to $1,658 dependent upon the community. In general, the higher the number of rural points a community receives, the higher the daily rate.
- The weekend coverage rate is $3,187 to $4,143 dependent upon the community.
- The Emergency On-Call stipend will be paid to the locum when their name appears on the call rota to provide the ER call. This payment is $300 for a 24-hours and $135 for less than 24 hours of ED any ED hours that are less than 24.

RURAL FAMILY PRACTICE ANAESTHESIA LOCUM PROGRAM (RFPALP)

- A host physician must provide core anaesthesia; actively participate in providing on-call anaesthesia support; and live and practice medicine in an eligible RSA community with 7 or fewer FPAs.
- Host physicians are eligible for locum coverage for up to a maximum of 35 days per fiscal year.
- Each locum request must be at least 2 days in duration.
- Locums are paid a daily rate from $1,375 to $1,787 dependent upon the community. In general, the higher the number of rural points a community receives, the higher the daily rate.
- In cases where a certified anesthesiologist provides coverage for a FPA, they will be paid a guaranteed daily rate of $1,875.

RURAL FAMILY PRACTICE ENHANCED SURGICAL SKILLS OB LOCUM PROGRAM (RESSO)

- Eligible physicians will be credentialed by their respective HA as “FP Enhanced Surgical Skills” with a sub-category specific to “Obstetrics”,
- There must be no more than 7 credentialed physicians in the community.
- Communities are eligible for up to 35 days of locum coverage per rural FP physician with surgical obstetrical skills, per fiscal year.
- Each locum request must be at least 2 days in duration.
- Locums are paid a daily rate from $1,375 to $1,787 dependent upon the community. In general, the higher the number of rural

points a community receives, the higher the daily rate.
- RESSO is considered a pilot program until March 31, 2025.

RURAL SPECIALIST LOCUM PROGRAM (RSLP)

- The designated core specialties are: anaesthesia, general surgery, internal medicine, obstetrics/gynecology, orthopaedics, paediatrics, psychiatry, radiology.
- The community must be more than 70km from a nearby major medical centre.
- SP must permanently practice in an eligible RSA community, maintain hospital privileges and provide on-call support in that specialty service, to be eligible as follows:
    - A, B, C and D Communities with 4 or fewer SPs in the same core specialty are eligible for up to a maximum of 35 days of locum coverage per year.
    - A and B communities with 5 or 6 SPs (including vacancies) in the same core specialty are eligible for up to a maximum 140 days of locum coverage per year, to be shared amongst the community. No one physician may receive more than 35 days per year.
- Each locum request must be at least 2 days in duration.
- For a list of current eligible RSA communities, please contact the LRBC office.
- The guaranteed daily rate ranges from $1,875 to $2,437. In general, the higher the number of rural points a community receives, the higher the daily rate.
- Locums are eligible for on-call payments through MOCAP (where applicable). For on-call assignments, locums must apply for an additional payment number and bill all claims under that payment number for the duration of the assignment.
- For office-based assignments, locums must assign payment to the host physician's payment number.

RURAL EDUCATION ACTION PLAN (REAP)

The REAP) is a collaboration between the Ministry, DoBC and UBC's Faculty of Medicine. It provides coordination and funding to attract, prepare, recruit, and retain physicians for rural BC communities. REAP carries out its work by using a variety of educationally based strategies throughout the career continuum of a physician, from high school through to practice.

REAP CME PROGRAMS

Rural doctors, including locums, practicing in BC have several REAP programs and bursaries to select from to improve their education and skills.

A) ADVANCED SKILLS & TRAINING PROGRAM

The purpose of this program is to improve rural physician retention and skills by increasing opportunities to receive advanced training and skill enhancement.

Eligible physicians who are pursuing leadership training focusing on enhancing skills for systemic improvements benefiting rural populations in BC can access up to 20 days of funding through the program.

ELIGIBILITY

- Physicians who have been practicing in an RSA community for at least 9 months of the past year.
- Physicians who are returning to practice after a leave such as parental leave, long-term illness or disability and have a formal commitment to practice in a RSA community.
- Support from the community and HA confirming that the skill is needed.

BENEFITS

- $950 per day stipend to cover income loss.
- $90 per day is to be paid to the primary preceptor, from the daily stipend.
- Travel costs up to $2,000 for the duration of the training period.
- Up to $200 per day for accommodation.

