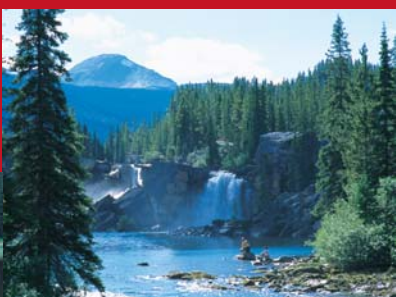
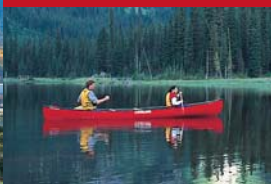


# Rural Programs

04  
07



A GUIDE  
FOR RURAL  
PHYSICIAN  
PROGRAMS  
IN BRITISH  
COLUMBIA



This handbook is a guide to help rural physicians gain an understanding of the programs and support available to them through the Subsidiary Agreement for Physicians in Rural Practice in effect 2004-2007. This document provides merely a brief synopsis of the programs offered. Physicians should refer to the official policies, terms of reference, agreements, and applicable government legislation for more information on eligibility for each program.

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The RSA is available at:  
[www.bcma.org](http://www.bcma.org) or at  
<http://www.healthservices.gov.bc.ca/pcb/index.html>

## RURAL RETENTION PROGRAM

*Physician Compensation  
Rural Practice Programs  
Ministry of Health  
Rural Retention Program*

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3559, 250.952.3588  
Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/index.html#retention>

## ISOLATION ALLOWANCE FUND

*Physician Compensation  
Rural Practice Programs  
Ministry of Health*

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3559, 250.952.3588  
Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/index.html#retention>

OR

*Policy & Planning Department  
BC Medical Association*

Suite 115, 1665 West Broadway  
Vancouver, BC V6J 5A4  
Tel: 604.638.2863 Fax: 604.638.2922  
E-mail: [mkramer@bcma.bc.ca](mailto:mkramer@bcma.bc.ca)  
[www.bcma.org](http://www.bcma.org)

## NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)

For travel expenses claims info contact:

*Health Insurance BC (HIBC)  
NITAOP Program*

Tel: 1.866.456.6950 or  
in Vancouver 604.456.6950  
Fax: 250.952.3101

For general program information contact:

*Physician Compensation  
Rural Practice Programs  
Ministry of Health*

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3559, 250.952.3588  
Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/index.html#northern>

## RURAL GP LOCUM PROGRAM (RGPLP)

For information and application  
forms contact:

*Physician Compensation  
Rural Practice Programs  
Ministry of Health  
Rural GP Locum Program*

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.1104 Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/index.html#gplp>

## RURAL EDUCATION ACTION PLAN (REAP)

To Apply for FYPEP or USEP

Obtain, complete and return the Rural  
Education Action Plan Application Form  
by fax to:

*REAP Programs Coordinator,  
Policy & Planning Department  
British Columbia Medical Association*

115 – 1665 West Broadway  
Vancouver, BC V6J 5A4  
Tel: 604.638.2863 Fax: 604.638.2922  
E-mail: [mkramer@bcma.bc.ca](mailto:mkramer@bcma.bc.ca)

Applications can be downloaded at:  
[www.bcma.org](http://www.bcma.org)

To Apply for Enhanced Skills

Obtain, complete and return the Rural Education Action Plan Application Form by fax to:

*Educational Coordinator*

UBC Department of Family Practice  
James Mather Building

Room 173, 5804 Fairview Crescent  
Vancouver, BC V6T 1Z3  
Tel: 604.822.0869 Fax: 604.822.6950  
E-mail: eden.fellner@familymed.ubc.ca

Applications can be downloaded at:  
[www.bcma.org](http://www.bcma.org)

For information:

<http://www.healthservices.gov.bc.ca/pcb/education.html>

#### UNDERGRADUATE AND FOURTH YEAR RURAL PRACTICE PROGRAM

For program information contact:

*Education Coordinator*

UBC Department of Family Practice

Suite 211, 2150 Western Parkway  
Vancouver, BC V6T 1V6  
Tel: 604.225.2560 Fax: 604.225.2557  
E-mail: lbonamis@interchange.ubc.ca

For Program Claims contact:

*Benefits Administrator*

BC Medical Association

Suite 115, 1665 West Broadway  
Vancouver, BC V6J 5A4  
Tel: 604.638.2808 Fax: 604.736.2961  
E-mail: reap@bcma.bc.ca

Claim forms available at: [www.bcma.org](http://www.bcma.org)

## SPECIALTY TRAINING BURSARY

*Physician Compensation**Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3588 Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/education.html>

## RURAL CONTINUING MEDICAL EDUCATION (RCME)

*To determine eligibility or to apply rural physicians should contact their Health Authority.*

Program information:

*Physician Compensation**Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3588 Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/education.html>

## RECRUITMENT INCENTIVES

*Physician Compensation**Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3588 Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/recruitment.html>

## RECRUITMENT CONTINGENCY FUND

*Physician Compensation**Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8  
Tel: 250.952.3588 Fax: 250.952.3486  
E-mail: HLTH.PhysicianComp@gov.bc.ca  
<http://www.healthservices.gov.bc.ca/pcb/recruitment.html>

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## OVERVIEW

### The Subsidiary Agreement for Physicians in Rural Practice

The Subsidiary Agreement for Physicians in Rural Practice (RSA) is a subsidiary agreement of the Working Agreement among the BC Government, the British Columbia Medical Association (BCMA), and the Medical Services Commission, which was signed in November 2002.

