

British Columbia Ministry of Health

Postgraduate Medical Education International Medical Graduate Return of Service Program Policy for Family Medicine Participants

Health Sector Workforce and Beneficiary Services Division

Updated: September 2022

Table of Contents

Preamble	3
Chapter 1 – Return of Service Program	5
1.1 – Amendments	5
Chapter 2 – Postgraduate Medical Education and Training	6
2.1 – Program and Site	6
2.2 – Additional Training	8
2.3 – Off-cycle Participants	9
Chapter 3 – Return of Service	10
3.1 – Attributable Services	10
3.2 – Exceptional Circumstances	11



Family Medicine Return of Service

PREAMBLE

Preamble

The Province's Postgraduate Medical Education (PGME) International Medical Graduate (IMG) Program is a patient-focussed initiative. This program supports equitable access to Government-Funded Health Services for B.C. residents. All Participants must sign a Return of Service Contract with the Province. The Return of Service Contract is a legal undertaking that warrants independent legal advice.

The PGME IMG Program provides Participants with an opportunity to train and qualify as a physician in B.C. IMGs are a diverse group of Canadian citizens and permanent residents who have completed their medical education at medical schools outside of Canada or the U.S. IMGs are important members of B.C.'s health workforce plan.

All prospective candidates for PGME IMG residency positions apply through the Canadian Resident Matching Service (CaRMS). The PGME IMG residency positions are open to IMG applicants in the first iteration of the CaRMS Main Residency Match. In the second iteration, both IMG and Canadian Medical Graduates may apply. Accepting a PGME IMG residency position via CaRMS is a legal agreement and requires executing the Return of Service Contract.

Roles

The Province of British Columbia funds a designated number of IMG residency positions. The Province also oversees the program at a provincial level, sets expectations that apply to Participants across B.C., and has final approval on Return of Service documents.

The Health Authorities participate in the Return of Service Placement Process, identify the specific details of Return of Service Placements, and are signatories to the Return of Service Addendum. The Health Authorities may collaborate with local Divisions of Family Practice.

The Participant completes Postgraduate Medical Education at the University of British Columbia, and in exchange the Participant completes a Return of Service in

an identified community of need. Upon completion of residency, the Participant is prepared and qualified to apply for licensure with the College of Physicians and Surgeons of BC and has basic competency in Family Medicine skillsets, including emergency medicine. To return service, Family Medicine Participants provide Government-Funded Health Services for a two-year term that begins after residency completion.



Family Medicine Return of Service

POLICY

Chapter: 1 Return of Service Program Page: 1

Section: 1 Contract Amendments Issued: September 2022

- 1. Either the Participant or the Health Authority may request a change to the Return of Service Addendum and both Parties must agree to the change. Changes to the Return of Service Addendum are changes to the Contract, and approval from the Province must be obtained before such changes are undertaken. A Modification Agreement will be necessary and requires execution by both Parties and with final approval of the Province.
- 2. If the Participant requires an extended leave, such as parental leave or medical leave, during residency or the Return of Service Term, the Return of Service Addendum may be amended with approval of the Province to reflect the length of the extended leave. For example, if a Participant takes a one-year parental leave during their Return of Service Term, the end-date of the Return of Service would be extended by one-year.



Family Medicine Return of Service

POLICY

Chapter: 2 Postgraduate Medical

Education and Training

Page: 1

Section: 1 Program and Site | Issued: September 2022

- 1. As informed by the University of British Columbia Faculty of Medicine, residency positions are allocated to Distributed Sites and St. Paul's Hospital. The Province aligns the program with this allocation of positions.
- 2. A Participant is matched to a Postgraduate Medical Education International Medical Graduate residency position and clinical discipline through Canadian Residents Matching Service (CaRMS). The Province maintains the integrity and principles of the CaRMS match and upholds the CaRMS match results.
- 3. Family Medicine Participants fulfil their Return of Service in the same Health Authority as their Training Site.
- 4. Under the extraordinary circumstance that the University of British Columbia recommends a Postgraduate Medical Education program change for a Participant, the Province may approve or reject the change, in its sole discretion, depending on funding availability and physician resource requirements. The Province may require amendment to the Contract terms.
- 5. Under the circumstance that the University of British Columbia transfers the training site of a Participant to be in a different Health Authority, the Province may approve or reject a change of the Participant's designated Return of Service Health Authority, in its sole discretion, depending on funding availability and physician resource requirements.



