



RURAL PROGRAMS

A GUIDE TO THE RURAL PHYSICIAN
PROGRAMS IN BRITISH COLUMBIA



doctors
of bc

This handbook is a guide to help rural physicians gain an understanding of the programs and support available to them through the Rural Practice Subsidiary Agreement (RSA).

This document provides 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.

Clarification and interpretation of these official programs and policies may also be obtained by contacting the Ministry of Health – Rural Programs or Doctors of BC using the contact information provided in this booklet.

THE RSA IS AVAILABLE AT:

doctorsofbc.ca or

health.gov.bc.ca/pcb/rural.html

TABLE OF CONTENTS

2 INTRODUCTION

3 PROGRAM CONTACT INFORMATION

6 THE PROGRAMS

RURAL RETENTION PROGRAM (RRP)	6
RURAL CONTINUING MEDICAL EDUCATION (RCME)	7
RECRUITMENT INCENTIVE FUND (RIF)	8
RECRUITMENT CONTINGENCY FUND (RCF)	9
ISOLATION ALLOWANCE FUND (IAF)	9
RURAL EMERGENCY ENHANCEMENT FUND (REEF)	10
RURAL EDUCATION ACTION PLAN (REAP)	11
NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)	15
RURAL GP LOCUM PROGRAM (RGPLP)	17
RURAL GP ANAESTHESIA LOCUM PROGRAM (RGPALP)	20
RURAL SPECIALIST LOCUM PROGRAM (RSLP)	22
SUPERVISORS OF PROVINCIALY LICENSED PHYSICIANS (SPLP)	24

25 RURAL COORDINATION CENTRE OF BC

27 COMMUNICATION WITH HEALTH AUTHORITIES

28 COMMUNITY DESIGNATION

A, B, C, AND D COMMUNITIES	28
COMMUNITIES COVERED BY THE RSA	28
COMMUNITY RATING SYSTEM	30
MEDICAL ISOLATION POINT ASSESSMENT	32

INTRODUCTION

The Rural Practice Subsidiary Agreement (RSA), signed as of April 2014, is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC (formerly the BC Medical Association), and the Medical Services Commission (MSC).

The Joint Standing Committee on Rural Issues (JSC), established under the RSA, is comprised of representatives from Doctors of BC, the Ministry of Health, and the health authorities. The JSC advises the BC Government and Doctors of BC on matters pertaining to rural medical practice.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique and difficult circumstances faced by physicians in these areas.

PROGRAM CONTACT INFORMATION

Listed below is the contact information for the programs available to rural physicians who practice in eligible RSA communities that meet the minimum point requirements under the Medical Isolation Point Assessment system (see page 32). A current list of RSA communities begins on page 28 of this handbook.

PROGRAMS

- **RURAL RETENTION PROGRAM (RRP)**
Retention payments paid to physicians working in eligible RSA communities.
- **RURAL CONTINUING MEDICAL EDUCATION (RCME)**
Provides rural physicians with enhanced CME funding.
- **RECRUITMENT INCENTIVE FUND (RIF)**
Funding for physicians recruited to fill vacancies.
- **RECRUITMENT CONTINGENCY FUND (RCF)**
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.
- **ISOLATION ALLOWANCE FUND (IAF)**
Additional funding to assist RSA communities with recruiting expenses where the difficulty in filling a vacancy is, or is expected to be, especially severe.
- **RURAL EMERGENCY ENHANCEMENT FUND (REEF)**
Funding for eligible rural emergency departments to support fee-for-service physicians who collaboratively plan for and provide public access to ED services on a regular, scheduled basis.
- **SUPERVISORS OF PROVINCIALY LICENSED PHYSICIANS (SPLP)**
Funding for eligible supervising physicians who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of rural physicians who have provisional licenses.

CONTACT INFORMATION

Physician Compensation
Rural Practice Programs
Ministry of Health

PO Box 9649
Victoria, BC V8W 9P4
Tel: 250.952.2754
Fax: 250.952.3486

Email: HLTH.RuralPrograms@gov.bc.ca
website: health.gov.bc.ca/pcb/rural.html
Or contact your local health authority

RURAL EDUCATION ACTION PLAN (REAP)

Supports the training needs of physicians in rural practice, provides undergraduate medical students and postgraduate residents with rural practice experience, and increases rural physician participation in the medical school selection process.

CONTACT INFORMATION

REAP Program Coordinator
University of British Columbia
300 – 5950 University Boulevard
Vancouver, BC V6T 1Z3
Tel: 604.827.1503
Fax: 604.822.6950
Email: REAP@familymed.ubc.ca
Website: rccbc.ca/reap

FOR PROGRAM CLAIMS: Doctors of BC

115 – 1665 West Broadway
Vancouver, BC V6J 5A4
Tel: 604.736.5551
Toll free in BC: 1.800.665.2262
Email: benefits@doctorsofbc.ca
Website: **doctorsofbc.ca**

NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)

Makes available travel assistance to approved physicians visiting eligible rural and isolated communities to provide medical services.