Under the RSA, the Joint Standing Committee on Rural Issues (JSC) was established to enhance the delivery of rural medical care. This is a joint committee of members from the Ministry of Health and the BCMA. Policy review by the JSC is done on an ongoing basis.

The table below outlines the programs available to rural physicians practising in eligible RSA communities that meet the minimum point requirements under the Medical Isolation Point Rating System. A current list of RSA communities can be found at the back of the handbook.

### PROGRAMS AT A GLANCE

PROGRAM	DETAILS
<b>Rural Retention Program</b>	<ul style="list-style-type: none"> <li>▶ <i>Annual retention premiums are paid to physicians working in eligible RSA communities</i></li> <li>▶ <i>30% of the isolation points assessed are paid as a flat fee, 70% of the isolation points assessed are paid as a fee premium; physicians compensated other than FFS will receive an equivalent payment of the isolation points assessed</i></li> <li>▶ <i>Premium totals are based on a community's number of isolation points</i></li> </ul>
<b>Isolation Allowance Fund</b>	<ul style="list-style-type: none"> <li>▶ <i>An isolation allowance fund is available for physicians providing necessary medical services in eligible RSA communities with fewer than four physicians, no hospital and who do not receive on call, call-back, or Doctor of the Day payments</i></li> </ul>

<b>Northern &amp; Isolation Travel Assistance Outreach Program</b>	<ul style="list-style-type: none"> <li>▶ Provides travel assistance to approved physicians visiting rural and isolated communities to provide medical services</li> <li>▶ Provides a travel time honorarium for approved visits by specialists and family medicine physicians</li> </ul>
<b>Rural GP Locum Program</b>	<ul style="list-style-type: none"> <li>▶ Supports and enables rural general practitioners to have periods of leave from their practices for continuing medical education, vacation, and health needs</li> <li>▶ GP locums receive a travel honorarium of \$600 and a guaranteed daily rate of \$750 when providing coverage in RSA communities with 7 or fewer GPs. Host GPs are eligible for 28 days per year, which can be used to cover full weeks or weekends</li> </ul>
<b>Rural Education Action Plan</b>	<ul style="list-style-type: none"> <li>▶ Supports and facilitates training needs of physicians and students in rural practice</li> <li>▶ Funds the Advanced Skills Program for rural physicians</li> <li>▶ Supports training opportunities for urban physicians wanting to take rural locum opportunities</li> </ul>
<b>Specialty Training Bursary</b>	<ul style="list-style-type: none"> <li>▶ Provides funding for residents in exchange for a commitment to practice in an eligible RSA community</li> </ul>
<b>Rural Continuing Medical Education</b>	<ul style="list-style-type: none"> <li>▶ Provides rural physicians with enhanced CME funding up to \$5,200/year</li> <li>▶ Funding per physician is determined by the level of isolation and the length of service in that community</li> </ul>
<b>Recruitment Incentive Fund</b>	<ul style="list-style-type: none"> <li>▶ Funding for physicians recruited to fill current or pending vacancies</li> <li>▶ Physicians are eligible for up to \$10,000</li> </ul>
<b>Recruitment Contingency Fund</b>	<ul style="list-style-type: none"> <li>▶ Additional funding to assist communities, health authorities or physician groups where the difficulty in filling a vacancy is, or is expected to be, especially severe and where the failure to fill the vacancy in a timely manner will negatively impact the delivery of care</li> </ul>

## RURAL RETENTION PROGRAM

Annual retention benefits are paid to physicians working in eligible communities covered under the RSA. The incentive program was designed to enhance the supply and stability of physicians in RSA communities.

Starting January 1, 2003, 30 percent of medical isolation points is paid as a flat fee amount. The remaining 70 percent of medical isolation points is paid as a fee-for-service premium. A physician's individual premium is determined by the number of isolation points of his or her community. Physicians who are paid by a method other than fee-for-service will receive a retention payment equivalent to the fee-for-service premium and the flat fee sum. Physicians must meet eligibility requirements in order to be entitled to the flat fee sum.

Isolation point ratings are based on a number of factors, including the number of GP's in the community, and its distance from a major medical community. See pages 24 and 25 for more information. JSC administers the RRP and determines the value of retention premiums. RSA communities must have a minimum of 6.0 isolation points to qualify for retention payments.

If a physician lives in a RSA community but practices in a different RSA community, he or she will receive the fee premium and flat sum premium for the community where he or she practises medicine.

For communities without a resident physician, or with a vacancy, the total isolation points will be applied as a fee premium, to a maximum of 30 percent.

The fee-for-service premium is automatically paid as long as the Service Clarification Code of the community where the service is provided is attached to the physician's MSP billings.