B) RURAL SKILLS UPGRADE PROGRAM

- The Rural Skills Upgrade Program provides funding for upfront skills enhancement training of new or returning rural physicians or members of LRBC.

ELIGIBILITY

New rural physicians can access this program during their initial 9 months of practice. Returning rural physicians can access this program during the initial 9 months after returning from a leave.

Both new and returning rural physicians must have:

- a formal commitment to practice in an RSA community.
- a letter of support from the local Chief of Staff that confirms community commitment.
- a letter of support from the HA regional medical director (or equivalent).

Locum Physicians must:

- be accepted into LRBC prior to applying for funding.
- complete a return of service to LRBC within 1-year of completion of training. The return of service commitment must be twice as long as the training commitment.

BENEFITS

- $950 per day stipend to cover income loss.
- $90 per day is to be paid to the primary preceptor, from the daily stipend.
- Travel costs up to $2,000 for the duration of the training period.
- Up to $200 per day for accommodation.

C) EMERGENCY EDUCATION PROGRAM

The Emergency Education Program (EEP) provides FPs practicing in smaller rural communities with a 3-month, full-time, remunerated fellowship in Emergency Medicine. The EEPs provide structured learning that is practical and relevant, offering a unique opportunity for comprehensive skills enhancement in Emergency Medicine

ELIGIBILITY

This program is suited to physicians who currently have a rural practice, work as a rural locum or would like to do more rural work and feel that additional training would make them feel more confident.

Applicants require:

- CCFP
- Active CPSBC license
- A strong connection to rural BC communities with the intent to serve these populations

BENEFITS

- $750 per day stipend to cover income loss and overhead
- reimbursement up to $2,000 for travel costs
- up to $200 per training day for accommodation or a boarding cost in the amount of $75 per day

D) RURAL LOCUM CME PROGRAM

The Rural Locum CME Program makes funding available to FP, FPA and Specialist locum physicians in order for them to access rurally- relevant courses and events. Locum physicians may access funding prior to providing service to LRBC.

ELIGIBILITY

- Must have proof of acceptance into LRBC prior to course commencement and application to the Rural Locum CME Program and be willing to provide a minimum of 10 days of service to LRBC within 1 year of completion of the course.
- The educational event(s) must be taken during the fiscal year in which the application is submitted. The fiscal year runs from April 1 – March 31.

BENEFITS

- ACLS recertification – reimbursement of the course fee to a maximum of $350.
- Reimbursement of the course fee for one additional course to a maximum of $1000.
- Reimbursement of travel/accommodation expenses.

E) NEW RURAL PHYSICIAN CME PROGRAM

The New Rural Physician CME Program makes funding available to physicians in their first 2 years of rural practice in BC in order for them to access rurally relevant courses and events. Funds may be accessed prior to commencing work in an RSA Community and on a yearly basis for the first two years of rural practice.

ELIGIBILITY

- New rural physicians must be in their first 2 years of rural practice in BC and have a formal commitment to practice in a RSA Community.
- The educational event(s) must occur during the fiscal year in which the application is submitted. The fiscal year runs from April 1 – March 31.
- The educational event(s) must occur after a formal commitment to practice in a rural community has been accepted.

BENEFITS

- ACLS recertification – reimbursement of the course fee to a maximum of $350.
- Reimbursement of the course fee for one additional course to a maximum of $1000.
- Reimbursement of travel/accommodation expenses.

F) SPECIALTY TRAINING BURSARY PROGRAM

The Specialty Training Bursary Program provides funding to rurally- bound medical specialty residents or rural physicians who are completing focused postgraduate training that will lead to certification with the Royal College of Physicians and Surgeons of Canada.

- Each successful applicant will be eligible for up to 2 years of bursary funding (at $25,000/annum) to a maximum of $50,000.
- A 1-year return of service requirement is attached to each year of funding that the successful applicant receives.

ELIGIBILITY

Residents or rural physicians are eligible to apply if they:

  - are in the final 2 years of a Royal College of Physicians and Surgeons of Canada residency program and;
  - have been accepted to a specialty position by a hospital and HA included in the RSA pending completion of the residency program.

- Bursary funding is only available while the applicant is pursuing the residency program.
- Preference will be given to specialties identified as being "in need" in rural communities of BC.
- The application deadline is June 30.

