



**Ministry of Health**

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**Return of Service Program  
FAMILY MEDICINE POLICY**

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**Health Sector Workforce and Beneficiary Services Division**

October 2020

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**PREAMBLE:**

Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs) are important members of BC's health workforce plan. Between 2003 and 2015, BC significantly expanded opportunities for CMGs and IMGs, with entry-level residency positions increasing from 134 to 346. CMGs saw a doubling of opportunities, while IMGs saw almost a ten-fold increase (six entry level positions per year increased to 58).

Similar to other Provinces across the country, BC attaches a Return of Service (ROS) to designated residency positions as a means to address physician distribution and patient access to service issues in BC. These residency positions are provided as additional opportunities beyond the number required for Canadian medical students graduating from Undergraduate Medical Education (UGME) programs across Canada.

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 UBC residency positions in exchange for services to the BC health system for a defined time and in a health authority-identified community of need. The Return of Service Contract aligns with Provincial priorities and Health Authority service delivery plans. Participants are expected to return one year of service for every year of funded postgraduate medical education, up to a maximum of three years of service.

Starting in 2019, a Return of Service will be attached to designated CMG residency positions in the Canadian Resident Matching Service (CaRMS) match and/or internal UBC Faculty of Medicine Re-Entry positions that are deemed a Provincial priority.

Participants compete for designated UBC residency positions with attached Return of Service in CaRMS. Once a CaRMS Participant matches to a designated UBC residency position, they become a Participant with a Return of Service attached to their residency position. **Accepting a CaRMS position is a legal undertaking, as is the ROS.**

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 Ministry, Participant and the Health

Authority that lays out the service deliverables for the Return of Service in a Health Authority-identified community in need of physician services.

Where a disagreement occurs between the Participant, the Province, and/or the Health Authority, the parties may pursue legal means to settle the dispute.

### Communities of Need

Health Authority recruitment representatives provide the Return of Service Program with a list of Return of Service communities that are in most urgent need of physician services. The list is updated on a yearly basis and sent electronically to all Participants with a Return of Service. The communities most in need of physician services are located throughout BC and will vary from year to year.

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 will provide the Return of Service Participants with information regarding practice vacancies in their respective Health Authorities. This is particularly important in the final year of residency. 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 their two-year Return of Service obligation.

Return of Service Information Nights are held on an annual basis to provide resident Participants with detailed information about the Return of Service opportunities and matching process. Return of Service Information Nights occur early in the final year of residency, usually in July. This gives Participants ample time to match to a Return of Service position.

The Return of Service Program provides the Participant with an opportunity to train and qualify as a practicing physician in British Columbia.



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Section: 1	Returning Service – Full-Service Family practice	Issued: October 2020

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1. A Participant who received postgraduate training in family medicine will be expected to provide full-service family practice, as defined in the Addendum. In some Health Authorities this may include on call shifts in the emergency department.
2. Increasing and distributing the number of family practitioners providing full service is a provincial priority. While full-service family practice has common elements, it will be interpreted in the context of the Health Authority’s service delivery plans.



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1. Participants are expected to return one year of service for every year of funded postgraduate medical education, up to a maximum of three years of service.
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 Participant must notify the Province via email at [ReturnofService@gov.bc.ca](mailto:ReturnofService@gov.bc.ca) of any leave i.e. maternity leave, parental leave, or sick leave that will impact the completion date of their postgraduate education or Return of Service obligation.
4. The Contract stipulates the amount of time for returning service.
5. Should the Participant and a Health Authority determine that additional training is necessary to respond to an identified community need, the Health Authority will submit a request to the Province for the Participant to take time away from practice to complete the additional training (i.e. 3-month NEEP – Nanaimo Emergency ED Program, or Category 2 enhanced skills training). If the Ministry approves the request and the Participant is accepted into a program, the Return of Service Contract will be amended to reflect the additional time required for the extra training. For the above example, the Return of Service would be 2 years and 3 months in total.



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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 – postgraduate medical education funding is provided in exchange for the Participant’s Return of Service after completing residency. 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. Postgraduate medical education funding is provided for the program identified in the Return of Service Contract only; a change in programs is not supported.
4. 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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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 when the Participant requires further training, or 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, a Modification Agreement will be created and signed by the Participant, Health Authority and Province. All other terms and conditions of the Contract and Addendum remain in full force and effect.
4. Where a disagreement occurs between the Participant, the Province, and/or the Health Authority, the parties may pursue legal means to settle the dispute.