Family Medicine Return of Service

POLICY

Chapter: 1 Postgraduate Medical

Education and Training

Page: 1

Section: 2 Additional Training

Issued: September 2022

- 1. If the Health Authority identifies a need in a Return of Service community, the Health Authority may request that the Participant pursues additional training to meet to the identified need. Additional training for a Participant requires approval by the Province. The Return of Service Term end date will be amended to reflect the time required to complete the additional training.
- 2. The Province may approve Nanaimo/Northern Emergency Education Program (NEEP/NoEEP) training or Category 2 Enhanced Skills Training at University of British Columbia in consultation with the Health Authority.
- 3. The Province may approve other training pathways depending on Health Authority and community needs, funding availability (if applicable), and physician resource requirements. The Province may require amendment to the Return of Service Contract terms.
- 4. A Participant is responsible for reviewing the eligibility criteria and applying for any approved additional training.



Family Medicine Return of Service

POLICY

1

Chapter: 2 Postgraduate Medical Education | Page:

and Training

Section: 3 Off-Cycle Participants Issued: September 2022

- 1. An off-cycle Participant is defined as a Participant who finishes their Postgraduate Medical Education outside the standard two-year Postgraduate term for Family Medicine.
- 2. If the Participant has not participated in the Return of Service Placement Process when they become delayed in completion of their residency, the Province will determine the next appropriate scheduled Return of Service Placement Process. If the Province and the Health Authority determine that it is not feasible to wait until the next scheduled Return Service Placement Process, then the Participant will work their designated Health Authority recruiter to secure a Return of Service Placement. The Province will determine deadlines related to the Return of Service Placement Process for off-cycle Participants in alignment with the Return of Service Contract.
- 3. If the Participant has participated the Return of Service Placement Process when they become delayed in completion of their residency, the Participant is required to notify the Province, Health Authority, and Placement clinic/facility to discuss amendment to the Return of Service Term start date.



Family Medicine Return of Service

POLICY

Chapter:	3	Return of Service	Page:	1
Section:	1	Attributable Services	Issued:	September 2022

- A Participant who received Postgraduate Medical Education in Family Medicine will be expected to provide longitudinal full-service Family Practice on a Full-Time Basis, as defined in the Return of Service Contract and detailed in the Return of Service Addendum. Based on community needs, a Participant may provide other primary care services, as determined and defined by the Health Authority and with approval of the Province.
- 2. The Participant is expected to provide in-person care as a first priority and in alignment with the Return of Service Placement clinic/facility.
- 3. Direct patient care, including reasonable time for charting and other administrative tasks related to the patient's care, is attributable to Return of Service hours.
- 4. A Participant may be required to provide on-call coverage as part of their Addendum service deliverables. The direct patient care component of on-call coverage is attributable Return of Service hours. Compensation for emergent care as part of an established call group may be available through the Medical On-Call Availability Program (MOCAP) managed by the Health Authority.
- 5. A Participant may be required to provide emergency department, long term care, surgical assist, and inpatient coverage services as part of their Addendum service deliverables. In-clinic hours may be adjusted to accommodate providing these attributable services if necessary.



Family Medicine Return of Service

POLICY

Chapter:	3	Return of Service	Page:	1
Section:	2	Exceptional Circumstances	Issued:	September 2022

- 1. The Participant or their representative must notify the Province should an issue arise that may prevent the Participant from fulfilling their Return of Service obligations.
- 2. If the issue is an exceptional circumstance that creates undue hardship and cannot be addressed through other reasonable means, the Participant may submit a request to the Province to amend the Contract terms.
- 3. Exceptional circumstances must present as truly exceptional and are a material change to the Participant's circumstances since the signing of the Return of Service Contract or previous exceptional circumstance request.
- 4. The Participant must clearly describe the exceptional circumstance, how it prevents the Participant from fulfilling their Return of Service obligations, and how it creates undue hardship. The Participant may be requested to provide documentation to substantiate their exceptional circumstance request.
- 5. The Province reviews all exceptional circumstance requests on a case-by-case basis and in the context of the Participant's Return of Service obligations.
- 6. If the exceptional circumstance request is approved and if applicable, the Province will designate a Health Authority recruiter for the Participant and will determine deadlines for the Participant to secure a Return of Service Addendum.