G) CLOSER TO HOME CME

Closer to Home CME funding provides groups of rural BC physicians practicing in RSA Communities up to $5,000 to encourage and assist financially with accessing rurally relevant training in their communities.

Courses and workshops supported by Closer to Home CME funding are ideally delivered on the front lines, and are based on community need, are open to interprofessional participants and evaluated both before and after the course.

RURAL COORDINATION CENTRE OF BC (RCCBC)

RCCbc is a network, led by rural physicians, that improves the health of rural people and communities in BC. With network partners, including healthcare providers and administrators, community members, policymakers, educators, researchers, and non-profit and business leaders, RCCbc serves all BC communities included in the RSA by:

CULTIVATING RELATIONSHIPS AND NETWORKS

RCCbc connects people who are passionate about, or play a role in, enhancing rural health equity in BC —from rural citizens and physicians to municipal and Indigenous leaders to provincial policymakers. Examples include the Rural Surgical and Obstetrical Network; Sustaining Paediatrics in Rural and Underserved Communities Network; BC Rural Locums Discussion Group; and Family Practice Anaesthesia Network.

FACILITATING RURAL HEALTH DISCUSSION

RCCbc co-creates safe spaces for network partners to engage in frank discussion about rural health challenges, explore common solutions to improve rural health, and align work as partners. An example includes its annual BC Rural Health Conference.

COORDINATING RURAL HEALTH PROJECTS

RCCbc coordinates innovative projects that expand its network and enhance the ability for rural physicians and other healthcare providers to deliver timely, safe, and effective care to rural patients in BC. Examples include the Real-Time Virtual Support Program; Rural Obstetrical and Maternity Sustainability Program; and its Isolated Medical Provider Aftercare Team.

CREATING LEARNING OPPORTUNITIES FOR RURAL HEALTHCARE PRACTITIONERS

RCCbc co-develops continuing medical education, continuing professional development, and mentorship opportunities in collaboration with rural FPs to enhance rural health providers' skills, scope, and resilience at all stages of their careers. Examples include the RCME Program and Quality Team Coaching for Rural BC.

ADVOCATING FOR A HEALTHY RURAL BRITISH COLUMBIA

RCCbc uses its personal and shared experiences, as well as rural health research evidence, to effect changes to provincial policies that improve the health of rural British Columbians. Examples include its Rural Site Visits Project.

STIMULATING RURAL HEALTH RESEARCH

RCCbc provides grants and offers other support to rural physicians and medical students to carry out culturally safe and rurally relevant research that informs policy and improves healthcare practice and delivery. Examples include its Rural Physician Research Support Grant; and the Rural Global Health Partnership Initiative.

DEVELOPING HEALTHCARE LEADERS

RCCbc supports and develops people in becoming healthcare leaders in their chosen fields of interest and expertise—whether they work in administrative, medical, research, advocacy, or other positions—so their unique perspectives, skills, and knowledge can be used to the fullest potential to improve rural health.

COMMUNICATION WITH HAs

The Ministry receives information from the HAs on rural physicians practicing in their geographic areas to budget and make payments under the RSA.

To streamline the receipt of benefits, practicing physicians should inform the HA when they start work in a RSA community. The HA will subsequently report the physician to the Ministry on the RRP Flat Fee quarterly reporting.

At the end of each calendar year, HAs must provide the Ministry with updated information on physicians permanently residing and practicing in rural communities. This information is used to determine community Medical Isolation Points and eligibility for Rural Practice Programs.

COMMUNITY DESIGNATION

A, B, C, AND D COMMUNITIES

RSA communities are designated A, B, C, or D based on the number of Medical Isolation Points they receive as outlined below.

A communities	20 or more
B communities	15 to 19.9
C communities	1.5 to 14.9
D communities	0.5 to 1.4

- Physicians practicing in A, B, or C communities are eligible for all the Rural Programs subject to meeting individual program requirements.
- Physicians residing in D communities are eligible for the following Rural Programs subject to meeting individual program requirements: RCME, RIF, RCF, RFPLP, RFPALP, and REAP.
- Subject to meeting the minimum point requirement, based on an annual assessment. For the most recent list of communities included in the RSA please scan the QR code or visit https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/rrp_points.pdf

MEDICAL ISOLATION ASSESSMENT SYSTEM

The following chart outlines the factors by which the JSC determines the number of points designated for each rural BC community within the RSA. The point system is used to categorize and group communities to determine eligibility for programs under the RSA. A description of each category is found on pages 29 and 30. The JSC regularly reviews the criteria and may make changes periodically.

