

**Rural Continuing Medical Education
(RCME)
Individual Funds Policy**

Ministry of Health

Revised June 2025

Chapter: Rural Continuing Medical Education (RCME) –
Individual Funds

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Section: 1 General

Effective: June 2025

1.1 Description

The Rural Continuing Medical Education (RCME) benefits provide funding for medical education activities to support the maintenance of those medical skills and credentials required for rural practice.

1.2 Objectives

The objectives of this policy are to outline the criteria and eligibility of the RCME Individual Funds.

1.3 Scope

This policy applies to physicians, health authorities (HA's) and other key partners administering the RCME Individual Funds program.

1.4 Oversight

The RCME Individual Funds 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 RSA sets out the eligibility criteria, as determined from time to time by the Government of BC (Government), Doctors of BC (DoBC) and Medical Services Commission (MSC), by which a practicing physician may receive the RCME Individual Funds.

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, provide the day-to-day administration of the RCME Individual Funds in accordance with the policies and procedures established by the JSC.

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Section: 2 Definitions

Effective: June 2025

<i>Term</i>	<i>Definition</i>
Designated Specialties	Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesia, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	The Full Time Equivalent income figure is based on the 40 th percentile of earnings for GPs and for each specialty in the previous calendar year as defined by MSP.
Health Authority (HA)	Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Locum Tenens	A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another 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 claim their Homeowners Grant (if applicable). This does not include a secondary residence owned/rented by a physician.
Resident Physician(s)	For the purposes of this program, a physician who permanently resides and practices in an RSA for at least 9-months of every year.
Rural Practice Subsidiary Agreement (RSA) Community	An RSA community which meets all the criteria for the RRP.
Service Clarification Code (SCC)	MSP Code 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 RRP fee premium.
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 Communities and Funding

Effective: June 2025

3.1 Policy: Communities and Amounts:

3.1.1 Physicians who reside and practice in eligible RSA communities are entitled to these benefits under Article 9 - Continuing Medical Education, of the (RSA)¹: If a community falls below the minimum 1.5 Rural Retention Program (RRP) isolation points necessary to qualify for rural flat fee but still have at least 0.5 isolation points, the local physicians are eligible for a reduced rate of the RCME.

3.1.2 When a physician has practiced in one or more of the communities covered by this Agreement for the number of years set out in the table below, the physician is eligible for annual RCME as set out in the table, according to the degree of isolation of the community.

3.1.3 For the purposes of calculating RCME benefits, a physician becomes eligible for RCME once they have resided and practiced for 9-months in an eligible RSA community. The start date utilized is the start date identified by the HA under the Rural Retention Flat Fee Program. A physician's RCME payment eligibility increases once they have reached their 3rd and 5th years of residing and practicing in an eligible RSA community, as determined by their start date in the community.

3.1.4 TABLE: RCME Funding

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

FAMILY PRACITIONERS	Up to 2 years	In the 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

¹ The information provided is based on the terms and conditions of RCME as defined in the RSA and is subject to change. Please refer to the *Agreement* for further details.

SPECIALISTS	Up to 2 years	In the 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

3.1.5 Definition of A, B, C and D Communities:

- 'A' Communities – communities 20 or greater isolation points
- 'B' Communities - communities with 15 to 19.99 isolation points
- 'C' Communities – communities with 1.5 to 14.99 isolation points
- 'D' Communities – communities with 0.5 to 1.49 isolation points

Note: Points are rounded to the second decimal point in the isolation point assessment.

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Section: 4 Eligibility and Application

Effective: June 2025

4.1 Eligibility and Payment:

- 4.1.1** Physicians must maintain their Permanent Residence (home address) in an eligible RSA community year-round (see Permanent Residence definition) and provide clinical services, as a permanent or locum physician, for at least 9-months of the year (considering time off for vacation, CME).
- 4.1.2** Eligibility is based on the community point(s) allocation resulting from the application of the Point Rating System described in the RRP policy framework. The system takes into account the degree of isolation of a community as measured by a number of factors including community size, distance from a major medical community and number and proximity of physicians and designated specialties in a community.
- 4.1.3** New physicians are entitled to the RCME, upon successful completion of the one-year of permanent residency in an RSA community and have provided clinical services for at least 9-months during that year. Reconciliation of the RCME to the HA's will be done annually.
- 4.1.4** If a physician moves from the RSA community following the 9-months of the year requirement, they will receive the RCME payment prorated to the date they leave the RSA community.
- 4.1.5** Supplemental physicians who are identified as filling a vacancy in the HA Physician Supply Plan and not providing coverage for other physicians may be eligible for the RCME provided they meet the eligibility criteria as outlined above.
- 4.1.6** A physician continues to be eligible for full RCME benefits, including accrual, while away from their practice for 92 calendar days or less in a calendar year.
- 4.1.7** A physician who is on a HA approved leave of longer than 92 days, consistent with the criteria and time limits set out within the Medical Staff By-Laws (e.g. for illness, skills enhancement, sabbatical, LOA) will not accumulate service credits during the leave and will not have the leave considered a break in service. A physician on an approved leave will not earn RCME funds during the leave.

- 4.1.8** Physicians on maternity/parental or medical leave may be eligible for up to 1-year of continued RCME payments.
- 4.1.9** For Medical Leaves, a signed medical note from their treating physician with the dates of the leave may be requested by the Ministry and/or the HA.
- 4.1.10** Effective April 1, 2025, if a physician begins a maternity/parental or medical leave before meeting the initial 9-month eligibility requirement, they will be eligible for the RCME Individual Funds for the period of their leave, if they return to work and complete remaining month(s) of their 9-month eligibility requirement or period equal to their leave, whichever is longer to be eligible for the benefit.
- 4.1.11** Effective April 1, 2025 if a physician who is already eligible for the RCME Individual Funds begins a maternity/parental or medical leave, they are required to return to work for the same duration of the leave taken to be eligible for the benefit.
- 4.1.12** The RCME Individual Funds will be repayable to the Ministry by the Physician (via the HA) if the physician does not carry on practice for the required duration outlined in 4.1.10 or 4.1.11.
- 4.1.13** For the purposes of RCME allocation, a physician will revert to the first level of RCME payment if they leave an RSA community for greater than two years. If the leave is less than two years in length, a physician returning to practice in an RSA community will recommence RCME accrual at their previous level.
- 4.1.14** RCME funding for eligible physicians flows directly from the Ministry to physicians through their HA's on a quarterly basis.

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Section: 5 Locums

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Effective: June 2025

5.1 Policy: Locums

A locum physician is not eligible for RCME funding unless that locum physician resides and practices within eligible RSA communities for a period of at least 9-months per year. A locum who does not meet the eligibility criteria for RCME may submit a written application to the Joint Standing Committee on Rural Issues (JSC) for review as an exceptional circumstance.