CONTACT INFORMATION FOR PAYMENT INFORMATION:

Health Insurance BC (HIBC)
Tel: 1.866.456.6950 or
604.456.6950 (*Vancouver*)
Fax: 250.405.3592

FOR GENERAL PROGRAM INFORMATION:

**Physician Compensation
Rural Practice Programs**
Ministry of Health
PO Box 9649
Victoria, BC V8W 9P4
Tel: 250.952.2754
Fax: 250.952.3486
Email: HLTH.RuralPrograms@gov.bc.ca

RURAL GP LOCUM PROGRAM (RGPLP)

Supports and enables rural GPs to have periods of leave from their practices for continuing medical education, vacation, and health needs.

CONTACT INFORMATION

Physician Compensation
Rural Locum Programs
Ministry of Health

PO Box 9649
Victoria, BC V8W 9P4
Tel: 1.877.357.4757
Fax: 1.877.387.4757

RURAL GP ANAESTHESIA LOCUM PROGRAM (RGPALP)

Supports and enables rural GPs with enhanced anaesthesia skills (GPAs) to have periods of leave from their practices for continuing medical education, vacation, and health needs.

RURAL SPECIALIST LOCUM PROGRAM (RSLP)

Supports and enables rural specialists to have periods of leave from their practices for continuing medical education, vacation, and health needs.

RGPALP, RSLP, AND GENERAL INQUIRIES FOR THE RURAL PROGRAMS

Physician Compensation
Rural Practice Programs
Ministry of Health

PO Box 9649
Victoria, BC V8W 9P4
Tel: 1.888.952.2754
Fax: 250.952.3486
Email: HLTH.RuralPrograms@gov.bc.ca
Website: health.gov.bc.ca/pcb/rural.html

Doctors of BC

115 - 1665 West Broadway
Vancouver, BC V6J 5A4
Tel: 604.736.5551
Toll free in BC: 1.800.665.2262
Email: ruralprograms@doctorsofbc.ca
Website: doctorsofbc.ca

THE PROGRAMS

RURAL RETENTION PROGRAM (RRP)

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.

THE PROGRAM

A physician's individual premium is determined by the number of isolation points assigned to his or her community: 30% of medical isolation points are paid as a flat fee amount, while the remaining 70% are paid as a fee-for-service premium. 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 qualify for the flat fee sum.

Isolation point ratings are based on a number of factors including the number of GPs in the community and the distance of the community from a major medical community. See pages 28 through 33 for more information. The 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 in which he or she practices.

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%.

The fee-for-service premium is automatically paid as long as the Service Clarification Code of the community where the service is provided is on the Medical Services Plan (MSP) claim.

ELIGIBILITY

- Physicians must reside and practice in an eligible RSA community for at least nine months per year.
- Physicians must bill equal to or greater than \$65,000 in the previous calendar year.

RURAL CONTINUING MEDICAL EDUCATION (RCME)

The 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 Benefits Subsidiary Agreement between the BC Government and Doctors of BC.

THE PROGRAM

- Administered and managed by the health authorities according to the policies established by the JSC.
- Physicians may use funds for individual or group education purposes.
- Funds may also 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.
- Physicians may bank RCME funds for up to three years from the year it was earned. A physician's annual RCME allowance is dependent on the designation of his or her community and the length of time he or she has practiced in that community.

ELIGIBILITY

- Physicians must reside and practice in an eligible RSA community for a minimum of nine months per year.
- A physician who qualifies for RCME but does not stay in a community covered by this agreement for a minimum of 12 months is eligible for a prorated amount.

GENERAL PRACTITIONERS	Up to 2 years	In 3rd & 4th year	Over 4 years
'A' communities	\$ 1,320.00	\$ 3,520.00	\$ 5,720.00
'B' communities	\$ 440.00	\$ 2,640.00	\$ 4,840.00
'C' communities	\$ 0.00	\$ 2,200.00	\$ 4,400.00
'D' communities	\$ 0.00	\$ 1,100.00	\$ 2,200.00
SPECIALISTS	Up to 2 years	In 3rd & 4th year	Over 4 years
'A' communities	\$ 1,800.00	\$ 4,800.00	\$ 7,800.00
'B' communities	\$ 600.00	\$ 3,600.00	\$ 6,600.00
'C' communities	\$ 0.00	\$ 3,000.00	\$ 6,000.00
'D' communities	\$ 0.00	\$ 1,500.00	\$ 3,000.00

RECRUITMENT INCENTIVE FUND (RIF)

The RIF provides financial incentives 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

- The incentive amounts vary based on the community designation as follows:
 - 'A' communities - \$20,000
 - 'B' communities - \$15,000
 - 'C' communities - \$10,000
 - 'D' communities - \$5,000
- Funding is prorated for physicians working less than full-time.
- A physician is obligated to repay this benefit if he or she leaves the community within one year of commencing work.

ELIGIBILITY

- Physicians recruited to fill a vacancy or pending vacancy in a RSA community.
- Physicians must be recruited from outside an eligible RSA community.

RECRUITMENT CONTINGENCY FUND (RCF)

The RCF was established to assist RSA communities 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 authority's Physician Supply Plan.

THE PROGRAM

- Health authorities may use the funds to cover recruiting expenses (i.e. advertising and interview visits).
- Physicians may use the funds to cover relocation expenses.

