

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

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INTRODUCTION

The Rural Practice Subsidiary Agreement (RSA) is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC 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 and is responsible for the overall governance of the rural programs.

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

PROGRAM CONTACT INFORMATION

PROGRAMS

- RURAL RETENTION PROGRAM (RRP)
- RECRUITMENT INCENTIVE FUND (RIF)
- RECRUITMENT CONTINGENCY FUND (RCF)
- ISOLATION ALLOWANCE FUND (IAF)
- RURAL EMERGENCY ENHANCEMENT FUND (REEF)
- NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP) - GENERAL PROGRAM OR PAYMENT INFORMATION

Ministry of Health

Rural Programs, Physician Services Branch

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

- NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP) - TO ENQUIRE ABOUT PROVIDING VISITS OR APPROVAL
- RURAL CONTINUING MEDICAL EDUCATION (RCME) INDIVIDUAL FUNDS
- SUPERVISORS OF PROVISIONALLY LICENSED PHYSICIANS (SPLP)
[Contact your local health authority](#)
NHA-RuralPrograms@northernhealth.ca
RuralPrograms@vch.ca
RuralPrograms@interiorhealth.ca
MedStaffDevelopment@islandhealth.ca
- RURAL CANADIAN MEDICAL PROTECTIVE ASSOCIATION (R-CMPA) BENEFIT
[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

PROGRAM CONTACT INFORMATION

- RURAL EDUCATION ACTION PLAN (REAP)
REAP Program Coordinator
University of British Columbia
300 – 5950 University Boulevard
Vancouver, BC V6T 1Z3
Tel: 604.822.2675
Fax: 604.822.6950
Email: AP.Physicians@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
- RURAL CONTINUING MEDICAL EDUCATION (RCME)
COMMUNITY PROGRAM
Rural Coordination Centre of BC (RCCbc)
- LOCUMS FOR RURAL BC
Locums for Rural BC
2889 East 12th Avenue,
Vancouver, BC V5M 4T5
Email: info@locumsruralbc.ca
Tel: 1.877.357.4757
Fax: 1.877.387.4757
Website: locumsruralbc.ca
- RURAL COORDINATION CENTRE OF BC (RCCbc)
Rural Coordination Centre of BC (RCCbc)
620 – 1665 West Broadway
Vancouver, BC V6J 1X1
Tel: 604.738.8222
Fax: 604.738.8218
Toll free: 1.877.908.8222
Email: rcme@rccbc.ca
Website: <https://rccbc.ca>

THE PROGRAMS

RURAL RETENTION PROGRAM (RRP)

The RRP consists of a set of retention benefits paid to physicians working in eligible communities covered under the RSA.

The RRP program is made up of three payment components paid to eligible rural physicians: the RRP Fee Premium, the RRP Flat Fee and the Rural Business Cost Modifier (RBCM) benefit. These payment amounts are determined by the number of rural medical isolation points calculated annually and assigned to the RSA community (see page 31 for more information on how community rural isolation points are calculated and page 26 for a list of current eligible rural communities). The program is administered and managed by the Ministry of Health according to the policies established by the JSC.

RRP FEE PREMIUM

A percentage paid on top of MSP billings or service contracts. Any physician who provides a service in an eligible RSA community may receive the RRP Fee Premium. The RRP Fee Premium is automatically paid as long as the Service Clarification Code of the community where the service is provided is on the MSP claim.

RRP FLAT FEE

An annual flat fee payment paid to any physician that resides and practices in an eligible RSA community for a minimum 9 months per year and bills equal to or greater than \$75,000 in the previous calendar year. Flat fee payments are distributed through the health authority.

RBCM BENEFIT

An enhancement to the RRP Flat Fee to further support physicians living and practicing in rural communities.

If a physician lives in a RSA community but practices in a different RSA community, they will receive the fee premium, flat fee and rural business cost modifier for the community in which they practice.

RURAL CONTINUING MEDICAL EDUCATION (RCME)

The Rural Continuing Medical Education (RCME) Program provides support through two separate benefits: RCME Individual Funds and RCME Community Program. The purpose of the RCME Program is to support physicians in participating in medical education to update and/or 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 the Doctors of BC.

RCME INDIVIDUAL FUNDS

The RCME Individual Funds provides funding directly to eligible physicians through their health authority. To be eligible for this benefit, physicians must reside and practice in an eligible RSA community for a minimum of 9 months per year and bill equal to or greater than \$75,000. A physician who qualifies for RCME but does not stay in a community covered by this agreement for 12 months is eligible for a prorated amount. The program is administered and managed through the health authorities according to the policies established by the JSC.

