



British Columbia Ministry of Health

Re-entry
Physician Return of Service Program
Policy for Specialty Medicine Participants

Labour, Negotiations and Beneficiary Services Division

Issued: April 2026

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Preamble

British Columbia's Postgraduate Medical Education Re-entry Program and its associated Return of Service requirement is a patient-focused initiative. This program supports equitable access to the publicly funded health care system for all B.C. residents as well as physician career flexibility.

The Re-entry Program provides opportunities for licensed, practising physicians to re-train. The specialties available for Re-entry are in areas of critical need and are designated by the Ministry of Health in consultation with the University of British Columbia (UBC). A participant's clinical experience is factored into the length of residency as determined by UBC.

Re-entry positions are not matched through the Canadian Resident Matching Service (CaRMS). All prospective participants for Re-entry residency positions apply through UBC. Accepting a Re-entry residency position is a legal agreement and requires executing the applicable Return of Service contract.

Policy Objectives

To serve as a companion document to the Return of Service contract for Re-entry participants and prospective participants.

Policy Updates

The Ministry of Health may update this policy from time to time. Notice of updates will be provided to active Re-entry Return of Service participants.



Chapter 1: Administration	Chapter Page: 1 of 5
Section 1: General Description and Definitions	Issued: April 2026

Intent

To outline the roles and responsibilities of the participants, health authorities or agency, and the Ministry of Health within the Re-entry Return of Service Program in alignment with the Return of Service contract and policy definitions.

1.1.1 Roles

The Ministry of Health:

- funds a designated number of Re-entry residency positions;
- oversees Return of Service programs at a provincial level;
- sets guidelines and expectations that apply to participants across B.C.; and
- has final approval on Return of Service documents.

The health authorities or agency:

- participate in the Return of Service placement process;
- identify communities of need and/or placement opportunities, in which they may collaborate with other partners, including the Ministry of Health;
- define the specific details of Return of Service placements; and
- are a party to the approved addendum.

The participant:

- receives a residency position at UBC, and in exchange must sign a Return of Service contract with the Ministry of Health (this contract is a legal agreement and warrants independent legal advice);
- upon completion of residency, applies for licensure with the College of Physicians and Surgeons of BC;
- provides government-funded health services for a two- or three-year term that begins after residency completion or Public Health and Preventive Medicine services for a three-year term that begins after residency completion; and
- completes their Return of Service in an identified placement.



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1.1.2 Definitions

As aligned with the Re-entry Return of Service Contract, definitions in this policy are:

- (a) **“Addendum”** or **“Return of Service Addendum”** means the Addendum appended as Schedule 2 in the Contract as a template;
- (b) **“Approved Addendum”** means an Addendum that has been filled out and executed by the Participant and Health Authority or Agency, and then approved by the Province, which contains the terms and conditions of the Return of Service Placement;
- (c) **“Agency”** means the publicly funded health employer that signs the Addendum and offers the Placement to a Public Health and Preventive Medicine Participant and may be a Health Authority;
- (d) **“Communities of Need”** or **“Community of Need”** means the communities or community available to the Standard Participant for Return of Service Placement designated by the Participant’s Health Authority;
- (e) **“Contract”** or **“Return of Service Contract”** means the contract that is signed by the Ministry of Health and the Participant in exchange for the Participant receiving a Re-entry Residency position;
- (f) **“Full-Time Basis”** means as described in the Approved Addendum, but for a Standard Participant must include a minimum number of hours per year of patient care providing Government-Funded Health Services for the duration of the Return of Service Term with hours distributed over each year of the term or for a Public Health and Preventive Medicine Participant is generally a 1.0 full-time equivalent;
- (g) **“Government-Funded Health Services”** means insured health services as benefits under the Medical Services Plan or an alternative payment arrangement through either the Province or the Health Authority, plus other services that are incidental to such a practice such as services insured by WorkSafe BC, filling out forms for employment purposes, etc. For clarity, this excludes not medically necessary services such as uninsured cosmetic, aesthetic, or enhanced lifestyle services;



