



**Ministry of Health**

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**BC Clinical Anesthesiology Fellowship  
Return of Service Program  
POLICY**

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**Health Sector Workforce and Beneficiary Services Division**

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**PREAMBLE:**

In order to ensure there are a sufficient number and the appropriate variety of physicians now and in the future for a sustainable, affordable, publicly-funded health system, the Province of British Columbia (the Province) agrees to fund designated fellowship positions (the Fellowship) in exchange for services to the BC health system for a defined time and in a Ministry of Health/Health Authority-identified community of need. The Return of Service Contract aligns with Provincial priorities and Health Authority service delivery plans.

A two-year Return of Service will be attached to designated Fellowship positions that are funded by the Ministry of Health and deemed a Provincial priority.

Candidates compete for available Fellowship positions with attached Return of Service through the application process.

The Return of Service Contract

The agreement between the Participant and the Province is clearly laid out in the Return of Service Contract. The Return of Service Addendum is the last part of the Contract and it is the agreement between the Participant and the Health Authority that lays out the service deliverables for the Return of Service in a Ministry of Health/Health Authority identified community in need of physician services.

Where a disagreement occurs between the Participant, the Province, and/or the Health Authority, the Ministry may proceed to trial to settle the dispute.

Communities of Need

Communities of need will be identified annually by the Ministry of Health in partnership with the Health Authorities. Sources of information to inform ROS allocation decisions may include but are not limited to: consultation with health authority recruiters and medical directors; planned operating room capacity expansions that support provincial surgical strategy targets; Ministry and/or health authority health human resource projections; Ministry provincial distribution data; Health Match BC recruitment reports, and current vacancies.

Physicians may be required to complete their ROS in any health region, hospital, urban or rural community within BC. The Ministry will inform candidates of the available ROS sites during the annual Return of Service Information Session. The

Return of Service Information Session will occur early in the fellowship year, usually in July or August. This gives Participants ample time to match to a Return of Service position.

The Province will determine the process by which the Participant is assigned to a Health Authority and community where they will provide ROS. The Participant will follow this process as communicated by the Province to the Participant.

The Province will provide the Health Authority recruiters with the Participant's contact information to enable two-way communication required for matching a Participant with a Return of Service opportunity in an identified community of need on the Return of Service list. Health Authority recruiters facilitate the signing of the Return of Service Addendum between the Participant and the Senior Medical Director for that Health Authority for the Return of Service obligation.



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Section:	1	Returning Service – Anesthesiology	Issued:	May 2020

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1. A Participant who received a Ministry of Health funded Anesthesiology Fellowship position will be expected to provide Government Funded Health Services, as defined in the Addendum.
2. Increasing the number of anesthesiologists is a provincial priority. At a minimum, the Participant will devote 30 hours/week providing Health Authority-identified Government Funded Health Services.



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Section: 2	Returning Service - Term	Issued: May 2020

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1. Participants are expected to return two years of service for every one year of Ministry funded Fellowship training.
2. In the event that the Participant becomes unable to practice medicine on a Full-Time Basis during the Return of Service term for any reason, the running of the Return of Service term will be postponed until such time as the Participant resumes the practice of medicine on a Full-time Basis.
3. The Contract stipulates the amount of time for returning service.



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Section: 1	Contract	Issued: May 2020

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1. The Return of Service Contract is a Contract between the Province and the Participant. The Contract contains a main part and the Addendum.
2. The Participant and the Province sign the Return of Service Contract which provides the terms and conditions of the exchange – Fellowship training and funding is provided in exchange for the Participant’s Return of Service. The Participant and the Health Authority sign the Addendum to the Contract, specifying service deliverables and the location for the return of service. The Province provides final sign off.
3. Fellowship funding is provided for the program identified in the Return of Service Contract only; a change in programs is not supported.
4. When the Participant accepts a Return of Service position, the Participant must within 14 days of communicating such acceptance execute the Offer Letter and Return of Service Addendum and deliver it to the designated Health Authority recruiter, committing to that Return of Service opportunity.
5. The Province approves the Addendum because it forms part of the Return of Service Contract, but the agreement defining the location and nature of the services to be provided is for the Participant and the Health Authority to agree upon.