Funding amounts are based on community designation (A,B,C,D) and a physicians time in the community.

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

RCME COMMUNITY PROGRAM

The RCME Community Program provides funding and resources to groups of local physicians in eligible RSA communities to support their community education needs. This may include supporting CME networks, closer to home CME events and purchasing equipment to support CME activities. The program is administered and managed by the RCCbc according to the policies established by the JSC.

Funds may be used to compensate physicians for time spent developing and/or planning CME events. Funds are not to be used to pay physicians for time spent participating in CME events.

Funds may be used to deliver activities involving other health care professionals in the community.

Funds are calculated and received annually and communities may accumulate up to 3 years of funds.

Community eligibility is determined using the number of permanent practice physicians, the community's rural isolation points, and a minimum baseline required to carry out community RCME activities. No community receives less than \$5,000 or more than \$250,000 on an annual basis.

RURAL CMPA BENEFIT (R-CMPA)

The Rural CMPA Benefit (R-CMPA) is enhanced funding provided to offset professional CMPA costs and provides reimbursement of up to 50% of CMPA out-of-pocket costs for eligible rural physicians. To be eligible for this benefit, physicians must reside and practice in an eligible RSA community for a minimum of 9 months per year and bill equal to or greater than \$75,000. R-CMPA is in addition to the CMPA entitlement provided for in the Benefits Subsidiary Agreement (BSA) between the BC Government and the Doctors of BC. The program is administered and managed by the Doctors of BC according to the policies established by the JSC.

Annual reimbursements are provided to eligible BC rural physicians through the Doctors of BC and are based on the CMPA costs for the previous calendar year.

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 RSA communities. Funding is prorated for physicians working less than full-time. A physician is obligated to repay this benefit if they leave the community within one year of their start date. The program is administered and managed by the Ministry of Health according to the policies established by the JSC.

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

RECRUITMENT CONTINGENCY FUND (RCF)

The RCF provides funding to assist with physician recruitment where health authorities have identified a vacancy. Health authorities may use the funds to cover expenses such as advertising and site visits. Physicians moving to an eligible RSA community may receive a stipend to support their relocation costs. The program is administered and managed by the Ministry of Health according to the policies established by the JSC.

ISOLATION ALLOWANCE FUND (IAF)

The IAF is available for physicians providing necessary medical services, in eligible RSA communities for a minimum of 9 months per year. The community must have fewer than four physicians, no hospital, and not be eligible for Medical On-call Availability Program (MOCAP), Call-Back, and Doctor of the Day payments. Payments are calculated and disbursed on an annual basis and range from approximately \$5,000 to \$75,000. The program is administered and managed by the Ministry of Health according to the policies established by the JSC.

RURAL EMERGENCY ENHANCEMENT FUND (REEF)

REEF is intended to encourage and support the provision of reliable public access to emergency services in health authority designated emergency departments in RSA communities. The program is administered through the health authorities and managed by the Ministry of Health according to the policies established by the JSC.

REEF 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.

In collaboration with the Health Authority, an annual Emergency Department (ED) coverage plan (Plan) will be developed by the group of community physicians who are prepared to commit to ensure that 24/7/365 (or the health authority designated posted hours) public access to hospital emergency services is maintained in their community.

The Plan is intended to include proposed supports that will assist each individual community. This may include incenting weekends and difficult to cover shifts, assisting with locum coverage, etc. The Plan must also include a “contingency plan” to outline what will be done to cover the ED in the event that an unforeseen circumstance arises.

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 invoice will also report any ED closures that have occurred during the quarter. For less than 24/7/365 service, the annual funding amount will be adjusted to correspond with the health authority designated hours of public access.

NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP)

NITAOP provides funding for travel expenses and travel time honouraria for approved physicians who visit eligible rural and isolated communities to provide medical services. The program is administered through the health authorities and managed by the Ministry of Health according to the policies established by the JSC

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

- 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 receipts for each visit.
- Travel expense forms and receipts must be submitted before June 30th 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 their residence/office to the time of arrival in the community, and from the time the physician leaves the community to the time they arrive to their 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

SUPERVISORS OF PROVISIONALLY LICENSED PHYSICIANS (SPLP)

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 greater than four hours.
- f) Reimbursement of travel expenses in accordance with Government policies.

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 program is administered and managed by the University of British Columbia according to the policies established by the JSC.

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.

REAP CME PROGRAMS

The REAP CME programs include opportunities for physicians and locums working in RSA communities to enhance their skills.

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.