ELIGIBILITY

- Physicians recruited to fill a vacancy or pending vacancy in an RSA community.
- Physicians must be recruited from outside an RSA community.

ISOLATION ALLOWANCE FUND (IAF)

The IAF is available for physicians providing necessary medical services, in eligible RSA communities with fewer than four physicians and no hospital, who do not receive Medical On-call Availability Program (MOCAP), Call-Back, or Doctor of the Day payments.

THE PROGRAM

- The IAF is a stipend available to physicians in very isolated rural communities for recognition of the emergent care provided.
- Payments are calculated and disbursed on an annual basis.
- For 2013/14, the payments ranged from \$9,079 to \$52,282 per physician.

ELIGIBILITY

- Physicians must provide necessary medical services in an eligible RSA community with fewer than four physicians and no hospital.
- Physicians must not already receive Medical On-call Availability Program (MOCAP), Call-Back, or Doctor of the Day payments.

RURAL EMERGENCY ENHANCEMENT FUND (REEF)

REEF is intended to encourage the provision of reliable public access to emergency services in health authority designated emergency departments in rural BC serviced by fee-for-service physicians.

THE PROGRAM

- Provides annual funding of up to \$200,000, where the health authority has designated a site for 24/7/365 public access to hospital emergency services.
- For less than 24/7/365 service, the annual funding amount will be reduced pro rata to correspond with the health authority designated hours of public access.
- An Emergency Department (ED) coverage plan (Plan) will be developed by the group of community physicians who are prepared to commit to provide 24/7/365 public access to hospital emergency services in their communities.
- The Plan is to be developed collaboratively with the health authority.
- Once approved, the physicians and health authority will implement the Plan and submit quarterly invoices to the Ministry of Health (MoH) confirming whether the Plan was followed.
- The health authority will release the quarterly funding to the “Appointee”, as identified by the physician group in the REEF application, for distribution as appropriate.

ELIGIBILITY

- Applies to fee-for-service physicians supporting health authority designated EDs in RSA communities.
- EDs and hours of public access must be formally recognized and supported by the health authority.
- Physicians must be a part of the ED on-call rota and maintain active staff privileges in their rural community hospital or health authority designated facility.
- Physicians must sign the Plan on an annual basis.
- The maximum any one physician may receive under REEF is \$65,000 per annum.

RURAL EDUCATION ACTION PLAN (REAP)



REAP supports the training needs of physicians in rural practice, provides undergraduate medical students and postgraduate residents with rural practice experience, and increases rural physician participation into the medical school selection process.

THE UNDERGRADUATE RURAL PARTICIPATION PROGRAM

This program helps support third and fourth year medical students while undergoing rotations in rural communities in BC. A bursary of \$250 per week and up to \$800 for travel is provided to offset the costs incurred by students during their rural participation.

UNDERGRADUATE TEACHER'S STIPEND

This program was designed to recognize and compensate rural physicians for their time spent teaching undergraduate medical students. This program provides a stipend (to a maximum of 8 weeks) to rural preceptors providing training to medical students in RSA communities during their Third Year Rural Family Practice Clerkship and Fourth Year Rural Electives beyond the initial four weeks that is compensated by UBC through its Faculty of Medicine.

THE REAP CME PROGRAMS

The REAP CME programs include opportunities for physicians serving in RSA communities to enhance their skills, as well as urban-based physicians who desire to enhance their skills with the intention of serving in RSA communities.

A) ADVANCED SKILLS & TRAINING PROGRAM

The purpose of this program is to improve rural physician retention and skills by increasing opportunities to receive advanced training and skill enhancement. Training opportunities under this program are flexible in timing and may be from 1 to 60 days in length.

Eligibility

- Physicians who have been living and practicing in a RSA community for at least nine months of the past year.
- Letter from the health authority confirming that the skill is needed in the community.

Benefits

- \$3,400 per week stipend to cover income loss.
- \$450 per week is to be paid to the primary preceptor, from the weekly stipend.
- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$1,000 per week for accommodation.

B) RURAL SKILLS UPGRADE PROGRAM

The Rural Skills Upgrade Program provides funding for upfront skills enhancement training of new rural physicians or members of the Rural GP Locum Program (RGPLP), Rural GP Anaesthesia Locum Program (RGPALP), or Rural Specialist Locum Program (RSLP) who are looking to prepare for the challenges of rural practice in BC.

- Training may be obtained prior to commencing work in a RSA Community or prior to providing service to the RGPLP, RGPALP, or RSLP.
- Training opportunities available under this program are flexible in timing, may be up to 20 days in length per fiscal year, and are usually in the form of one-on-one preceptorships. Funding for courses and conferences is not available through the Rural Skills Upgrade. Locum Physicians may access funding for selected courses through the Rural GP Locum Service CME Program.

Eligibility

New Rural Physicians must have:

- a formal commitment to practice in a RSA community.
- a letter of support from the local Chief of Staff that confirms community commitment.
- a letter of support from the health authority regional medical director (or equivalent).

Locum physicians must:

- be accepted into the RGPLP, RGPALP or RSLP prior to applying for funding.
- complete a return of service to their locum program (see above) within one year of completion of training. The return of service commitment must be twice as long as the training commitment.