**To Qualify for the Flat Fee Premium**

- ▶ You must be a physician residing and directly providing medical services in an eligible RSA community
- ▶ You must be living and working in an eligible RSA community for at least nine months per year
- ▶ You must meet the following income criteria in the previous year:
  1. *Billings greater than or equal to \$50,000*  
= full flat fee sum
  2. *Billings less than \$50,000*  
= no flat fee sum

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**RURAL RETENTION PROGRAM**

For information contact:

*Physician Compensation*

*Rural Practice Programs*

Ministry of Health

*Rural Retention Program*

2-1, 1515 Blanshard St

Victoria BC V8W 3C8

Tel: 250.952.3559 | 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

[http://www.healthservices.gov.bc.ca/](http://www.healthservices.gov.bc.ca/pcb/index.html#retention)

[pcb/index.html#retention](http://www.healthservices.gov.bc.ca/pcb/index.html#retention)

## ISOLATION ALLOWANCE FUND

An isolation allowance is available for physicians providing necessary medical services in eligible RSA communities with fewer than four (4) physicians and no hospital and who do not receive MOCAP, Call-Back or Doctor of the Day payments. Payments are split among the physicians providing coverage.

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### ISOLATION ALLOWANCE FUND

For information contact:

*Physician Compensation*

*Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard St

Victoria BC V8W 3C8

Tel: 250.952.3559 | 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

[http://www.healthservices.gov.bc.ca/  
pcb/index.html#retention](http://www.healthservices.gov.bc.ca/pcb/index.html#retention)

OR

*Policy and Planning Department*

BC Medical Association

Suite 115, 1665 West Broadway

Vancouver, BC V6J 5A4

Tel: 604.638.2863

Fax: 604.638.2922

E-mail: [mkramer@bcma.bc.ca](mailto:mkramer@bcma.bc.ca)

[www.bcma.org](http://www.bcma.org)

## NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM

The Northern and Isolation Travel Assistance Outreach Program (NITAOP) provides funding for approved physicians who visit rural and isolated communities to provide medical services. The program also provides a travel time honorarium for approved visiting specialists and family medicine physicians.

Health authorities submit requests for visiting specialists to the NITAOP Program.

In exceptional circumstances, the JSC may recommend funding for specialists, family medicine physicians, or communities that do not meet the eligibility criteria. If the JSC has deemed a community or specific specialty service ineligible, a community may submit an appeal or register exceptional circumstances in writing to the JSC for consideration.

### Eligibility for Family Medicine Physicians

Family medicine physicians are eligible for funding to visit eligible RSA communities where a general practitioner is not available in the community (within 105 km). A maximum of 48 visits per community per year may be approved.

### Eligibility for Visiting Specialists

- ▶ Eligibility for each specialty service sought is assessed individually
- ▶ Applicable to rural communities where the specialty requested is not available within a 1.5 hour drive (distance of 105 km)

- ▶ The maximum number of visits per specialty for each community per year is 24
- ▶ Specialty services eligible for funding (when not supported by Outreach Programs) include:
  - *ENT*
  - *Urology*
  - *Ophthalmology*
  - *Paediatrics*
  - *Dermatology*
  - *Orthopaedic Surgery*
  - *General Surgery*
  - *Internal Medicine (including subspecialty services)*
  - *Obstetrics & Gynaecology*
  - *Cardiology*
  - *Oncology*
  - *Neurology*
  - *Plastic Surgery*
  - *Radiology*
  - *Methadone Program*
  - *Psychiatry*

### Travel Reimbursement

- ▶ Reimbursement will be paid directly to approved family medicine physicians or visiting specialists by MSP upon receipt of their travel expense form and applicable original receipts for each visit
- ▶ Travel expense forms and receipts must be submitted before June 30 for the previous fiscal year

### Travel Time

- ▶ Approved Family Medicine Physicians and specialists are entitled to a travel time honorarium
- ▶ Travel time is calculated from the time the physician leaves his or her residence/office to the time of arrival in the community, and from the time the physician leaves the community to the time of arrival in their residence/office
- ▶ Travel time will be reimbursed per return trip as follows:
  - less than 4 hours = \$500.00*
  - over 4 hours = \$1000.00*
  - greater than 10 hours = \$1500.00*

### Making Requests

- ▶ Funding requests for the upcoming fiscal year are reviewed by the JSC at the beginning of the calendar year.
- ▶ Funding requests for the upcoming fiscal year are submitted in writing by the appropriate health authority prior to November 1st

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### NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM

For information on travel expenses claims contact:

*Health Insurance BC (HIBC)  
NITAOP Program*

Tel: 1.866.456.6950 or  
in Vancouver 604.456.6950  
Fax: 250.952.3101

For general program information contact:

*Physician Compensation  
Rural Practice Programs  
Ministry of Health*

2-1, 1515 Blanshard St  
Victoria BC V8W 3C8  
Tel: 250.952.3588 | 250.952.3559  
Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)  
<http://www.healthservices.gov.bc.ca/pcb/index.html#northern>

## THE RURAL GP LOCUM PROGRAM

The Rural GP Locum Program was established by the BCMA and the Ministry of Health to assist rural general practitioners in taking reasonable periods of leave from their practices. The program provides locum physicians with opportunities to practice in rural British Columbia, and enables rural general practitioners to secure subsidized relief for Continuing Medical Education (CME), vacation, and health needs.