ELIGIBILITY

- Physicians who have been practicing in an RSA community for at least nine months of the past year.
- Physicians who are returning to practice after a leave such as parental leave, long-term illness or disability and have a formal commitment to practice in a RSA community
- Support from the community and health authority confirming that the skill is needed.

BENEFITS

- \$950 per day stipend to cover income loss.
- \$90 per day is to be paid to the primary preceptor, from the daily stipend.

- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$200 per day for accommodation.

B) RURAL SKILLS UPGRADE PROGRAM

The Rural Skills Upgrade Program provides funding for upfront skills enhancement training of new or returning rural physicians or GP, GPA or Specialist locum physicians who have been accepted into Locums for Rural BC

ELIGIBILITY

New rural physicians can access this program during their first nine months of practice. Returning rural physicians can access this program during the first nine months after returning from a leave.

Both new and returning rural physicians must have:

- a formal commitment to practice in an 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 Locums for Rural BC prior to applying for funding.
- complete a return of service to Locums for Rural BC within one year of completion of training. The return of service commitment must be twice as long as the training commitment.

BENEFITS

- \$950 per day stipend to cover income loss.
- \$90 per day is to be paid to the primary preceptor, from the daily stipend.
- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$200 per day for accommodation.

C) RURAL LOCUM CME PROGRAM

The Rural Locum CME Program makes funding available to GP, GPA and Specialist locum physicians in order for them to access rurally-relevant courses and events. Locum physicians may access funding prior to providing service to Locums for Rural BC.

ELIGIBILITY

- Must have proof of acceptance into Locums for Rural BC prior to course commencement and application to the Rural Locum CME Program and be willing to provide a minimum of ten days of service to Locums for Rural BC within one year of completion of the course.
- The educational event(s) must be taken during the fiscal year in which the application is submitted. The fiscal year runs from April 1 - March 31.

BENEFITS

- ACLS recertification – reimbursement of the course fee to a maximum of \$350.
- Reimbursement of the course fee for one additional course to a maximum of \$1000. Available courses/events are listed at <https://rccbc.ca/practitioner-support/locums/reap-programs-for-locums/rural-locum-cme-program/>
- Reimbursement of travel/accommodation expenses.

D) NEW RURAL PHYSICIAN CME PROGRAM

The New Rural Physician CME Program makes funding available to physicians in their first two years of rural practice in BC in order for them to access rurally-relevant courses and events. Funds may be accessed prior to commencing work in an RSA Community and on a yearly basis for the first two years of rural practice.

ELIGIBILITY

- New rural physicians must be in their first two years of rural practice in BC and have a formal commitment to practice in a RSA Community.
- The educational event(s) must occur during the fiscal year in which the application is submitted. The fiscal year runs from April 1 - March 31.

- The educational event(s) must occur after a formal commitment to practice in a rural community has been accepted.

BENEFITS

- ACLS recertification – reimbursement of the course fee to a maximum of \$350.
- Reimbursement of the course fee for one additional course to a maximum of \$1000. Available courses are listed at <https://rccbc.ca/practitioner-support/rural-physicians/reap-programs/new-rural-physician-cme-program/>
- Reimbursement of travel/accommodation expenses.

SPECIALTY TRAINING BURSARY PROGRAM

The Specialty Training Bursary Program provides funding to rurally-bound medical specialty residents or rural physicians who are completing focused postgraduate training that will lead to certification with the Royal College of Physicians and Surgeons of Canada.

- 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 eligible to apply if they:

- are in the final two years of a Royal College of Physicians and Surgeons of Canada residency program and;
- have been accepted to a specialty position by a hospital and health authority included in the RSA pending completion of the residency program.
- Bursary funding is only available while the applicant is pursuing the residency program.
- Preference will be given to specialties identified as being “in need” in rural communities of BC.
- The application deadline is the last business day of June.

RURAL LEADERSHIP DEVELOPMENT PROJECT

The purpose of the Rural Leadership Development Project is to increase opportunities for rural physicians to pursue leadership training and develop the skills and abilities to help bring system improvements that will benefit British Columbia's rural populations.

In addition to access to a formalized leadership program, participants will be offered a mentoring opportunity with a rural leader through the UBC CPD Rural Physician Mentoring Program. As well, during the course of the training, participants will be encouraged to participate as a guest (when invited) in two meetings of groups providing leadership in rural BC (e.g. JSC, RCCbc Core, Dean's Advisory council, rural HA leadership forum etc.).

ELIGIBILITY

- Physicians who have been practicing in a RSA community for at least nine months of the past year.
- 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).