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- (h) **“Health Authority”** means the regional health board designated under the *Health Authority Act*, RSBC 1996, c.180, the Provincial Health Services Authority, the First Nations Health Authority, or Providence Health Care, to which the Participant is designated in the Contract, unless designated otherwise by the Ministry of Health;
- (i) **“Ministry of Health”** or **“Province”** means Government of British Columbia as represented by the Minister of Health and is a party to the Contract as the Province and approves the Addendum;
- (j) **“Offer Letter”** means a letter from a medical clinic, Health Authority, or Agency offering the Participant a Return of Service Placement;
- (k) **“Participant”** means the individual that matches to a Re-entry Residency position and is party to the Contract across all Re-entry specialties;
- (l) **“Placement”** means the medical clinic or facility in a Community of Need in which the Standard Participant practises medicine or the community and Agency in which the Public Health and Preventive Medicine Participant practises in accordance with the terms of the Contract for the Return of Service Term;
- (m) **“Postgraduate Medical Education”** means the Re-entry residency positions that the Ministry of Health funds in exchange for a Return of Service obligation, including the Re-entry Residency position that the Participant is receiving in exchange for agreeing to the terms of the Contract and any advanced training for the Participant approved by the Ministry of Health;
- (n) **“Repayment Amount”** means the repayment amount defined in the Contract and that the Participant must pay to the Province if the Ministry of Health terminates the Contract (including due to the Participant breaching the Return of Service or other obligations under the Contract);
- (o) **“Residency”** or **“Re-entry Residency”** means the Participant’s Postgraduate Medical Education residency position;
- (p) **“Return of Service”** means the Return of Service described in the Contract which requires the Participant to provide Government-Funded Health Services in a Placement for the Return of Service Term;



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- (q) **“Return of Service Term”** means the duration the Participant must provide a Return of Service on a Full-Time Basis, which is set out in the Contract and is a two- or three-year term; and
- (r) **“Standard Participant”** means the individual that matches to a Re-entry Residency position and is party to the Contract, excluding those in Public Health and Preventive Medicine.



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Section 2: Contract Amendments	Issued: April 2026

Intent

To outline the approach for Contract amendment by written agreement where required, including amending the Approved Addendum.

1.2.1 Approved Addendum amendments

Either the Participant or the Health Authority or Agency may request a change to the Approved Addendum, and both must agree to the change. Changes to the Approved Addendum are amendments to the Contract, and prior approval from the Ministry of Health must be obtained before such changes are undertaken. A modification agreement would be executed to finalize the change and, if approved, would be signed by the Participant and the Health Authority or Agency and approved by the Ministry of Health.

1.2.2 Change of program

The Ministry of Health maintains the integrity and principles of the CaRMS match and UBC Re-entry match, upholds the CaRMS and UBC Re-entry match results, including a Participant’s clinical discipline, and defers to UBC’s program transfer policy.

Postgraduate Medical Education program transfers are an extraordinary circumstance and have impact on the Return of Service Contract. The Ministry of Health may support a Participant’s Postgraduate Medical Education program change in relation to the Return of Service, reviewed on a case-by-case basis and depending on factors such as alignment with physician workforce need and funding availability. It is UBC’s determination whether to offer the supported program transfer to the Participant.

In the event of a Participant’s program transfer, the Contract remains, and the Ministry of Health may require an amendment to the Contract terms. As applicable, this Contract amendment may include changes such as the specified clinical discipline, the Return of Service Term length, the location of the Return of Service, updates to the Repayment Amount, and other discipline specific terms.



Chapter 2: Return of Service Timeline	Chapter Page: 1 of 2
Section 1: Leaves	Issued: April 2026

Intent

To outline the impact of a Participant’s leave during their Residency or Return of Service Term.

2.1.1 Extended leave during Residency

If a Participant takes an extended leave, such as parental leave or medical leave during Residency, the start date of the Return of Service Term would be delayed. The Return of Service Term for a Standard Participant would commence within three-months of Residency completion. The Return of Service Term for a Public Health and Preventive Medicine Participant would commence within six-months of Residency completion. The Ministry of Health may require a Contract amendment.

2.1.2 Extended leave during the Return of Service Term

If a Participant takes an extended leave, such as parental leave or medical leave during the Return of Service Term, the end date of the Return of Service Term would be delayed. The Return of Service Term would resume upon completion of the leave. The Ministry of Health may require a Contract amendment.

2.1.3 Educational leave following Residency

If a Participant has an approved educational leave following Residency, the start date of the Return of Service Term would be delayed. The Return of Service Term for a Standard Participant would commence within three-months of completing the approved training. The Return of Service Term for a Public Health and Preventive Medicine would commence within six-months of completing the approved training. The Ministry of Health may require a Contract amendment.

2.1.4 Educational leave during the Return of Service Term

If a Participant has an approved educational leave during the Return of Service Term, the end date of the Return of Service Term would be delayed. The Return of Service Term would resume upon completion of the approved training. The Ministry of Health may require a Contract amendment.



Chapter 2: Return of Service Timeline	Chapter Page: 2 of 2
Section 2: Delayed or Off-cycle Participants	Issued: April 2026

Intent

To outline the impact of a delayed Participant, an off-cycle Participant, or a Participant with a deferred Residency start.

Background

A delayed Participant is a Participant who is delayed in the completion of their Residency beyond the standard Residency length. An off-cycle Participant is a Participant who is originally scheduled by UBC to start Residency in a month other than July or finish Residency in a month other than June.