Benefits

- \$3,400 per week stipend to cover income loss.
- \$450 per week is to be paid to the primary preceptor, from the weekly stipend.
- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$1,000 per week for accommodation.

C) RURAL GP LOCUM CME PROGRAM

The Rural GP Locum CME Program makes funding available to active members of the Rural GP Locum Program in order for them to re-certify in ACLS or to complete the Care Course.

Eligibility

- Must be an active member of the Rural GP Locum Program.
- The course re-certification must be taken during the fiscal year in which the application is submitted.

Benefits

- ACLS recertification – \$350 stipend (or cost of course for online recertification).
- The Care Course – reimbursement of course fees.

SPECIALTY TRAINING BURSARY PROGRAM

The Specialty Training Bursary program provides financial support to eligible medical specialty residents or rural physicians completing focused postgraduate training in a Family of Medicine (FOM) Specialty Training Program.

- Each successful applicant will be eligible for up to two years of bursary funding (at \$25,000/annum) to a maximum of \$50,000.
- A one-year return of service requirement is attached to each year of funding that the successful applicant receives.

ELIGIBILITY

- Residents or rural physicians are enrolled in a Canadian Specialty Residency program and are entering their final two years of residency.
- Residents or rural physicians have been accepted to a position by a specialty department of a hospital included in the RSA once they have completed their residency program.

- Bursary funding is only available while the recipient is pursuing a Specialty Residency Program.
- Preference will be given to specialties identified as being “in need” in rural communities of BC.

SAN'YAS: INDIGENOUS CULTURAL SAFETY TRAINING

Bursaries of \$500 are available for specialists, general practitioners, and UBC residents (including family practice in rural training program participants, IMGs, psychiatry) and UBC medical students, who work or train in a rural community as outlined in the Rural Subsidiary Agreement (RSA) who complete the San'yas: Indigenous Cultural Safety (ICS) Training: Core ICS Health.

CLOSER TO HOME CME

Closer to Home CME funding provides groups of rural BC physicians practicing in RSA Communities up to \$5,000 to encourage and assist financially with accessing rurally-relevant training in their communities.

Courses and workshops supported by Closer to Home CME funding are ideally delivered on the front lines, and are based on community need, are open to interprofessional participants and evaluated both before and after the course.

CME organizers may apply for up to \$5,000 to offset the costs associated with delivery of a course and/or workshop. Efforts should also be made to use reverted CME and/or RCME funds to help defray the expenses for CME delivered in-community. The training undertaken by rural physicians should not be supported by pharmaceutical companies.

NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)

NITAOP provides funding for approved physicians who visit eligible rural and isolated communities to provide medical services.

THE PROGRAM

- Provides a travel time honorarium for approved visiting specialists and general practitioners.
- Health authorities submit an annual request for visiting physicians to the Ministry of Health.

ELIGIBILITY FOR GENERAL PRACTITIONERS

- General practitioners are eligible for funding to visit eligible RSA communities where a general practitioner is not available within 105 km of the community.
- A maximum of 48 visits per community per year may be approved.

ELIGIBILITY FOR VISITING SPECIALIST PHYSICIANS

- Eligibility for each requested specialty service sought is assessed individually.
- Specialists are eligible for funding to visit eligible RSA communities where a specialist of the same specialty is not available within 105 km of the community.
- A maximum of 24 visits per specialty for each community per year may be approved.
- Specialty services eligible for funding (when not supported by other outreach programs) include:

Cardiology
Dermatology
ENT
General Surgery
Internal Medicine
(including subspecialty services)
Methadone Program
Neurology
Obstetrics & Gynecology
Oncology

Ophthalmology
Orthopedic Surgery
Pediatrics
Plastic Surgery
Physiatry
Psychiatry
(including subspecialty services)
Radiology
Urology

TRAVEL REIMBURSEMENT

- Reimbursement will be paid directly to approved visiting physicians 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 physicians 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 he or she arrives in the community, and from the time the physician leaves the community to the time he or she arrives to his/her residence/office.
- Travel time will be reimbursed per return trip as follows:

Less than 2.5 hours	= \$250.00
2.5 to 4 hours	= \$500.00
4 to 10 hours	= \$1,000.00
Greater than 10 hours	= \$1,500.00

MAKING REQUESTS

- Health authorities must submit funding requests for the upcoming fiscal year to the Ministry of Health.
- Funding requests submitted by the health authorities for the upcoming fiscal year are reviewed by the JSC at the beginning of the calendar year.

RURAL GP LOCUM PROGRAM (RGPLP)

The RGPLP was established to assist rural GPs 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 GPs to secure subsidized relief for continuing medical education (CME), vacation, and health needs. Subject to prior authorization by the JSC and availability of funding and locums, the RGPLP may also be used to assist health authorities to address serious gaps in the provision of specialist services caused by vacancies in physician supply plans. A locum pool is maintained by the RGPLP.