### The Program

- ▶ Each rural physician who meets the criteria may request up to 28 days of locum services per year, with each request lasting a minimum of five days (See below for weekend locum coverage)
- ▶ Locums are paid by the Rural GP Locum Program
- ▶ Locum general practitioners receive a travel honorarium of \$600 and a guaranteed daily rate of \$750 when providing coverage in eligible RSA communities
- ▶ Host physicians retain 40% of the MSP paid claims to cover overhead
- ▶ Locums are eligible to receive payment for on-call and the Rural Retention Program (RRP) fee-for-service premium. They are eligible to receive the flat fee sum if they live and practice 9 months of the year in eligible RSA communities

- ▶ A locum is hired as an independent contractor, not an employee
- ▶ Claims must be submitted using the Host Physician Payment number and the Locum Physician Practitioner number

### Weekend Locums

- ▶ Weekend Locum coverage provides 3 days of short-term relief for rural physicians. A weekend commences on Friday at 18:00 and concludes at 08:00 on Monday, or 08:00 Tuesday if a statutory holiday is part of the weekend
- ▶ Current RGPLP payment conditions and travel costs apply, including honoraria for travel time
- ▶ Payment for weekend coverage as described above will be a minimum of \$2,000 Fri–Mon

- ▶ The total number of days a physician is eligible for locum coverage remains at 28 days. These days may be used at the discretion of the physician and are dependent on available coverage

### **Locum Application**

- ▶ Contact the Rural GP Locum Program, at the Ministry of Health, using the contact information provided, to request a Locum Application Form
- ▶ Must have a current certificate in ATLS and ACLS
- ▶ Must be a general practitioner licensed to practice in British Columbia
- ▶ Must be a member in good standing with the Canadian Medical Protective Association (CMPA) or carry an alternative medical malpractice insurance
- ▶ Must assign payment to the host physician

- ▶ Rural GP Locum Program arranges assignments and assists with hospital privileges
- ▶ Accommodation while on assignment is pre-arranged by the community or the host physician

### **To Qualify for the RGPLP**

- ▶ You must be living and practicing medicine in an eligible RSA community with seven or fewer full-time general practitioners

### **To Obtain a Locum**

- ▶ Contact the Rural GP Locum Program using the contact information provided to request a Locum Assistance Form

### Responsibilities of Host Physician

- ▶ Submit claims within two weeks of the end date of the locum assignment, and refused claims within two weeks of the refusal date
- ▶ Must provide the locum with a detailed reconciliation of claims submitted
- ▶ Ensure that the locum receives the on-call payment and retention premium, if applicable, from the health authority or host physician
- ▶ Reimbursement of services not covered by MSP (i.e. private, ICBC, WCB and Reciprocal billings) should be paid directly to the locum by the host physician, less the amount recovered for overhead, before the locum completes the locum assignment
- ▶ Provide reasonable accommodation for the locum physician

### Benefits to the Host Physician

- ▶ Receives 40% of paid claims. Payment will be made by MSP on the regular payment dates
- ▶ Locums are arranged on the host physician's behalf
- ▶ A locum pool is maintained by the Rural GP Locum Program

---

### THE RURAL GP LOCUM PROGRAM

For information & application forms contact:

*Physician Compensation  
Rural Practice Programs  
Ministry of Health  
Rural GP Locum Program*

2-1, 1515 Blanshard St  
Victoria BC V8W 3C8

Tel: 250.952.1104

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

<http://www.healthservices.gov.bc.ca/pcb/index.html#gplocum>

## RURAL EDUCATION ACTION PLAN

The Rural Education Action Plan supports the training needs of physicians in rural practice. The program was established as a result of the RSA, and is managed by the JSC.

There are four Continuing Medical Education (CME) programs that fall under the Rural Education Action Plan: The Undergraduate Teacher's Stipend, the Advanced Skills and Training Program, Undergraduate Rural Practice Participation Program, and the Fourth Year Undergraduate Rural Participation Program.

The Undergraduate Teacher's Stipend and the Advanced Skills and Training programs are open only to physicians living and practising in eligible RSA communities. The only exception to this is the Urban Skills Enhancement Program (USEP). The Undergraduate Rural Practice Participation Program and Fourth Year Undergraduate Rural Participation Program financially support medical students while introducing them to rural practice.

Rural Education Action Plan CME Programs are administered by the BCMA and University of British Columbia.

### 1. Undergraduate Teacher's Stipend

This program was designed to recognize and compensate rural physicians for their time spent teaching undergraduate medical students. A stipend of \$300 per week (to a maximum of eight weeks) will be paid to physicians training medical students in eligible rural communities. Eligible physicians receive a lump sum payment upon completion of the student's placement.

### 2. Advanced Skills and Training

This program makes funding available to increase educational opportunities for rural physicians and training of locums for rural areas. Funding will cover income loss, program tuition, travel expenses, and accommodation for the training period, or a portion thereof. The BCMA administers claims for these programs.

