



British Columbia Ministry of Health

Postgraduate Medical Education Re-entry

Physician Return of Service Program

Policy for Specialty Medicine Participants

Health Sector Workforce and Beneficiary Services Division

Issued: April 2024

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Preamble

British Columbia's (B.C.) Postgraduate Medical Education (PGME) Re-entry Program is a patient-focussed initiative. This program supports equitable access to a publicly funded health system for all British Columbians 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 Residency 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 a Return of Service Contract.

Policy Objectives

To be a companion document to the Return of Service Contract for Re-entry participants and potential participants.

Policy Updates

The Ministry of Health may update this program policy from time to time. The Ministry will send notice of updated policy to active program participants.



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Section 1: General Description and Definitions	Issued: April 2024

Intent

To describe 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 Contract.

1.1.1 Roles

The Ministry of Health:

- funds a designated number of Re-entry residency positions;
- oversees the program 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;
- outline the specific details of Return of Service Placements; and
- are a party to the Return of Service Addendum.

The Participant:

- receives a Residency position at UBC, and in exchange the Participant must sign a Return of Service Contract with the Ministry of Health (the Return of Service Contract is a legal undertaking that warrants independent legal advice);
- upon completion of Residency, is prepared and qualified to apply for licensure with the College of Physicians and Surgeons of BC;



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- provides Government-Funded Health Services for a 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.

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 included in the Contract that is executed by the Participant and Health Authority or Agency, and approved by the Ministry of Health, and which contains the terms and conditions of the Return of Service Placement;
- (b) **“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;
- (c) **“Communities of Need”** or **“Community of Need”** means the communities or community available to a Standard Participant for Return of Service Placement designated by the Participant’s Health Authority;
- (d) **“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;



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- (e) **“Full-Time Basis”** means as described in the Addendum, but for a Standard Participant must include a minimum number of hours per year 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;
- (f) **“Government-Funded Health Services”** includes insured health services as benefits under the Medical Services Plan or an alternative payment arrangement through either the Ministry of Health or the Health Authority;
- (g) **“Health Authority”** means the regional health board designated under the Health Authority Act, RSBC 1996, c.180, or the Provincial Health Services Authority or First Nations Health Authority, to which the Participant is designated under the Contract, unless designated otherwise by the Ministry of Health;
- (h) **“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;
- (i) **“Offer Letter”** means a letter from a medical clinic, Health Authority, or Agency offering the Participant a Return of Service Placement;
- (j) **“Participant”** means the individual that matches to a Re-entry Residency position and is party to the Contract across all Re-entry specialties;



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- (k) **“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 during the Return of Service Term;
- (l) **“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;
- (m) **“Repayment Amount”** means 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);
- (n) **“Residency”** or **“Re-entry Residency”** means the Participant’s Postgraduate Medical Education residency position;
- (o) **“Return of Service”** means the Return of Service described in the Contract which requires the Participant to provide services in a Placement for the duration of the Return of Service Term;
- (p) **“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
- (q) **“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 2024

Intent

To describe the approach for Contract amendment by written agreement.

1.2.1 Addendum amendments

Either the Participant or the Health Authority or Agency may request a change to the Return of Service Addendum and both Parties must agree to the change. Changes to the Return of Service Addendum are changes to the Contract, and approval from the Ministry of Health must be obtained before such changes are undertaken. A Modification Agreement will be necessary to finalize the amendment and requires execution by both Parties and final approval of the Ministry of Health.

1.2.2 Change of program

The Ministry of Health maintains the integrity and principles of the CaRMS and UBC Re-entry match and upholds the CaRMS and UBC Re-entry match results, including a Participant’s clinical discipline. As such, the Ministry of Health is unable to support Re-entry Participants transfer into other residency positions.



Chapter 2: Return of Service Timeline	Chapter Page: 1 of 3
Section 1: Leaves	Issued: April 2024

Intent

To describe the impact of a Participant’s leave during Residency or Return of Service on the Contract and Return of Service Term.

2.1.1 Extended leave during Residency

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

2.1.2 Extended leave during Return of Service

If the Participant requires an extended leave, such as parental leave or medical leave during the Return of Service, the Return of Service end date would be delayed. The Return of Service would re-commence at the end of the leave. A Contract amendment may be required.

2.1.3 Educational leave following Residency

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



Chapter 2: Return of Service Timeline	Chapter Page: 2 of 3
Section 1: Leaves	Issued: April 2024

2.1.4 Educational leave during Return of Service

If the Participant has an approved educational leave during the Return of Service, the Return of Service end date would be delayed. The Return of Service would recommence after completion of the approved training. A Contract amendment may be required.



Chapter 2: Return of Service Timeline	Chapter Page: 3 of 3
Section 2: Delayed Participants	Issued: April 2024

Intent

To describe the impact of a Participant being delayed in completion of Residency on the Return of Service placement process.

2.2.1 Delayed Participant

A delayed Participant is a Participant who is delayed in the completion of their Residency. This may include an off-cycle Participant who finishes their PGME outside the standard educational length for their specialty.

2.2.2 Deadlines for delayed or off-cycle Participant

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.