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Section: 3	Returning Service – Participant Representations and Warranties (Pre-existing circumstances)	Issued: October 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: October 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 Participant is responsible for providing documentation to substantiate the request for compassionate consideration. Such information could include but not limited to the following:
  - (a) A letter and supporting documents which outlines exactly what you are asking for and why (i.e. are you asking for your Return of Service to be somewhere other than where your distributed site is located?)
  - (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: October 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 residency 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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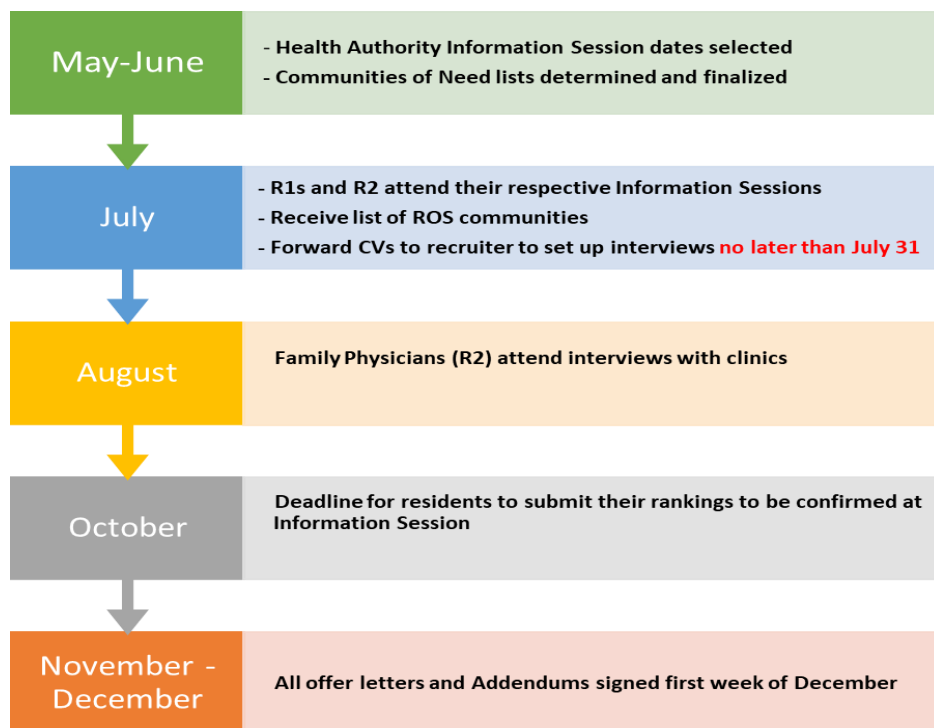
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1. The Province will confirm priorities for Return of Service.
2. Priorities will be linked to issues regarding physician distribution and access to services in BC and will be in alignment with Health Authorities' service delivery plans.
3. The Province's current priority for family medicine is full-service family practice in communities of need, identified by Health Authority representatives that are directly associated with the Return of Service Program. Family practice can include basic competence in emergency medicine as required by rural return of service communities.
4. To be fair and transparent, all family medicine Participants will fulfill their Return of Service in the health authority in which their *distributed site* is located. St. Paul's Hospital Participants will fulfill their Return of Service in Vancouver Coastal Health Authority.
5. Early communication with Health Authorities regarding identified communities of need will help Participants in their decision-making process.

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## 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 Authority recruiters early in their first year of residency to establish on-going dialogue with recruiters regarding practice opportunities. In the final year of residency, 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 Province representative.

3. Return of Service Information Nights are held on an annual basis to provide resident Participants with detailed information about the Return of Service opportunities and matching process. Return of Service Information Nights occur early in the final year of residency, usually in July, 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 resident Participants with a Return of Service and attendance is **mandatory**.
4. For Participants training at Distributed Sites and at the St. Paul's Hospital Site:

The Return of Service placement process begins in the annual Canadian Resident Matching Service (CaRMS) match. Long-term retention is the goal of the Return of Service Program and therefore there is a need for the transparent distribution of Return of Service positions to the Health Authorities. **It is a condition of the residency that the Participant returns service in the same Health Authority where their distributed training site is located (i.e. site the Participant matched to in CaRMS)** as per the following: St. Paul's Hospital, and Vancouver Coastal site Participants will fulfill their Return of Service in Vancouver Coastal Health Authority; Victoria, Nanaimo and Strathcona site Participants will fulfill their Return of Service in Vancouver Island Health Authority; Prince George and Rural Fort St. John site Participants will fulfill their Return of Service in Northern Health Authority; Kelowna Regional, Kelowna Rural, Kamloops, Kootenay Boundary-Trail and Okanagan South-Penticton site Participants will fulfill their Return of Service in Interior Health Authority; and Vancouver Fraser, Abbotsford-Mission, Chilliwack and Surrey-South Fraser site Participants will fulfill their Return of Service in Fraser Health Authority.

- i. The Return of Service placement process will occur in the final year of residency.
- ii. During the period May to June, the Health Authority recruiters identify a list of high priority communities of need. The location of the practice vacancies will vary from year to year and may be in rural, semi-rural or urban communities.
- iii. The list of available Return of Service communities will be shared with Participants in July.
- iv. Participants will contact Health Authority recruiters to express interest in specific communities.
- v. Health Authority recruiters (with the assistance of Divisions of Family Practice) may arrange site visits to communities in accordance with their recruitment practices. The Health Authority recruiters will help coordinate Participants' discussions with existent physician practices in selected communities of need.
- vi. Participants will be looking to join an existing **group practice** identified by the Health Authority. The Participant, the clinic and Health Authority representatives will come to an agreement as to practice location and context.
- vii. Participants may visit a number of community practices (as per scheduled visits) and participate in the application and interview process to find the office of best fit. The Province requires site visits and interviews to conclude by a date that will be communicated at the information sessions to

- ensure the placement process does not conflict with the educational requirements and exams in the last few months of residency.
- viii. The Participant must within 14 days of receiving an Offer Letter 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.
  - ix. 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 residency.
5. Should a disagreement occur between the Participant, the Province, and/or the Health Authority, the Province may proceed to trial to settle the dispute.



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1. An off-cycle Participant is defined as a Participant who finishes their postgraduate medical education outside the standard postgraduate period for family physicians.
2. Off-cycle Participants must contact the Province to discuss their Return of Service placement.