There are three Advanced Skills and Training programs:

- A) Enhanced Skills Program
- B) First Year Practice Enhancement Program
- C) Urban Skills Enhancement Program



**A) Enhanced Skills Program** — funding for 1 – 52 week training periods

The program provides the following benefits to rural physicians:

- ▶ A stipend of up to \$3,400 per week which may be applied to cover income loss, overhead, and tuition
- ▶ Travel costs up to \$1,500 for one return trip from physician’s community
- ▶ Up to \$1,000 per week for accommodation/boarding

**B) First Year Practice Enhancement Program (FYPEP)**

The First Year Practice Enhancement Program (FYPEP) provides funding for focused training that will enhance medical skills and credentials required by physicians who undertake their first year in full-time rural practice in BC, excluding locums.

**Eligibility**

- ▶ New medical graduates who are in their first year of full-time practice in the communities covered by the Subsidiary Agreement for Physicians in Rural Practice (RSA). Funds are allocated on a first-come first-served basis

- ▶ A physician who qualifies for FYPEP and moves to another community covered by the RSA within their first year of practice will remain eligible for FYPEP. A physician who qualifies for FYPEP and moves to an ineligible community within their first year of practice will be paid a prorated amount depending on their length of practice in the RSA community
- ▶ Locum physicians are not eligible for FYPEP funding

**Benefits**

- ▶ Within the first six months of practice, eligible physicians are entitled to funding for up to one week of medical training
- ▶ Within the subsequent six months of practice, eligible physicians are entitled to funding for up to two additional weeks of medical training
- ▶ The program provides a stipend of \$3,400 per week, as well as travel and accommodation/boarding reimbursement on a cost recovery basis upon submission of claims. Travel costs will be covered up to \$1,500 for one return trip, and accommodation/boarding cost will be covered up to \$1,000 per week

## C) Urban Skills Enhancement Program (USEP)

This program provides funding for physicians not living and practising in rural communities, for the purpose of enhancing education so that a physician can qualify as a rural locum. Training may take the format of shadowing a rural physician, or may be class-based courses as offered periodically by recognized institutions. Courses recommended to urban physicians include, but are not limited to, ACLS and ATLS.

Urban physicians who take advantage of the USEP must agree to provide rural locum services in a RSA community for a minimum of 4 weeks within 12 months of training completion.

### **Benefits**

- ▶ The program provides a stipend of \$3,400 per week that may be applied to cover expenses, overhead and tuition
- ▶ Travel costs up to \$1,500 for one return trip from physician's community
- ▶ Up to \$1,000 per week for accommodation/boarding

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### RURAL EDUCATION ACTION PLAN To Apply for FYPEP or USEP

Obtain, complete and return the Rural Education Action Plan Application Form by fax to:

*REAP Programs Coordinator,  
Policy & Planning Department  
British Columbia Medical Association  
115 – 1665 West Broadway  
Vancouver, BC V6J 5A4  
Tel: 604.638.2863 Fax: 604.638.2922  
E-mail: [mkramer@bcma.bc.ca](mailto:mkramer@bcma.bc.ca)  
Applications can be downloaded at:  
[www.bcma.org](http://www.bcma.org)*

To Apply for Enhanced Skills  
Obtain, complete and return the Rural Education Action Plan Application Form by fax to:

*Educational Coordinator  
UBC Department of Family Practice  
James Mather Building  
Room 173, 5804 Fairview Crescent  
Vancouver, BC V6T 1Z3  
Tel: 604.822.0869 Fax: 604.822.6950  
E-mail: [eden.fellner@familymed.ubc.ca](mailto:eden.fellner@familymed.ubc.ca)  
Applications can be downloaded at:  
[www.bcma.org](http://www.bcma.org)*

**For information:**

[http://www.healthservices.gov.bc.ca/  
pcp/education.html](http://www.healthservices.gov.bc.ca/pcp/education.html)

### 3. Undergraduate Rural Practice Participation Program

The purpose of this program is to encourage second year undergraduate medical students (Phase 3) to spend a minimum of 4 weeks in rural physicians' offices by providing a bursary of \$250 per week to offset the costs incurred by the students during rural practice participation. Students may also apply to extend their rural studies for up to 4 additional weeks, pending available funding.

In return for bursaries, students will agree to release their contact information to UBC and the BCMA for evaluation purposes.

Up to \$800 is available for travel.

### 4. Fourth Year Undergraduate Rural Participation Program

The purpose of this program is to support study outside the tertiary Academic Health Science Centres (AHSC) by offsetting the cost of accommodation for third and fourth year students in eligible RRP communities.

Students in their fourth year of study (Phase 5) are eligible to participate in this program. Students will receive a stipend of \$250 per week for a maximum of 4 weeks. Students may apply for up to 4 additional weeks, pending available funding, at \$250 per week.

Up to \$800 is available for travel.

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## UNDERGRADUATE AND FOURTH YEAR RURAL PRACTICE PROGRAM

### For program information contact:

*Education Coordinator*

UBC Department of Family Practice

Suite 211, 2150 Western Parkway

Vancouver, BC V6T 1V6

Tel: 604.225.2560

Fax: 604.225.2557

E-mail: [lbonamis@interchange.ubc.ca](mailto:lbonamis@interchange.ubc.ca)

### For program claims contact:

*Benefits Administrator*

BC Medical Association

Suite 115, 1665 West Broadway

Vancouver, BC V6J 5A4

Tel: 604.638.2808

Fax: 604.736.2961

E-mail: [reap@bcma.bc.ca](mailto:reap@bcma.bc.ca)

Claim forms available at: [www.bcma.org](http://www.bcma.org)

## 5. Specialty Training Bursary

Bursaries of \$25,000 per annum are available to assist positions in specialty residency programs. The resident must already have a funded position on an approved program and, in return, guarantee a return of service of one year for each year of bursary in a RSA community. Residents are only eligible in the last two years of their residency.