MEDICAL ISOLATION AND LIVING FACTORS	POINTS	MAX PTS
NUMBER OF DESIGNATED SPECIALTIES* WITHIN 70KM		
0 Specialties within 70km	60	
1 Specialty within 70km	50	
2 Specialties within 70km	40	
3 Specialties within 70km	20	
4+ Specialties within 70km	0	60
NUMBER OF FAMILY PRACTITIONERS WITHIN 35 KM		
Over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
COMMUNITY SIZE (IF LARGER COMMUNITY WITHIN 35KM, THEN LARGER POPULATION IS APPLIED)		
30,000 +	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25
DISTANCE FROM MAJOR MEDICAL COMMUNITY (KAMLOOPS, KELOWNA, NANAIMO, VANCOUVER, VICTORIA, ABBOTSFORD, PRINCE GEORGE)		
First 70km of road distance	4	
For each 35km over 70km	2	
To a maximum of 30 points	30	30

MEDICAL ISOLATION AND LIVING FACTORS	POINTS	MAX PTS
DEGREE OF LATITUDE		
Communities between 52 to 53 degrees latitude	20	
Communities above 53 degrees latitude	30	30
SPECIALIST CENTRE		
3 designated specialties in physician supply plans	30	
4 designated specialties in physician supply plans	40	
5 to 7 designated specialties in physician supply plans	50	
8 designated specialties and more than one specialist in each specialty as set out in the Physician Supply Plan	60	60
LOCATION ARC		
Communities in Arc A (within 100km air distance from Vancouver)	0.10	
Communities in Arc B (between 100 and 300km air distance from Vancouver)	0.15	
Communities in Arc C (between 300 and 750km air distance from Vancouver)	0.20	
Communities in Arc D (over 750km air distance from Vancouver)	0.25	0.25

MEDICAL ISOLATION POINT ASSESSMENT

NUMBER OF DESIGNATED SPECIALTIES WITHIN 70KM

- All designated specialties within 70km of the community, by road or ferry, where the specialist(s) meeting the Full Time Equivalent (FTE) income figure are counted.*
- The designated specialties include Anaesthesia, General Surgery, Internal Medicine, Obstetrics/Gynecology, Orthopaedics, Paediatrics, Psychiatry, and Radiology.

*A FTE physician is a physician that is above the 40th percentile of earnings for the relevant specialty.

NUMBER OF FAMILY PRACTITIONERS WITHIN 35KM

- FPs practicing within 35km by road of the community and who meet the FTE income count. FPs practicing in a community within 35km of the community by ferry are not counted.

COMMUNITY SIZE

- Where a community is within 35km by road of a larger community, the points are based on the population of the larger community. Where a community is within 35km of a larger community by ferry, the population of the larger community is not counted. When two communities are combined in this Agreement, the populations will be amalgamated.

DISTANCE FROM A MAJOR MEDICAL COMMUNITY

- The designated major medical communities are Abbotsford, Kamloops, Kelowna, Nanaimo, Prince George, Vancouver, and Victoria.

DEGREE OF LATITUDE

- Points are allocated for those communities in BC located at and above the 52° of latitude.

RSA SPECIALIST CENTRE

Points will be assigned to RSA communities where the regional Physician Supply Plan requires designated specialists to provide services for a community. A RSA community located within 35 km by road of a RSA Specialist Centre will receive the same points as the RSA Specialist Centre for this factor. All physicians working in any RSA community as of December 31, 2007 are deemed to be included in the Plan for the term of the RSA.

LOCATION ARC

Four differential multipliers have been established to determine the total points to decide retention allowance figures. Arcs are based on air distance from Vancouver and multiplied by the applicable factor to determine the community's total number of points.

ROAD AND FERRY DISTANCES

- Road distances are used as a proxy for travel time.
- Road distances are converted to travel time using an assumed average speed of 70km per hour.
- For communities only accessible by ferry, the distance is calculated by multiplying the water distance x 8; the ferry distance is then added to the applicable road distance.

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