THE PROGRAM – HOST PHYSICIAN INFORMATION

- Each rural physician who meets the eligibility criteria may request the following number of days of locum services per fiscal year based on community designation:
 - ‘A’ communities – 43 days
 - ‘B’ communities – 38 days
 - ‘C’ communities – 33 days
 - ‘D’ communities – 28 days
- Each request must be a minimum of 5 days, except for weekend assignments (see page 19).
- When a statutory holiday falls mid-week, a locum assignment may be a minimum of 4 days, but 5 days will be deducted from the host physician’s annual eligible number of days.
- The host physician retains 40% of the MSP fee-for-service paid claims to cover overhead.
- To qualify, a host physician must be living and practicing medicine in an eligible RSA community with seven or fewer full-time general practitioners.
- Where there is a vacancy in the physician supply plan that is causing serious health care service access problems and/or an unreasonable workload being placed on a physician, the health authority may request locum coverage.

REIMBURSEMENT IS AVAILABLE FOR LOCUM TRAVEL COSTS

- Contact the RGPLP using the contact information provided in this booklet to request a Locum Assistance Form.
- The RGPLP arranges locum assignments and assists with facilitating hospital privileges.

HOST PHYSICIAN RESPONSIBILITIES

- Provide the locum, in advance of the assignment, with a list of responsibilities the host physician expects the locum to fulfill, as well as a written explanation of all payments and other supports the locum can expect to receive during, and resulting from, the locum assignment.
- Provide reasonable accommodation for the locum physician.
- Submit claims within two weeks of the end date of the locum assignment and refused claims within two weeks of the refusal date.
- Provide the locum with a detailed reconciliation of claims submitted.
- Ensure that the locum receives the on-call payment and retention premium, if applicable.
- Reimburse the locum for services not covered by MSP (i.e. ,private, ICBC, WCB, and reciprocal billings), less the 40% recovered for overhead.

THE PROGRAM – LOCUM PHYSICIAN INFORMATION

- RGPLP locums are paid the following guaranteed daily rates based on community designation:
 - ‘A’ communities – \$900
 - ‘B’ communities – \$850
 - ‘C’ communities – \$800
 - ‘D’ communities – \$750
- When provided by the host physician and required by a rural hospital, a daily stipend of \$50 per day for Emergency and Obstetrics/Gynecology and \$100 per day for General Surgery and Anaesthesia is paid. If more than one enhanced skill is provided, the maximum is \$100 per day.

- Locums may also receive a proportionate payment for on-call and the retention premium, if agreed by the host physician.
- Claims must be submitted using the host physician payment number and the locum physician practitioner number.
- Travel expenses will be reimbursed.

LOCUM ELIGIBILITY

- Contact the RGPLP to request a Locum Application Form.
- Must have a current certificate in Advanced Cardiac Life Support (ACLS) or the Comprehensive Approach to Rural Emergencies Course (CARE); or the Certificate in Advanced Trauma Life Support (ATLS) is preferred.
- Must be a GP licensed to practice in British Columbia.
- Must be a member in good standing with the Canadian Medical Protective Association or carry alternative medical malpractice insurance.
- Must assign payment to the host physician payment number.

WEEKEND LOCUM ASSIGNMENTS

- The RGPLP also provides weekend locum coverage of three 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).
- Payment for weekend coverage as described above is:
 - ‘A’ communities – \$2,450
 - ‘B’ communities – \$2,300
 - ‘C’ communities – \$2,150
 - ‘D’ communities – \$2,000

RURAL GP ANAESTHESIA LOCUM PROGRAM (RGPALP)

The RGPALP assists general practitioners with enhanced anaesthesia skills (GPAs) in eligible rural communities to secure subsidized leave from their practices for purposes such as CME, vacation, and health needs.

THE PROGRAM – HOST PHYSICIAN INFORMATION

- Rural general practitioners who provide core anaesthesia services are eligible for locum coverage for up to a maximum of ten days per fiscal year.
- Each request must be at least two days in duration.
- To qualify, a host physician must have obtained training in the core anaesthesia service area; actively participate in providing on-call anaesthesia support; and live and practice medicine in an eligible RSA community with seven or fewer GPAs.
- Communities eligible for the RGPALP must not be eligible for the RGPLP.

TO OBTAIN A LOCUM

- Contact the RGPALP using the contact information provided in this booklet to request a Locum Assistance Form.
- The RGPALP arranges assignments and the health authority assists with facilitating hospital privileges.

HOST PHYSICIAN RESPONSIBILITIES

- Provide the locum, in advance of the assignment, with a list of the responsibilities the host physician expects the locum to fulfill, as well as a written explanation of all payments and other supports the locum can expect to receive during and resulting from the locum assignment.
- Provide reasonable accommodation for the locum physician.
- Provide the locum with detailed information on the care and treatment of patients in hospital.
- Reimburse the locum for services not covered by MSP (i.e., private, ICBC, WCB, and reciprocal billings), less the amount recovered for overhead.
- 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.

THE PROGRAM - LOCUM PHYSICIAN INFORMATION

- RGPALP locums are paid the following guaranteed daily rates based on community designation
 - ‘A’ Communities - \$1,000
 - ‘B’ Communities - \$950
 - ‘C’ Communities - \$900
 - ‘D’ Communities - \$850
- In cases where a certified anaesthetist provides coverage for a GPA, they will be paid a guaranteed daily rate of \$1,200.
- Locums are eligible to receive payment for on-call through MOCAP.
- For office-based assignments, locums must assign payment to the host physician’s payment number.
- For on-call assignments, locums must apply for an additional payment number and bill all claims under that payment number for the duration of the assignment.
- Locums must cover at least the anaesthesia portion of the host physician’s practice.