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### SPECIALTY TRAINING BURSARY

For information contact:

*Physician Compensation*

*Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard St

Victoria BC V8W 3C8

Tel: 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

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### RURAL CONTINUING MEDICAL EDUCATION

***To enquire about eligibility or to apply, rural physicians should contact their health authority.***

For program information contact:

*Physician Compensation*

*Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard St

Victoria BC V8W 3C8

Tel: 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

<http://www.healthservices.gov.bc.ca/>

[pcb/education.html](http://www.healthservices.gov.bc.ca/pcb/education.html)

## RURAL CONTINUING MEDICAL EDUCATION

The Rural Continuing Medical Education (RCME) program provides physicians with funding opportunities for medical education to update and enhance medical skills and credentials required for rural practice. These benefits are in addition to the CME entitlement provided for in the Working Agreement between the BC Government and the BCMA.

### The Program

- ▶ Administered and managed by the health authorities
- ▶ Physicians may use funds for individual or group education purposes
- ▶ Funds may be used to:
  - Cover overhead expenses while attending medical training
  - Purchase new technology or upgrades necessary for participation in CME
- ▶ Physicians can transfer unspent/banked funds to another health authority when relocating to another community eligible under the RSA
- ▶ A physician can bank RCME funds for up to three years

### Eligibility

- ▶ Physicians must be living and working in one of the eligible RSA communities for a minimum of nine months
- ▶ A physician who qualifies for RCME, who does not stay in a community covered by this agreement for a minimum of 12 months, is eligible for a proportionate amount of the sum
- ▶ Eligibility for RCME for any year expires at the end of two subsequent years

A physician's annual RCME allowance is dependent on the category of his or her community, and the length of time he or she has practiced in that community.

	2 years or less	3 - 4 years	More than 4 years	Isolation Points
<b>A</b>	\$ 1,200.00	\$ 3,200.00	\$ 5,200.00	20 or more
<b>B</b>	\$ 400.00	\$ 2,400.00	\$ 4,400.00	15 to 19.9
<b>C</b>	\$ 0.00	\$ 2,000.00	\$ 4,000.00	6 to 14.9
<b>D</b>	\$ 0.00	\$ 1,000.00	\$ 2,000.00	0.5 to 5.9

See page 16 for program contact information.

## RECRUITMENT INCENTIVE FUND

Recruitment incentives are financial benefits available to physicians recruited to fill vacancies or pending vacancies that are part of a Physician Supply Plan in communities listed under the RSA.

### The Program

- ▶ Provides up to \$10,000 to each eligible full-time physician
- ▶ Funding is pro-rated for physicians working less than full-time
- ▶ A physician is obligated to repay this benefit if he or she leaves the community less than one year after commencing work

### Eligibility

- ▶ Any physician recruited to fill a vacancy or pending vacancy in a RSA community
- ▶ Physicians must be recruited from outside of eligible RSA communities

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### CONTACT

*Physician Compensation*

*Rural Practice Programs*

Ministry of Health

2-1, 1515 Blanshard St

Victoria BC V8W 3C8

Tel: 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

[http://www.healthservices.gov.bc.ca/  
pcb/recruitment.html](http://www.healthservices.gov.bc.ca/pcb/recruitment.html)

## RECRUITMENT CONTINGENCY FUND

A specific recruitment fund was established as an incentive to assist communities served by the RSA with recruiting expenses where the difficulty in filling a vacancy is, or is expected to be, especially severe and where the failure to fill the vacancy in a timely manner would have a significant impact on the delivery of medical care required by the health authorities Physician Supply Plan. To be eligible for funds, physicians must be recruited from outside of eligible RSA communities.

### The Program

Physicians may receive a grant from this fund for one of two purposes:

- ▶ To cover recruiting expenses
- ▶ To supplement the \$10,000 recruitment incentive benefit

### To Access Funding

Your health authority must submit to the JSC:

- ▶ A grant application
- ▶ A written explanation of how the funding would be used

### Fund Administration

The JSC develops policies for the effective use of Recruitment Contingency Fund, determines the merit of individual applications in accordance with those policies, and ensures that grants are used appropriately.