2.2.1 Deadlines for delayed or off-cycle Participants

The Ministry of Health will determine deadlines related to the Return of Service placement process for a delayed or off-cycle Participant in alignment with the Return of Service Contract.

2.2.2 Placement process for delayed or off-cycle Participants

Depending on the timing of the delayed or off-cycle Participant’s Residency completion date, the Participant may have the option to defer participation in the placement process.

If the Ministry of Health and the Health Authority or Agency determine that it is not feasible to wait until the next scheduled Return of Service placement process, the Participant will work to secure a Return of Service Placement as directed.

2.2.3 Deferred Residency start

If a Participant is approved by UBC to defer the start of their Residency to a later year, the Participant will still sign their Return of Service Contract by the date provided by the Ministry of Health.



Chapter 3: Advanced or Additional Training	Chapter Page: 1 of 3
Section 1: Required Prior Approvals and Review of Requests	Issued: April 2026

Intent

To outline the required prior approvals for a Participant to apply for advanced or additional training prior to completing their Return of Service Term and the review of training requests.

3.1.1 Advanced or additional training pathways

For the purposes of the Re-entry Return of Service Contract and policy, advanced or additional training includes:

- (a) subspecialty, and
- (b) fellowship.

Participants may also consider other training pathways.

3.1.2 Required prior approvals

As there is an impact on the Return of Service Contract, prior approval from the Ministry of Health Physician Return of Service Programs is required for a Participant to apply to advanced or additional training or other training pathways. Prior approval from the Participant’s Return of Service Health Authority may also be required. The required prior approvals are detailed as follows:

- (a) Participants applying to subspecialty or fellowship programs:
 - i. All Participants who have not yet completed their Return of Service Term require prior approval from the Ministry of Health Physician Return of Service Programs and their Health Authority to apply to a subspecialty or fellowship. The Ministry of Health will provide direction to the Participant on securing Health Authority approval.
- (b) Participants applying to other training pathways:
 - i. All Participants who have not yet completed their Return of Service Term require prior approval from the Ministry of Health Physician Return of Service Programs to apply to other training pathways. The Ministry of Health would determine whether the Participant would also require prior approval from their Health Authority. If applicable, the Ministry of Health will provide direction to the Participant on securing Health Authority approval.



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Section 1: Required Prior Approvals and Review of Requests	Issued: April 2026

Summary Table:

Training Requests	Required Prior Approvals	
	Ministry of Health	Health Authority
Subspecialty or fellowship	✓	✓
Other training pathways	✓	See 3.1.2

3.1.3 Return of Service Term

Approved advanced or additional training does not extend the two- or three-year Return of Service Term. As training time does not count towards the Return of Service, the start and end dates of the Return of Service would be deferred per subsections 2.1.3 and 2.1.4 of this policy in the event of an approved educational leave.

3.1.4 Review of advanced or additional training requests

The Ministry of Health reviews requests for advanced or additional training based on the following considerations:

- (a) the Participant’s contractual obligations, including but not limited to the provision of Government-Funded Health Services;
- (b) the Participant’s Placement match status;
- (c) the Participant’s Return of Service status;
- (d) Health Authority or Agency approval (if applicable);
- (e) funding availability (if applicable);
- (f) training location and duration;
- (g) current and projected physician resource requirements; and
- (h) any other factors the Ministry of Health deems relevant to the specific request as reviewed case-by-case.

3.1.5 Review of other training pathways requests

The Ministry of Health reviews requests for other training pathways based on the same assessment criteria outlined in policy subsection 3.1.4. The Ministry of Health may require an amendment to the Contract terms.



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Section 1: Required Prior Approvals and Review of Requests	Issued: April 2026

3.1.6 Applying to training

A Participant is responsible for reviewing the eligibility criteria and submitting an application for any approved advanced or additional training following prior approval as detailed in subsection 3.1.2 of this policy.

3.1.7 Outcome of application to training

Once the application outcome for the approved advanced or additional training is known, the Participant must notify the Ministry of Health Physician Return of Service Programs and their Health Authority or Agency.



Chapter 4: Return of Service	Chapter Page: 1 of 5
Section 1: Return of Service Location	Issued: April 2026

Intent

To outline the Ministry of Health’s determination of a Re-entry Standard Participant’s Return of Service location.

4.1.1 Standard Participant Return of Service Health Authority

The Ministry of Health allocates Re-entry Standard Participant Return of Service to a Health Authority. The Ministry of Health determines the Health Authority or Health Authorities available for each Re-entry Standard Participant for their Return of Service. By accepting a Re-entry Standard Participant position via UBC, the Participant agrees that they may be assigned to any of the Health Authorities identified for their matched specialty.



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Section 2: Services and Hours	Issued: April 2026

Intent

To outline which services and hours count towards a Participant’s Return of Service.

4.2.1 Addendum service deliverables

Services included in a Participant’s Approved Addendum count towards their Return of Service and minimum annual hours requirement in accordance with subsections below.

