

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

Ministry of Health

April 2020



Chapter:	Rural Continuing Medical Education (RCME) – Individual Funds	Page:	2 of 6
Section: 1	Description	Effective:	December 2019

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.

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Section: 2	Definitions	Effective:	December 2019

Term	Definition
Alternative Payments	<ul style="list-style-type: none"> • Methods of payment, other than FFS, for physician services.
APP	<ul style="list-style-type: none"> • Alternative Payments Program: A Ministry program, administered from within the Health Human Resources and Labour Relations Division (HHRLR) that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
DoBC	<ul style="list-style-type: none"> • Doctors of BC
Designated Specialties:	<ul style="list-style-type: none"> • Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesiology, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	<ul style="list-style-type: none"> • The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for <u>each specialty</u> in the previous calendar year as defined by MSP.
Health Authority	<ul style="list-style-type: none"> • Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Joint Collaborative Committee with equal representation from DoBC and Ministry of Health Services (including health authorities). Responsible for policy direction for Rural Practice Programs.
Locum Tenens	<ul style="list-style-type: none"> • A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOHS	<ul style="list-style-type: none"> • Ministry of Health Services
Medical Services Commission	<ul style="list-style-type: none"> • The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Resident Physicians	<ul style="list-style-type: none"> • For the purposes of this program, a physician who resides and practices at least 9 months of every year in an RSA community is a resident physician.
Rural Subsidiary Agreement (RSA) Community	<ul style="list-style-type: none"> • An RSA community which meets all the criteria for the RRP.
Service Clarification Code	<ul style="list-style-type: none"> • Code (Appendix A) 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 fee premium.
Rural Practice Subsidiary Agreement	<ul style="list-style-type: none"> • The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the DoBC and the Government.
Supplemental Physician	<ul style="list-style-type: none"> • 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 Amounts	Effective:	December 2019

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 6.0 Rural Retention Program (RRP) isolation points necessary to qualify for rural premiums 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 he/she has resided and practiced for 9 months in an eligible RSA community. The start date utilized is the start date identified by the Health Authority under the Rural Retention Flat Fee Program. A physician's RCME payment eligibility increases once he/she reaches 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 ELIGIBILITY:

GENERAL PRACITIONERS	Up to 2 years	In the 3rd & 4th year	Over 4 years
'A' communities	\$1,320.00	\$3,520.00	\$5,720.00
'B' communities	\$440.00	\$2,640.00	\$4,840.00
'C' communities	\$0.00	\$2,200.00	\$4,400.00
'D' communities	\$0.00	\$1,100.00	\$2,200.00

SPECIALISTS	Up to 2 years	In the 3rd & 4th year	Over 4 years
'A' communities	\$1,800.00	\$4,800.00	\$7,800.00
'B' communities	\$600.00	\$3,600.00	\$6,600.00
'C' communities	\$0.00	\$3,000.00	\$6,000.00
'D' communities	\$0.00	\$1,500.00	\$3,000.00

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 6 to 14.99 isolation points
- 'D' Communities – communities with 0.5 to 5.99 isolation points

N.B. Points are rounded to the second decimal point in the isolation point assessment.

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.

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Section: 4	Eligibility and Application	Effective:	December 2019

4.1 Eligibility and Payment:

4.1.1 To be eligible for RCME, a physician must reside and practice in eligible RSA communities (see Appendix 1²) for at least nine (9) months per year.

4.1.2 If a physician moves from the community following the nine months of the year requirement, he/she will receive the RCME payment prorated to the date they leave the community.

4.1.3 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.

4.1.5 New physicians are entitled to the RCME, upon successful completion of the annual nine (9) months residency requirement in an eligible RSA community. Reconciliation of the RCME to the HA's will be done annually.

4.1.6 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

4.1.7 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.

4.1.8 A physician who is on a health authority approved leave of longer than three months, consistent with the criteria and time limits set out within the Medical Staff By-Laws (e.g. for illness, maternity, 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.

4.1.9 For the purposes of RCME allocation, a physician will revert to the first level of RCME payment if he/she leaves 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.

4.1.10 RCME funding for eligible physicians flows directly from the Ministry to physicians through their Health Authorities on a quarterly basis.

² Point Assessments for the RRP are done on an annual basis so community eligibility may change.

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Section: 7	Locums	Effective:	December 2019

7.1 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 nine (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.