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## RECRUITMENT CONTINGENCY FUND

### For information contact:

*Physician Compensation  
Rural Practice Programs  
Ministry of Health*

2-1, 1515 Blanshard St  
Victoria BC V8W 3C8

Tel: 250.952.3588

Fax: 250.952.3486

E-mail: [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca)

<http://www.healthservices.gov.bc.ca/pcb/recruitment.html>

## 0.5 – 5.9 POINT COMMUNITIES

Rural communities that have less than the minimum 6.0 isolation points necessary for all RSA benefits, as determined by the annual isolation point assessment, but still have at least 0.5 isolation points, remain eligible for the following programs:

- ▶ Rural Education Action Plan (REAP)
- ▶ Recruitment Contingency Fund
- ▶ Recruitment Incentive Fund
- ▶ Rural GP Locum Program (RGPLP)
- ▶ Rural Continuing Medical Education (RCME)

## THE JOINT STANDING COMMITTEE ON RURAL ISSUES (JSC)

The JSC advises the BC Government and the BCMA on matters pertaining to rural medical services practice. The RSA is intended to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique demanding and difficult circumstances attendant upon provision of those services by physicians.

The May 2002 Memorandum of Agreement (MOA) between the Government of British Columbia and the BCMA dissolved the Northern Isolation Committee. Any responsibilities for the application and administration of rural programs now reside with the JSC.



## COMMUNICATION WITH HEALTH AUTHORITIES

The Ministry of Health relies on the health authorities to provide information on rural physicians practising in their geographic area in order to budget and make payments under the RSA.

In order to streamline the receipt of benefits, practising physicians should inform the health authority when they start work in a RSA community. The health authority will subsequently inform the ministry when the physician has met the residency requirement for the signing bonus.

At the end of each calendar year, health authorities must provide the ministry with updated information on physicians living and working in rural communities. This information is used to determine point allocations for the communities, for payment of the flat fee retention premiums and RCME funding.

The length of time a physician has been in any rural community prior to and including their current location may also affect their RCME entitlement and when they start to receive the flat fee retention payment. When past work locations and time spent in these locations are unknown, it can result in delays in the payment of the flat fee retention amount, and an incorrect calculation of RCME entitlement.

Periods of leave, depending on their length, can affect both the residency requirement for the flat fee retention premium and accumulated time for RCME. Physicians should inform the health authority of extended leaves to ensure correct calculations.

## COMMUNITIES COVERED BY THE RSA

**Subject to meeting the minimum point requirement, based on an annual assessment.**

100 Mile House	Creston	Houston
Agassiz/Harrison	Dawson Creek	Hudson's Hope
Ahousat	Dease Lake	Invermere
Alert Bay	Denman Island	Kaslo
Armstrong/Spallumcheen	Duncan/N. Cowichan	Keremeos
Ashcroft	Edgewood	Kimberley
Atlin	Elkford	Kincolith
Barriere	Enderby	Kingcome
Bella Coola	Fernie	Kitimat
Big White	Fort Nelson	Kitkatla
Blue River	Fort St. James	Kitsault
Bowen Island	Fort St. John	Kitwanga
Bridge Lake	Fort Ware	Klemtu
Burns Lake	Fraser Lake	Kootenay Bay/Riondel
Campbell River	Gabriola	Kyuquot
Canal Flats	Galiano Island	Ladysmith/Chemainus
Castlegar	Gold River	Lake Cowichan
Chase	Golden	Lillooet
Chetwynd	Granisle	Logan Lake
Christina Lk/Grand Forks	Greenwood/Midway/Rock Creek	Lumby
Clearwater	Hartley Bay	Lytton
Clinton	Hazelton	Mackenzie
Cortes Island	Holberg	Madeira Park
Courtenay/Comox/	Hope	Masset
Cumberland	Hornby Island	Mayne Island
Cranbrook	Hot Springs Cove	McBride

Merritt	Sayward	Tumbler Ridge
Miocene	Sechelt/Gibsons	Ucluelet
Nakusp	Seton Portage	Valemount
Nelson	Sicamous	Vanderhoof
New Aiyansh	Smithers	Waglisia
New Denver	Sointula	Wardner
Ocean Falls	Sooke	Whistler
Osoyoos/Oliver	Sorrento	Williams Lake
Parksville/Qualicum	Sparwood	Winlaw/Slocan Park
Pemberton	Squamish	Woss
Pender Island	Stewart	Zeballos
Port Alberni	Tahsis	
Port Alice	Takla Landing	
Port Clements	Takla Lake	
Port Hardy	Telegraph Creek	
Port McNeill	Tepella	
Powell River	Terrace	
Prince George	Texada Island	
Prince Rupert	Tofino	
Princeton	Trail/Rossland/Fruitvale	
Quadra Island	Tsay Keh	
Queen Charlotte		
Quesnel		
Revelstoke		
Rivers Inlet		
Salmo		
Salmon Arm/Sicamous		
Saltspring Island		
Saturna Island		

► *Communities that do not qualify for RRP under the RSA receive 50% of the previous year's retention allowance for one year*

## COMMUNITY RATING SYSTEM

### Medical Isolation Point Rating System

The following chart outlines the factors by which the JSC determines the number of points designated for each rural BC community within the RSA. The point system is used to categorize and group communities in order to determine eligibility for programs under the RSA. A description of each category is found on the following page.