BENEFITS

- Up to \$15,000/year which may be applied toward tuition/course fees, travel/accommodation expenses and may be used to cover overhead resulting from absence from your practice to pursue the training.

SAN'YAS: INDIGENOUS CULTURAL SAFETY TRAINING

Bursaries of \$500 are available for specialists, general practitioners, UBC residents and UBC medical students, who work or train in a RSA community and 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.

RURAL COORDINATION CENTRE OF BC (RCCBC)



RCCbc is a network, led by rural physicians, that improves the health of rural people and communities in British Columbia. With network partners, including healthcare providers and administrators, community members, policymakers, educators, researchers, and non-profit and business leaders, RCCbc serves all British Columbia communities covered by the Rural Practice Subsidiary Agreement by:

CULTIVATING RELATIONSHIPS AND NETWORKS

RCCbc connects people who are passionate about, or play a role in, enhancing rural health equity in British Columbia—from rural citizens and physicians to municipal and Indigenous leaders to provincial policymakers. Examples include the Rural Surgical and Obstetrical Network; Sustaining Pediatrics in Rural and Underserved Communities Network; BC Rural Locums Discussion Group; Family Practice Anaesthesia Network.

FACILITATING RURAL HEALTH DISCUSSION

RCCbc co-creates safe spaces for network partners to engage in frank discussion about rural health challenges, explore common solutions to improve rural health, and align work as partners. An example includes its annual BC Rural Health Conference.

COORDINATING RURAL HEALTH PROJECTS

RCCbc coordinates innovative projects that expand its network and enhance the ability for rural physicians and other healthcare providers to deliver timely, safe, and effective care to rural patients in British Columbia. Examples include the Real-Time Virtual Support Program; Rural Obstetrical and Maternity Sustainability Program; and its Isolated Medical Provider Aftercare Team.

CREATING LEARNING OPPORTUNITIES FOR RURAL HEALTHCARE PRACTITIONERS

RCCbc co-develops continuing medical education, continuing professional development, and mentorship opportunities in collaboration with rural family physicians to enhance rural health providers' skills, scope, and resilience at all stages of their careers. Examples include the Rural Continuing Medical Education Program; and Quality Team Coaching for Rural BC.

ADVOCATING FOR A HEALTHY RURAL BRITISH COLUMBIA

RCCbc uses its personal and shared experiences, as well as rural health research evidence, to effect changes to provincial policies that improve the health of rural British Columbians. Examples include its Rural Site Visits Project.

STIMULATING RURAL HEALTH RESEARCH

RCCbc provides grants and offers other support to rural physicians and medical students to carry out culturally safe and rurally relevant research that informs policy and improves healthcare practice and delivery. Examples include its Rural Physician Research Support Grant; and the Rural Global Health Partnership Initiative.

DEVELOPING HEALTHCARE LEADERS

RCCbc supports and develops people in becoming healthcare leaders in their chosen fields of interest and expertise—whether they work in administrative, medical, research, advocacy, or other positions—so their unique perspectives, skills, and knowledge can be used to the fullest potential to improve rural health.

LOCUMS FOR RURAL BC



Locums for Rural BC is responsible for operating the Rural GP Locum Program (RGPLP), the Rural GP Anesthesia Locum Program (RGPALP), and the Rural Specialist Locum Program (RSLP) according to the policies established by the JSC.

Locums for Rural BC provides full support and assistance to physicians and specialists practicing in rural communities so they can take reasonable periods of leave from their practices for continuing medical education (CME), vacation, and health needs. Full support and assistance with placement and travel to rural communities throughout British Columbia is provided to locum physicians.

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 host physician, the health authority may request Locums for Rural BC to facilitate locum coverage.

LOCUMS FOR RURAL BC – CONCIERGE SERVICES

- Assists host physicians with requests for locum assistance.
- Assists locum physicians in completing the application process.
- Collaborates with health authorities in facilitating hospital privileges for locum physicians.
- Makes all travel arrangements for flights, car rental, and accommodations.
- Provides an interactive website where host physicians can post locum opportunities; and locum physicians can review and request placement.

GENERAL INFORMATION

ELIGIBILITY – HOST AND LOCUM PHYSICIANS

- Be licensed to practise medicine in BC.
- Specialists must be certified by the Royal College of Physicians and Surgeons of Canada or be a non-certified specialist with additional recognized training in one of the core specialties and eligible to write qualifying exams.
- Have malpractice liability insurance with the Canadian Medical Protective Association (CMPA) in the appropriate classification for their practice.

