

**Rural Continuing Medical Education
(RCME)
Community Funds Program Policy**

Ministry of Health

April 2020



Chapter: Rural Continuing Medical Education
(RCME) - Community Funds Program

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Section: 1 Description

Effective: April 2020

1.1 Description:

The RCME Community Program provides funding and resources to eligible RSA communities to support community education needs of physicians, and strengthens the well-being and capacity of local health systems to address the health care service needs of the community.

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Section: 3	Definitions	Effective:	April 2020

Term	Definition
DoBC	Doctors of BC
Health Authority	Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	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)	Joint Collaborative Committee with equal representation from DoBC and the Ministry of Health (including health authorities). Responsible for policy direction for Rural Practice Programs.
Locum Tenens	A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOH	Ministry of Health
Resident Physicians	For the purposes of this program, a physician who lives and practices at least 9 months of every year in an RSA community is a resident physician.
Rural Subsidiary Agreement (RSA) Community	An RSA community which meets all the criteria for the RRP.
Rural Practice Subsidiary Agreement	The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the DoBC and the Government.
Supplemental Physician	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 and Amounts	Effective:	April 2020

3.1 Policy: Community Eligibility and Amounts:

3.1.1 RCME Community Program funding is based on the number of physicians who live and practice permanently in eligible RSA Communities as at December 31st of the previous year (Quarter 3), as reported by the Health Authorities. Locum and Itinerant physicians are not included in the count for calculation of RCME Community Funding.

3.1.2 In order to assign the available RCME Community Program funding equitably to each community, Rural Retention Program (RRP) points have been assigned a specific funding value per point:

The aggregate total of system wide RRP points has been divided by the total funding to determine the available funding per RRP point.

The formula for distribution is determined by multiplying the number of physicians in a community by the RRP points/physician by dollars per RRP point.

Physicians in communities with a higher RRP point score are eligible for more funds on a per capita basis than physicians in communities with a lower RRP point score.

Each RSA community is given a baseline amount of \$4,000, and all communities are subject to a minimum payment of \$5,000 or a maximum payment of \$180,000; irrespective of the calculated total.

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Section: 4	Principles	Effective:	April 2020

4.1 Principles

- 4.1.1 Funds are to be used for RSA communities only;
- 4.1.2 Funds should be applied in alignment with any priorities set out by the JSC and not in a way that may be contradictory with the priorities of the health authority or Ministry of Health.
- 4.1.3 Funds should be applied in a way that is community focused and responsive to the needs of physicians. This includes being equitable and accessible across all physicians or groups of physicians (GPs, Specialists, GPs with enhanced skills). Decision-making requires involvement of specialists and generalists (unless no specialists are part of the community).
- 4.1.4 Locum and itinerant physicians may be included in RCME Community Program events at the discretion of the local physician group and/or community.
- 4.1.5 RCME Community Program funds may be accessed by groups of physicians to: build and sustain regional CME networks; organize closer to home CME events and activities; purchase equipment that enables or enhances community RCME delivery and enables physicians to participate; etc.
- 4.1.6 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 or travelling to CME events.
- 4.1.7 Fund can accumulate up to 3 years. Unspent funds will remain with the community but will only be replenished on an annual basis by the program if a plan is produced documenting future spending and goals of the accumulation.

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Section: 5	Criteria and Eligible Expenses	Effective:	April 2020

5.1 Criteria

- 5.1.1 Funds will be used to support events and activities where physicians learn with their professional colleagues and other health care professionals. Events may include members of interprofessional and expanded care teams when relevant.
- 5.1.2 RCME Community Program funds provide an opportunity to incorporate all of the CanMEDS framework, including strengthening physician roles as:
- Medical Expert
 - Professional
 - Communicator
 - Collaborator
 - Scholar
 - Health Advocate
 - Leader
- 5.1.3. Activities should enhance physician wellness through content, collegiality, social connectedness and professional growth.
- 5.1.4 Physicians may be asked to contribute to a portion of the costs of RCME Community Program events or activities from their RCME Individual Fund amounts.

5.2 Eligible Expenses

- 5.2.1 Compensation for the time of physician CME Coordinators and administrators to plan, develop and carry out events and activities, including organizing accreditation / certification for CME credits.
- 5.2.2 Equipment that enables or enhances community RCME delivery and enables physicians to participate. For example, in areas where community RCME is delivered by videoconference, funds may be used to cover the cost of a computer / tablet or videoconference license.
- 5.2.3 Venue, catering, meeting resources, technology such as videoconferencing, or course costs set by organizations delivering RCME.
- 5.2.4 Preparation for RCME events, such as sessional payments or stipends to presenters for curriculum development and delivery, including those that happen as part of a NITAOP visit.
- 5.2.5 Inclusion of interprofessional team members and other community providers as determined by the local community of physicians.
- 5.2.6 Organization and delivery of regional or sub-regional events, local conferences or courses.
- 5.2.7 Expenses related to accreditation and certification of RCME Community Program activities.

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Section: 6	Ineligible Expenses	Effective:	April 2020

6.1 Ineligible Expenses:

- 6.1.1 RCME Community Program funding is not for payments to physicians for participating in or travelling to CME activities or events
- 6.1.2 RCME Community Program funding cannot be used to support activities involving industry.