Medical Isolation and Living Factors	Points	Max Pts
<b><i>Number of Designated Specialties* within 70 km</i></b>		
0 Specialties within 70 km	60	
1 Specialty within 70 km	50	
2 Specialties within 70 km	40	
3 Specialties within 70 km	20	
4+ Specialties within 70 km	0	60
<b><i>Number of General Practitioners within 35 km</i></b>		
over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
<b><i>Community Size (If larger community within 35 km, then larger pop. is considered)</i></b>		
30,000 +	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25

Medical Isolation and Living Factors	Points	Max Pts
<b><i>Distance from Major Medical Community (Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, Prince George)</i></b>		
first 70 km road distance	4	
for each 35 km over 70 km	2	
to a maximum of	30	30
<b><i>Degree of Latitude</i></b>		
Communities between 52 to 53 degrees latitude	20	
Communities above 53 degrees latitude	30	30
<b><i>Specialist Centre*</i></b>		
– 3 or 4 designated specialties in physician supply plans	30	
– 5 to 7 designated specialties in physician supply plans	50	
– 8 designated specialties and more than one specialist in each specialty as set out in the physician supply plan	60	60
<b><i>Location Arc</i></b>		
– communities in Arc A ( <i>within 100 km air distance from Vancouver</i> )	0.10	
– communities in Arc B ( <i>btwn 100 and 300 km air distance from Vancouver</i> )	0.15	
– communities in Arc C ( <i>btwn 300 and 750 km air distance from Vancouver</i> )	0.20	
– communities in Arc D ( <i>over 750 km air distance from Vancouver</i> )	0.25	

\* Designated specialties, as per the RSA, are: General Surgery, Orthopaedics, Paediatrics, Internal Medicine, Obstetrics/Gynecology, Anaesthesia, Psychiatry, and Radiology.

## MEDICAL ISOLATION POINT ASSESSMENT

### Number of Designated Specialties within 70 km

All designated specialties within 70 km of the community, by road or ferry, where the specialist(s) meeting the FTE income figure are counted.\*

Designated specialties: General Surgery, Orthopaedics, Paediatrics, Internal Medicine, Obstetrics/Gynecology, Anaesthesia, Psychiatry, and Radiology.

*\* A FTE physician is a physician that is above the 40<sup>th</sup> percentile of earnings for the relevant specialty.*

### Number of General Practitioners within 35 km

General practitioners practising within 35 km by road of the community and who meet the FTE income count. General practitioners practising in a community within 35 km of the community by ferry are not counted.

### Community Size

Where a community is within 35 km by road of a larger community, the points are based on the population of the larger community. Where a community is within 35 km of a larger community by ferry, the population of the larger community is not counted. When two communities are combined in this Agreement, the populations will be amalgamated.

### Distance from a Major Medical Community

The designated major medical communities are Abbotsford, Kamloops, Kelowna, Nanaimo, Prince George, Vancouver, and Victoria. Major medical communities have at least 3 practising specialists in each of the designated specialties.

### Degree of Latitude

Points are allocated for those communities in British Columbia located at and above the 52° of latitude.

### **RSA Specialist Centre**

Points will be assigned to RSA communities where the regional Physician Supply Plan requires designated specialists to provide services for a community. A RSA community located within 35 km by road of a RSA Specialist Centre will receive the same points as the RSA Specialist Centre for this factor. All physicians working in any RSA community as of April 1, 2001 are deemed to be included in the Plan for the term of the RSA.

### **Location Arc**

Four differential multipliers have been established to determine the total points to decide retention allowance figures. Arcs are based on air distance from Vancouver and multiplied by the applicable factor to determine the community's total number of points.

### **Road and Ferry Distances**

Road distances are supplied by Davenport Maps Ltd.® Ferry crossing distances are provided by BC Ferries and in the case of inland ferries, the Ministry of Transportation and Highways:

- ▶ road distances are used as a proxy for travel time
- ▶ road distances are converted to travel time using an assumed average speed of 70 km per hour
- ▶ for communities only accessible by ferry, the distance is calculated by multiplying the water distance x8; the ferry distance is then added to the applicable road distance



Dear Rural Physicians:

Due to the overwhelmingly positive feedback we received on the previous Rural Programs Guide, we are pleased to provide you with this revised Handbook to Rural Programs for 2004-2007.

This Handbook is intended to assist rural practising physicians gain a better understanding of the programs and support available to them.

The goal of the Joint Standing Committee on Rural Issues (JSC) is to attract and retain physicians in rural British Columbia by better managing some of the difficult circumstances rural physicians may encounter in daily practice.

Thank you for your ongoing commitment to providing quality medical services to BC's rural communities.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Van Rheenen".

Peter Van Rheenen  
*Co-Chair, Joint Standing Committee on Rural Issues*  
Ministry of Health

A handwritten signature in cursive script, appearing to read "Granger Avery".

Granger Avery, MD  
*Co-Chair, Joint Standing Committee on Rural Issues*  
British Columbia Medical Association



Please note that The British Columbia Medical Association (BCMA) reserves the right to charge a processing fee for non-members participating in BCMA-administered programs.

FOR INFORMATION CONTACT:

***Physician Compensation***

***Rural Practice Programs***

***Ministry of Health***

2-1, 1515 Blanshard Street

Victoria, BC V8W 3C8

Tel: 250.952.3588

Fax: 250.952.3486

***BC Medical Association***

115 – 1665 West Broadway

Vancouver, BC V6J 9Z9

Tel: 604.736.5551

Fax: 604.736.2961