TRAVEL EXPENSES WILL BE REIMBURSED

- Contact the RGPALP to request a Locum Application Form.
- Must be licensed to practice in British Columbia.
- Must have obtained training in the anaesthesia core service area.
- Must be formally credentialed and granted privileges by the applicable health authority to practice core anaesthesia services in a rural hospital.
- Must be a member in good standing with the Canadian Medical Protective Association or carry alternative medical malpractice insurance.
- Must not live or regularly provide core anaesthesia services in the rural community where the locum service is to be provided.
- Certificates in Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) are preferred.

RURAL SPECIALIST LOCUM PROGRAM (RSLP)

The RSLP helps rural specialists secure subsidized periods of leave from their practices for purposes such as CME, vacation, and health needs.

Subject to prior authorization by the JSC and availability of funding and locums, the RSLP may also be used to assist health authorities to address serious gaps in the provision of specialist services caused by vacancies in physician supply plans.

THE PROGRAM – GENERAL INFORMATION

- The designated core specialties are anaesthesia, general surgery, internal medicine, orthopedics, pediatrics, obstetrics, psychiatry, and radiology.
- There must be fewer than five physicians who maintain hospital privileges and provide on-call support in that specialty service within 70 km of a major medical centre.

THE PROGRAM – HOST PHYSICIAN INFORMATION

- Rural physicians in designated core specialty categories who maintain privileges in a rural hospital and who participate in an on-call group in support of a rural hospital's operations in designated rural communities are eligible for up to 35 days of locum coverage per fiscal year.
- Each request must be at least two days in duration.
- To qualify, a host physician must reside and practice for a minimum of nine months of the year in a designated community.
- In cases where the program provides locum services solely for the purpose of filling the medical on-call availability schedule, the health authority will ensure that the locum days are applied against each of the local specialist's 35 days in an equitable manner.

TO OBTAIN A LOCUM

- Contact the RSLP using the contact information provided in this booklet to request a Specialist Locum Assistance Form.
- The RSLP arranges locum assignments and the health authority facilitates hospital privileges.

HOST PHYSICIAN RESPONSIBILITIES

- When the locum is providing office-based services, the host physician is expected to submit claims within two weeks of the end date of the locum assignment and refused claims within two weeks of the refusal date.
- Provide the locum with a detailed reconciliation of claims submitted.
- Ensure that the locum receives the on-call payment and retention premium, if applicable.
- Reimburse the locum for services not covered by MSP (i.e., private, ICBC, WCB, and reciprocal billings), less the 40% recovered for overhead.
- Reasonable accommodation is to be provided by the health authority.

THE PROGRAM – LOCUM PHYSICIAN INFORMATION

- RSLP locums are paid a guaranteed rate of \$1,200 per day.
- Locums are eligible for on-call payments through MOCAP.
- For office-based assignments, locums must assign payment to the host physician's payment number.
- For on-call assignments, locums must apply for an additional payment number and bill all claims under that payment number for the duration of the assignment.

TRAVEL EXPENSES WILL BE REIMBURSED

- Contact the RSLP to request a Locum Application Form.
- Must be certified by the Royal College of Physicians and Surgeons or be a non-certified specialist with additional recognized training in one of the core specialties and eligible to write qualifying exams.
- Must be a member in good standing with the Canadian Medical Protective Association or carry alternative medical malpractice insurance.
- Must not be a core specialist in a RSLP-designated specialty centre.
- Certificates in Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) are preferred.

SUPERVISORS OF PROVINCIALY LICENSED PHYSICIANS (SPLP)

THE PROGRAM

This program is intended to provide support to supervising physicians who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of rural physicians who have provisional licenses. The program is administered and managed by the health authorities according to the policies established by the JSC.

ELIGIBILITY

- Any general practitioner or specialist physician who is identified and recognized by the health authority (the sponsor) as a supervisor of a provisionally licensed, rural physician (who practices in a designated RSA community).
- Supervisors must be approved by the College of Physicians and Surgeons of BC as a supervising physician.

PAYMENT

Physicians who are recognized by the health authority as a supervisor of up to two provisionally licensed rural physicians will be eligible for financial incentives as follows (per supervisee):

- a) \$400 per week for the first three months of supervision
- b) \$100 per week for the next nine months of supervision
- c) \$50 per week for subsequent years of supervision (up to a maximum of four additional years)
- e) A travel time honorarium of up to \$600 (per round trip):
 - i. \$50 for less than one hour
 - ii. \$300 for one to four hours
 - iii. \$600 for great than four hours
- f) Reimbursement of travel expenses in accordance with Government financial policies.

RURAL COORDINATION CENTRE OF BC (RCCbc)



RCCbc seeks to improve rural BC patient care by: coordinating rural health education in conjunction with UBC’s Faculty of Medicine; supporting the recruitment and retention of rural practitioners; and developing and sustaining community health services, and professional partnerships. These goals are achieved through communication, facilitation, collaboration, and the sharing of best practices.