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Section: 2	Amendments	Issued: May 2020

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1. Changes to the Addendum are changes to the Contract and the Participant must obtain approval from the Province. Changes can occur to support the Health Authority and the Participant's working relationship such as if the Participant takes a leave of absence due to personal or family circumstances.
2. Either the Participant or the Health Authority may request a change, and both must approve any change.
3. When there is a change to the Addendum, the Participant will submit a copy to the Province.
4. Where a disagreement occurs between the Participant, the Province, and/or the Health Authority, the Province may proceed to trial to settle the dispute.





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Section: 3	Returning Service – Participant Representations and Warranties (Pre-existing circumstances)	Issued: May 2020

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1. Participants must, with all reasonable diligence, consider their pre-existing circumstances, including with respect to any existing or reasonably foreseeable healthcare, personal care, career, educational, childcare, religious, travel or other needs of Participant and Participant’s immediate family;
  - (a) Immediate family is defined as: spouse, children, parents, brothers and sisters.
2. Participants must disclose to the Province in writing all pre-existing circumstances referred to in Article 1 above that, with reasonable anticipation, might prevent the Participant from relocating to a Health Authority-identified community of need or otherwise completing the Return of Service in full;
3. By signing the Return of Service contract, the Participant is stating that they have no knowledge of any material fact or matter not disclosed to the Province that might prevent the Participant from relocating to a community of need or otherwise completing the Return of Service in full.



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Section: 4	Returning Service – Compassionate Consideration	Issued: May 2020

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1. Participants may request compassionate consideration from the Province if, after the execution of their Contract, there is a material change in Participant's circumstances such that completing the Return of Service will cause the Participant undue hardship. The Province will determine, in its sole discretion, whether or not to approve a request for compassionate consideration. Without limiting the generality of the foregoing, approval will not be granted if the Province is of the opinion that:
  - (a) the request relates to a pre-existing circumstance that was not disclosed to the Province in writing as required under Chapter 2, Section 3, or
  - (b) the request is for reconsideration of a prior request for compassionate consideration and there has been no material change in Participant's circumstance to warrant reconsideration.
2. All such requests are treated on a case-by-case basis.
3. The Province will request that the Participant provides documentation to substantiate the request for compassionate consideration. Such information could include:
  - (a) A letter and supporting documents which outlines exactly what you are asking for and why.
  - (b) Any supplemental documents as required for the Province to make an informed decision (i.e. letter from your physician).



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Section: 5	Returning Service - Breach	Issued: May 2020

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1. Repayment of funding provided for postgraduate medical education is not a preferred alternative to returning service.
2. It is a contractual obligation to return service under the terms of the Return of Service Contract. Should the Participant decide to not fulfill the contractual obligation, the Province will treat this as a breach of Contract and will seek repayment of liquidated damages on termination.
3. The Repayment Amount is a reasonable pre-estimation of the damages that the Province will suffer in the event the Contract is terminated before the Participant has completed the Return of Service in full. The corresponding damages include the annual cost of Fellowship training plus interest, the cost of a replacement Participant, and the costs associated with the average annual MSP billings for a practitioner in BC, as per the specialty of the breached Participant.