4.2.2 Distribution of hours and minimum annual hours

Return of Service hours are to be distributed equitably over each year of the Return of Service Term to ensure continuity of care for patients. If a Participant fulfills their minimum annual hours requirement before the end of their two- or three-year term the Return of Service does not complete early.

4.2.3 Specialty medicine services

A Standard Participant will provide Government-Funded Health Services as defined in the Return of Service Contract and described in the Approved Addendum. At the discretion of the Health Authority or Ministry of Health and linked to the community’s needs, the Standard Participant’s services may include outreach, training, hospital-based services, or community-based services. If approved to take advanced or additional training, these services should be reflected in a Standard Participant’s Return of Service.

A Public Health and Preventive Medicine Participant will provide public health services as defined in the Return of Service Contract and described in the Approved Addendum.

4.2.4 Direct and indirect patient care

For Standard Participants, direct patient care and a reasonable level of patient-specific indirect care, such as charting, count towards Return of Service hours.

4.2.5 On-call

Only the patient care component of on-call counts towards Return of Service hours. On-call availability does not count towards Return of Service hours.



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Section 2: Services and Hours	Issued: April 2026

4.2.6 Travel

Time spent travelling to and from the work site or service location does not count towards Return of Service hours.

4.2.7 Locum services

Services provided by a locum on behalf of a Participant do not count towards Return of Service hours.

Services that the Participant provides as a locum would count towards the Return of Service if the Health Authority or Ministry of Health, as applicable, approves a locum-based Placement and the locum role is specified in the Participant's Approved Addendum.

4.2.8 Vacation, continuing medical education, and leave

Time spent on vacation, continuing medical education, or leave, does not count towards Return of Service hours. Vacation allotment and scheduling are determined through agreement between the Participant and their Placement clinic, facility, or Agency.



Chapter 4: Return of Service	Chapter Page: 4 of 5
Section 3: Exceptional Circumstances	Issued: April 2026

Intent

To outline the Participant’s responsibilities and the Ministry of Health’s approach if an exceptional circumstance arises for a Participant after the Contract has been signed.

Background

In signing their Contract, the Participant confirmed they intend to fulfill their Return of Service even if it is not in their preferred community or area of B.C. As well, by signing their Contract, the Participant confirmed that they considered all existing or foreseeable circumstances for them and their immediate family and knew of nothing that would preclude the Participant from relocating to a Community of Need or otherwise completing the Return of Service in full.

4.3.1 Exceptional circumstance

An exceptional circumstance is:

- (a) an unforeseen, severe adversity that creates an undue hardship;
- (b) prohibitive to the Participant relocating to a Community of Need or otherwise completing their Return of Service as per their Contract;
- (c) unavoidable with no other reasonable solution available; and
- (d) a material change to the Participant’s circumstances since signing their Return of Service Contract or since a previous exceptional circumstance request.

Ordinary or reasonably foreseen events or situations are not exceptional circumstances.

4.3.2 Request and review

The Participant may submit a request to the Ministry of Health to amend the terms of the Contract due to an exceptional circumstance. The Ministry of Health may require the Participant to provide documentation to substantiate their exceptional circumstance from a professional third party with relevant knowledge of the Participant’s circumstance.

The Ministry of Health reviews all exceptional circumstance requests on a case-by-case basis and in the context of the Participant’s Return of Service obligations. The Ministry of Health’s review will include whether the Participant’s circumstance is an exceptional circumstance, any requested substantiating documentation, and any other factors the Ministry deems relevant to the specific request.



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Section 3: Exceptional Circumstances	Issued: April 2026

4.3.3 Approved request

If the exceptional circumstance request is approved, the Ministry of Health will determine the amendment to the Contract terms, which may include identifying a region or community for the Return of Service. If approved and applicable, the Ministry of Health will designate a Health Authority recruiter or Agency for the Participant and set deadlines for the Participant to secure an Approved Addendum.

Should a new or changed Placement or community be approved, the new Placement or community will be identified in alignment with the Participant’s contract (i.e. identified by the Health Authority for most Participants).

If the Ministry of Health approves a changed Placement, the Participant is responsible for managing the impact on any other agreements or commitments they have made, such as a practice agreement, Offer Letter, compensation model, or employment arrangement.

4.3.4 Denied request

If the exceptional circumstance request is denied, the Participant will fulfill their Return of Service per their Contract (i.e. in a Community of Need identified by their designated Health Authority or Agency). If applicable, the Ministry of Health will set deadlines for the Participant to secure an Approved Addendum.

4.3.5 Death or grave illness

In the event the Participant dies or becomes gravely ill and is no longer able to practise medicine before completing Residency or their Return of Service, the Ministry of Health may forgive some or all of the Repayment Amount owed under the Contract.