RCCbc supports and develops provincial initiatives by engaging and coordinating with rural physicians to facilitate the development of local and/or regional solutions, frameworks, or networks. These solutions are subsequently expanded to benefit other BC health professionals facing similar challenges.

RELATIONSHIPS ARE KEY

- *RCCbc* collaborates with health authorities, the Ministry of Health, Doctors of BC, HealthMatch BC, UBC, rural practitioners, communities, and patient advocate groups, in addition to provincial, national, and international medical organizations.
- *RCCbc* identifies the needs of specific populations and develops appropriate supports to serve these groups.
- *RCCbc*’s network of relationships fosters positive influences on health policy and facilitates the good work of all groups in improving BC rural health.
- *RCCbc* collaborates with the local stakeholders to recommend approaches that help halt the cycle of provider ‘burn out’ that can lead to the loss of community health care services.

INITIATIVES

RCCbc identifies “gaps and overlaps” in provincial delivery of rural health services and education, and proposes and/or designs initiatives to address gaps. Some *RCCbc*’s initiatives include:

Education and Training

- Promoting “closer to home” Continuing Professional Development (CPD) for rural health professionals through the support of The CARE Course and The Wilderness Medicine Course.

- Funding UBC Rural CPD travelling courses (The Shock Course, Point of Care Ultrasound: Obstetrics, and Hands On Ultrasound Skills Enhancement) which are taught in-community to rural interprofessional teams.
- Supporting annual rural CME/CPD events, such as the Rural Emergency Continuum of Care (RECC) conference for rural and regional practitioners, as well as the Rural Locum Forum.

Recruitment and Retention

- Building strong networks for enhanced skills general practitioners (“GP specialists”) in the areas of family practice anesthesia, rural obstetrics and enhanced surgical skills. Retention of these practitioners in rural communities ensures rural residents receive appropriate and adequate care closer to home.
- Working with rural research partners to evaluate and examine the impacts of REAP programs on recruitment and retention. RCCbc investigates how rural maternal health, obstetric, and surgical services are being influenced by health policies to allow stakeholders to make key decisions with stronger data and information.

Quality Improvement

- Leading provincial discussions about physician resiliency, and enabling collaborations that support mentorship and coaching initiatives to reduce physician burnout and to improve rural retention.
- Consulting with individual ‘vulnerable’ rural communities upon request to evaluate their processes for health care recruitment and delivery of services.

RURAL COORDINATION CENTRE OF BC

620 - 1665 West Broadway

Vancouver, BC V6J 1X1

Tel: 604.738.8222

Fax: 604.738.8218

Toll free: 1.877.908.8222

Email: info@rccbc.ca

Website: rccbc.ca

COMMUNICATION WITH HEALTH AUTHORITIES

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

In order to streamline the receipt of benefits, practicing physicians should inform the health authority when they start work in a RSA community. The health authority will subsequently inform the Ministry of Health when the physician has met the residency requirement for the rural retention program flat fee.

At the end of each calendar year, health authorities must provide the Ministry of Health with updated information on physicians living and working in rural communities. This information is used to determine community isolation points and to pay 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 time away from practice, depending on 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 absences to ensure correct calculations.

COMMUNITY DESIGNATION

A, B, C, AND D COMMUNITIES

RSA communities are designated A, B, C, or D based on the number of isolation points they receive as outlined below.

'A' communities – 20 or more

'B' communities – 15 to 19.9

'C' communities – 6 to 14.9

'D' communities – .5 to 5.9

Physicians practicing in A, B, or C communities are eligible for all the rural programs subject to meeting individual program requirements. Physicians residing in D communities are eligible for the following rural programs subject to meeting individual program requirements: RCME, RIF, RCF, RGPLP, RGPALP, and REAP.

COMMUNITIES COVERED BY THE RSA

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

100 Mile House
Agassiz/Harrison
Ahouzat
Alert Bay
Alexis Creek
Anahim Lake
Armstrong/Spallumcheen
Atlin
Bamfield
Balfour
Barriere
Bella Coola
Big White
Blind Bay
Blueberry River
Blue River
Bowen Island
Bridge Lake
Burns Lake
Campbell River
Cache Creek/Ashcroft

Canal Flats
Castlegar
Chemainus
Cheslatta
Christina Lake/
Grand Forks
Clearwater
Clinton
Cobble Hill
Cortes Island
Courtenay/Comox/
Cumberland
Cranbrook
Crescent Valley
Creston
Dawson Creek
Dease Lake
Denman Island
Dog Creek/Canoe
Creek
Doig River
Duncan/N. Cowichan

Edgewood
Elkford
Enderby
Fernie
Fort Babine
Fort Nelson
Fort St. James
Fort St. John/Taylor
Fort Ware
Fraser Lake
Gabriola Island
Galiano Island
Gold Bridge/Bralorne
Gold River
Golden
Granisle
Greenwood/Midway/
Rock Creek
Halfway River
Hartley Bay
Hazelton

