

**Isolation Allowance Fund (IAF)
Policy**

Ministry of Health
Revised June 2026

Chapter: Isolation Allowance Fund (IAF)

Page: 2 of 6

Section: 1 General

Effective: June 2026

1.1 Description

The purpose of the Isolation Allowance Fund (IAF) is to assist in the attraction and retention of local physician services for small communities.

1.2 Objectives

The 2004-2007 Working Agreement allocated a base transfer of \$600,000 from the Medical On Call Availability Program (MOCAP) budget to the Isolation Allowance Fund.

1.3 Scope

This policy applies to physicians, HA's and other key partners who may be eligible for the IAF.

1.4 Oversight

IAF is a rural physician program under the Rural Practice Subsidiary Agreement (RSA), which 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 (HA's). The JSC advises the BC Government and DoBC on matters pertaining to rural medical practice and is responsible for the overall governance of these rural programs for physicians.

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.

1.5 Administration

The Ministry, in collaboration with the HA's, provides the administration of the IAF in accordance with the policies and procedures established by the JSC.

The amount of the stipend payable per physician is established by the JSC annually using a weighted point value based upon the number of physicians available in the community



Ministry of
Health

Subsidiary Agreement for Physicians in Rural Practice: Policy Manual

and the relative degree of isolation of the community as determined by the annual Rural Retention Program process.

Although this annual stipend is not an on-call payment, it is recognition of emergent care provided in a very isolated rural community in conjunction with the HA's.

Chapter: Isolation Allowance Fund (IAF)	Page: 4 of 6
Section: 2 Definitions	Effective: June 2026

Term	Definition
Health Authority (HA)	Governing bodies, as per the <i>Health Authorities Act</i> , with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Joint Standing Committee on Rural Issues (JSC)	Joint Committee with equal representation from DoBC and MoH (which includes HA reps) that is responsible for policy direction for rural programs.
Locum Physician	A physician with appropriate medical staff privileges who substitutes on a temporary basis for another physician (host physician).
Medical Services Commission	The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Permanent Residence	The permanent home address of a physician; listed on their federal and provincial income tax returns, BC Driver's License, and their BC Home Owners Grant (if applicable). This does not include a secondary residence owned/rented by a physician.
Rural Practice Subsidiary Agreement (RSA)	An agreement negotiated by the BC Government, DoBC and MSC and administered by the JSC.
Rural Practice Subsidiary Agreement (RSA) Community	A rural community that meets all the criteria for the RRP, included in Appendix A of the RSA.

Chapter: Isolation Allowance Fund (IAF)

Section: 3 Eligibility

Page: 5 of 6

Effective: June 2026

3.1 Community Eligibility

Communities under the Rural Subsidiary Agreement (RSA) are eligible for the Isolation Allowance Fund benefit provided that there are less than four physicians within 35 km and there is no hospital in the community.

3.2 Physician Eligibility

- The physician must have permanently resided and practiced in an eligible RSA community, with fewer than four physicians within 35km, for at least 9 months of the year.
- There must not be any MOCAP contract in place for the community in which s/he primarily practices.
- Upon completion of the 9-month residency requirement, physicians are eligible for the IAF retroactive to the date they commenced practice in an eligible community. It is recognized that this 9-month period could straddle two fiscal years and a prorated amount may be required for a partial year.
- Physicians who practice in an eligible community and reside in another eligible community will receive the Isolation Allowance Fund of the community in which they practice.
- Physicians who practice in an eligible community and reside in a non-eligible community will not receive the benefit.
- If a physician is granted a leave of absence of 9 months or less, the physician is not required to re-serve the eligibility period on their return to the same community.
- Locum physicians are not eligible for these payments; however, an eligible physician may offer a portion or all of the payment as part of a locum arrangement.



Chapter: Isolation Allowance Fund (IAF)	Page: 6 of 6
Section: 4 Payment	Effective: June 2026

4.1 Payment

- The Ministry calculates the amounts to be paid to eligible physicians, based on data reported by the HA's, and releases the funding to the HAs on an annual basis.
- HAs are responsible for disbursing the applicable amounts to the eligible physicians, based on the Ministry's calculations.
- HA's must notify the Ministry of any Call Back or Doctor of the Day payments that have been paid to any of the physicians in eligible IAF communities. Funds paid to the physicians will be deducted from the IAF entitlement.