2.2.3 Placement process for delayed or off-cycle Participant

Depending on the timing of the delayed or off-cycle Participant’s Residency completion date, it may be necessary for the delayed or off-cycle Participant to defer to the following year’s Return of Service placement process. The Ministry of Health will advise whether a Participant has the option of deferring to a later placement process.

If the Participant has participated in the Return of Service placement process when they become delayed in completion of their residency or off-cycle, the Participant must notify the Ministry of Health, Health Authority or Agency, and Placement clinic or facility to discuss amendment to the Return of Service Term start date.

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



Chapter 3: Postgraduate Medical Education and Training	Chapter Page: 1 of 1
Section 1: Advanced and Additional Training	Issued: April 2024

Intent

To describe whether and how a Participant may pursue advanced or additional training immediately following their Residency or during their Return of Service.

3.1.1 Review of requests for training

The Ministry of Health reviews and may approve requests for advanced or additional training in the context of the Participant’s contractual obligations, Participant’s match or Return of Service status, Health Authority or Agency approval, Health Authority need and/or Placement needs, funding availability (if applicable), and physician resource requirements. The Ministry of Health may require amendment to the Return of Service Contract terms.

3.1.2 Applying to training

A Participant is responsible for reviewing the eligibility criteria and applying for any approved advanced or additional training.



Chapter 4: Return of Service	Chapter Page: 1 of 5
Section 1: Return of Service Health Authority	Issued: April 2024

Intent

To describe the allocation of Return of Service to a Health Authority for a Standard Participant.

Background

The allocation of Return of Service to Health Authorities for Standard Participants is determined prior to matching to the position. Participants are matched to a Re-entry Residency position and clinical discipline through UBC. The Ministry of Health maintains the integrity and principles of the match and upholds UBC’s match results.

4.1.1 Return of Service Health Authority for Standard Participants

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



Chapter 4: Return of Service	Chapter Page: 2 of 5
Section 2: Attributable Services and Hours	Issued: April 2024

Intent

To describe the services and hours that are and are not attributable towards a Participant’s Return of Service.

4.2.1 Addendum service deliverables

Services included in a Participant’s Addendum are attributable towards their Return of Service and minimum annual hours or full-time equivalent requirement.

4.2.2 Distribution of hours and minimum annual hours

Return of Service hours are to be distributed equitably over the course of each year of the Return of Service Term to ensure continuity of care for patients. If the minimum annual hours requirement is met prior to the end of the two- or three-year term, the Return of Service does not end early.

4.2.3 Specialty medicine services

A Standard Participant will provide Government-Funded Health Services on a Full-Time Basis, as defined in the Return of Service Contract and detailed in the Return of Service Addendum. Based on community needs and approved advanced or additional training, a Standard Participant may provide services such as outreach, training, hospital-based services, or community-based services, as determined and defined by the Health Authority and with approval of the Ministry of Health.

A Public Health and Preventive Medicine Participant will provide public health services on a Full-Time Basis, as defined in the Return of Service Contract and detailed in the Return of Service Addendum.



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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, is attributable to Return of Service hours.

4.2.5 On-call

The patient care component of on-call coverage is attributable to Return of Service hours. On-call availability is not attributable to Return of Service hours. Compensation for on call-availability as part of an established call group may be available through the Medical On-Call Availability Program (MOCAP) managed by the Health Authority.

4.2.6 Locum services

Services provided by a locum on behalf of a Participant are not attributable towards Return of Service hours.

4.2.7 Vacation, continuing medical education, and leave

Time spent on vacation, continuing medical education, or leave is not attributable towards Return of Service hours. Vacation allotment and scheduling is an arrangement between a Participant and their Placement clinic or facility or Agency.



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Section 3: Exceptional Circumstances	Issued: April 2024

Intent

To describe the Participant’s responsibilities and the Ministry of Health’s approach if an exceptional circumstance arises for a Participant.

4.3.1 Exceptional circumstance

The Participant or their representative must notify the Ministry of Health should an issue arise that may impact the Participant fulfilling their Return of Service obligations.

Exceptional circumstances:

- present as truly exceptional;
- are a material change to the Participant’s circumstances since the signing of the Return of Service Contract or previous exceptional circumstance request;
- create undue hardship; and
- cannot be addressed through other reasonable means.

4.3.2 Exceptional circumstance amendment

The Ministry of Health may consider amending the terms of the Contract due to an exceptional circumstance. The Participant may be requested to provide documentation to substantiate their exceptional circumstance request. 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.



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4.3.3 Approved request

If the exceptional circumstance request is approved and if applicable, the Ministry of Health will designate a Health Authority recruiter or Agency for the Participant and will determine deadlines for the Participant to secure a Return of Service Addendum. The Health Authority or Agency will identify Placement opportunities for the Participant, should a new or changed Placement or community be approved.

If the Ministry of Health approves an amendment to the Contract terms, the Participant is responsible for navigating impacts on any other agreements or commitments they have made, such as practice agreement, Offer Letter, compensation model, or employment arrangement.

4.3.4 Death or grave illness

If the Participant dies or becomes gravely ill such that they can no longer practise medicine before fulfilling their contractual obligations, the Ministry of Health may forgive some or all of the Repayment Amount.