COMMUNITY DESIGNATION

Holberg
 Hope
 Hornby Island
 Hot Springs Cove
 Houston
 Hudson's Hope
 Kaslo
 Keremeos
 Kimberley
 Kincolith
 Kingcome
 Kitimat
 Kitkatla
 Kitsault
 Kitwanga
 Klemtu
 Kootenay Bay/Riondel
 Kyuquot
 Ladysmith
 Lake Cowichan
 Lillooet
 Logan Lake
 Lower Post
 Lumby
 Lytton
 Mackenzie
 Madeira Park
 Masset
 Mayne Island
 McBride
 Merritt
 Mill Bay
 Miocene
 Moricetown
 Mount Currie
 Nadleh
 Nakusp
 Nee Tahi Buhn
 Nelson
 Nemiah Valley
 New Aiyansh
 New Denver

Nitinat
 Ocean Falls
 Osoyoos/Oliver
 Parksville/Qualicum
 Pemberton
 Pender Island
 Port Alberni
 Port Alice
 Port Clements
 Port Hardy
 Port McNeill
 Port Renfrew
 Port Simpson
 Powell River
 Prince George
 Prince Rupert
 Princeton
 Quadra Island
 Quatsino
 Queen Charlotte
 Quesnel
 Redstone Reserve
 Revelstoke
 Rivers Inlet
 Saik'us
 Salmo
 Salmon Arm/Sicamous
 Saltspring Island
 Samahquam
 Saturna Island
 Saulteau/Chetwynd
 Savory Island
 Sayward
 Scotch Creek/Chase
 Sechelt/Gibsons
 Seton Portage
 Shawnigan Lake
 Sirdar
 Skatin
 Skinn Tyee

Slocan Park
 Smithers
 Sointula
 Sorrento
 Sparwood
 Squamish
 Spences Bridge
 Squamish
 Stellat'en
 Stewart
 Tachet
 Tahsis
 Takla Landing
 Takla Lake
 Tatlayoko Lake
 Telegraph Creek
 Tepella
 Terrace
 Texada Island
 Tofino
 Trail/Rossland/Fruitvale
 Tsay Keh Dene
 Ts'il Kaz Koh
 Tumbler Ridge
 Ucluelet
 Valemount
 Vanderhoof
 Waglisha/Bella Bella
 Wardner
 Wasa
 We'sewet'en
 Whistler
 Williams Lake
 Windermere/Invermere
 Winlaw
 Woss
 Woyenne
 Yekooche
 Zeballos

COMMUNITY RATING SYSTEM

MEDICAL ISOLATION ASSESSMENT 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. The JSC regularly reviews the criteria and may make changes periodically.

MEDICAL ISOLATION AND LIVING FACTORS	POINTS	MAX PTS
NUMBER OF DESIGNATED SPECIALTIES* WITHIN 70 KM		
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
NUMBER OF GENERAL PRACTITIONERS WITHIN 35 KM		
Over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
COMMUNITY SIZE (IF LARGER COMMUNITY WITHIN 35 KM, THEN LARGER POPULATION IS APPLIED)		
30,000 +	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25
DISTANCE FROM MAJOR MEDICAL COMMUNITY (KAMLOOPS, KELOWNA, NANAIMO, VANCOUVER, VICTORIA, ABBOTSFORD, PRINCE GEORGE)		
First 70 km of road distance	4	
For each 35 km over 70 km	2	
To a maximum of 30 points	30	30

COMMUNITY RATING SYSTEM

MEDICAL ISOLATION AND LIVING FACTORS	POINTS	MAX PTS
DEGREE OF LATITUDE		
Communities between 52 to 53 degrees latitude	20	30
Communities above 53 degrees latitude	30	
SPECIALIST CENTRE*		
3 or 4 designated specialties in physician supply plans	30	60
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	
LOCATION ARC		
Communities in Arc A (within 100 km air distance from Vancouver)	0.10	0.25
Communities in Arc B (between 100 and 300 km air distance from Vancouver)	0.15	
Communities in Arc C (between 300 and 750 km air distance from Vancouver)	0.20	
Communities in Arc D (over 750 km air distance from Vancouver)	0.25	

*Designated specialties, as per the RSA, are: general surgery, orthopedics, pediatrics, internal medicine, obstetrics/gynecology, anaesthesiology, 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 Full Time Equivalent (FTE) income figure are counted.*

Designated specialties: General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anaesthesiology, Psychiatry, and Radiology.

*A FTE physician is a physician that is above the 40th percentile of earnings for the relevant specialty.

NUMBER OF GENERAL PRACTITIONERS WITHIN 35 KM

General practitioners practicing within 35 km by road of the community and who meet the FTE income count. General practitioners practicing 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 three practicing 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 December 31, 2007 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 x 8; the ferry distance is then added to the applicable road distance.

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

FOR GENERAL INQUIRIES

Physician Compensation

Rural Practice Programs

Ministry of Health

Box 9649

Victoria, BC V8W 9P4

Tel: 250.952.2754

Fax: 250.952.3486

Email: HLTH.RuralPrograms@gov.bc.ca

Website: health.gov.bc.ca/pcb/rural.html

Doctors of BC

115 - 1665 West Broadway

Vancouver, BC V6J 5A4

Tel: 604.736.5551

Toll free in BC: 1.800.665.2262

Email: ruralprograms@doctorsofbc.ca

Website: doctorsofbc.ca