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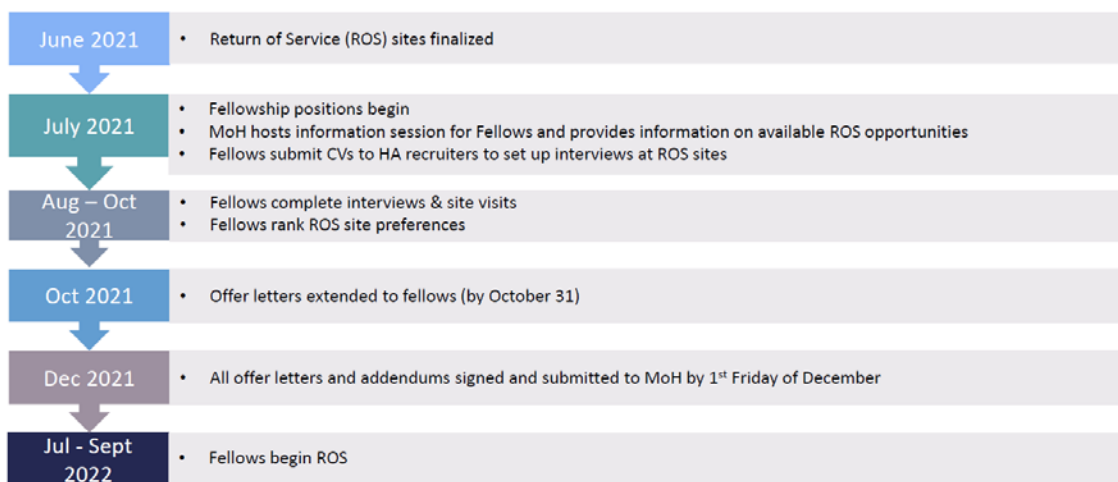
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1. The Province will confirm priorities for Return of Service.
2. Priorities will be linked to issues regarding physician distribution and access to services in BC
3. The Province's current priority is for anesthesiologists in communities of need, identified by the Ministry of Health, in collaboration with health authorities.
4. Anesthesiology Return of Service positions may have specific Health Authority expectations (i.e. designated MSP billable hours for anesthesiology) to meet the needs of the general public, as identified in the Return of Service Contract and Addendum.

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Section: 2	Return of Service Placement Process and Timelines	Issued: May 2020

Return of Service (ROS) Placement Process Timeline



1. The Return of Service Contract calls for a Return of Service placement process.
2. Participants are encouraged to contact Health Match BC to open a user account to ensure a smooth transition after the Return of Service is complete.
3. Early in the Fellowship year, concrete decisions are made regarding Return of Service location and Return of Service Addendums are signed by the Participant, the designated Health Authority Senior Medical Director and the Ministry of Health representative.
4. A Return of Service Information Session is held on an annual basis to provide Participants with detailed information about the Return of Service opportunities and matching process. Return of Service Information Nights occur early in the Fellowship, usually in July or early August, ensuring Participants have ample time to explore Return of Service options and to match to a Return of Service position. These events are for all Fellowship Participants with a Return of Service and attendance is **mandatory**.

5. The ROS placement process is as follows:
- i. The Return of Service placement process will occur during the Fellowship year, typically between July – December.
  - ii. During the period May to June, the Ministry of Health and Health Authorities identify a list of high priority communities/sites. The location of the vacancies will vary from year to year.
  - iii. The available Return of Service opportunities will be shared with Participants in July.
  - iv. Participants will submit their CVs to Health Authority recruiters to express interest in specific opportunities.
  - v. Health Authority recruiters may arrange site visits in accordance with their recruitment practices. The Health Authority recruiters will help coordinate Participants' discussions with anesthesiology departments in selected communities of need.
  - vi. Participants may visit a number of sites (as per scheduled visits) and participate in the application and interview process to find the site of best fit. The Province requires site visits and interviews to conclude by October 31<sup>st</sup> to ensure the placement process does not conflict with the educational requirements and exams in the last few months of the fellowship.
  - vii. When the Participant accepts a position with a site offering a Return of Service opportunity, the Participant must within 14 days of communicating such acceptance execute the Offer Letter and Return of Service Addendum and deliver it to the designated Health Authority recruiter, committing to that Return of Service opportunity.
  - viii. The Participant and the Health Authority Senior Medical Director will complete and sign the Addendum in a timely manner. The Province requires all Addendums be signed by the first Friday in December during the final year of the fellowship.
  - ix. **Participants graduating each year must be distributed across the province in a transparent manner. Therefore, the 6 Participants from the BC Clinical Anesthesiology Fellowship Program will be distributed as follows: Northern Health Authority will receive one (1) anesthesiologist; Interior Health will receive one (1) anesthesiologist; Vancouver Island Health Authority will receive one (1) anesthesiologist; Vancouver Coastal Health Authority will receive one (1) anesthesiologist; and Fraser Health Authority will receive two (2) anesthesiologists.**
6. Should a disagreement occur between the Participant, the Province, and/or the Health Authority, the Province may proceed to trial to settle the dispute.