- Be enrolled in the Medical Services Plan (MSP) of BC.
- Host physicians must be in full-time practice in an eligible RSA Community.
- Host physicians must identify any enhanced skills that are required and are to be provided by locums e.g. emergency, obstetrics/ gynecology, general surgery, anesthesia.
- Locum physicians should have certification in Advanced Cardiac Life Support (ACLS) or Comprehensive Approach to Rural Emergencies (CARE) or Advanced Trauma Life Support (ATLS), ACLS - preferred but not mandatory.
- Locum physicians must obtain health authority privileges to practise in the rural hospital(s) if required.

PAYMENT - HOST AND LOCUM PHYSICIANS

- MSP will recover 60% of the locum's fee-for-service (FFS) claims; the host physician receives 40% of the paid MSP claims to cover overhead, paid on a semi-monthly basis.
- In cases where 60% of paid MSP claims are greater than the designated rate (averaged over the length of the assignment), a top-up will be calculated and paid to the locum physician on a quarterly basis.
- The host physician must reimburse the locum for services not covered by MSP (e.g. private, ICBC, WCB, and reciprocal billings), less the 40% recovered for overhead, and ensure that the locum receives the on-call payment and retention premium, if applicable.
- As locum physicians do not bill fee for service while on assignment in an APP community, there is no overhead compensation to the host physician or top up payments to locum physicians.
- Locums are eligible to receive payment for on-call through MOCAP (where applicable). 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 BENEFITS

Locum physicians may receive reimbursement for flights, car rental, accommodations, ferry travel, use of personal vehicle, parking, taxi, travel time (per return trip), business calls and meals (with certain exceptions) when they are providing locum services.

Accommodation bookings and reimbursement is based on the approved list of accommodations offering government rates.

- Air travel bookings and reimbursement is based on the most economical airfare obtained at the time of booking.
- Personal vehicle use is reimbursed at 55 cents per km.
- A travel honorarium is provided based on travel time per return trip and the program policy.

RURAL GP LOCUM PROGRAM (RGPLP)

The host physician must practise medicine in an eligible RSA community with 7 or fewer general practitioners, and may request the following number of days of locum services per fiscal year based on RSA community designation:

'A' communities	43 days
'B' communities	38 days
'C' communities	33 days
'D' communities	28 days

- Each locum request must be a minimum of 5 days, except for weekend assignments where coverage is 3 days (commencing Friday at 18:00 and concluding Monday at 08:00).
- Locum physicians are paid a daily rate from \$900 to \$1170 dependent upon the community. In general, the higher the number of rural points a community receives, the higher the daily rate.
- Payment to locum physicians for weekend coverage is \$2450 to \$3185 dependent upon the community.
- The program will cover accommodation and car rental expenses, where necessary for the locum while on assignment in A and B designated communities.

- The HA or host physician will provide accommodation and car rental expenses for the locum while on assignment in C or D designated communities. If necessary, car rental expenses when travelling to and from the community will be covered by the program.
- The Emergency On-Call stipend will be paid to the locum when their name appears on the call rota to provide the ER call. This payment is \$300 for a 24 hour ER and \$135 for any ED hours that are less than 24.

TRAVEL TIME

- A travel time honourarium 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

- Travel time is calculated from the time the physician leaves their residence/office to the time of arrival in the community, and from the time the physician leaves the community to the time they arrive to their residence/office.

RURAL GP ANESTHESIA LOCUM PROGRAM (RGPALP)

- A host physician must provide core anesthesia; actively participate in providing on-call anesthesia support; and live and practise medicine in an eligible RSA community with 7 or fewer GPAs.
- Host physicians are eligible for locum coverage for up to a maximum of 35 days per fiscal year.
- Each locum request must be at least 2 days in duration.
- Communities eligible for the RGPALP must not be eligible for the RGPLP.
- GPA locum physicians are paid a daily rate from \$1000 to \$1270 dependent upon the community. In general, the higher the number of rural points a community receives, the higher the daily rate.
- In cases where a certified anesthesiologist provides coverage for a GPA, they will be paid a guaranteed daily rate of \$1,500.

- The program will cover accommodation and car rental expenses where necessary for the locum while on assignment in A and B designated communities.
- The HA or host physician will provide accommodation and car rental expenses for the locum while on assignment in C or D designated communities. When necessary, car rental expenses when travelling to and from the community will be covered by the program.

RURAL SPECIALIST LOCUM PROGRAM (RSLP)

- The designated core specialties are: anesthesia, general surgery, internal medicine, obstetrics, gynecology, orthopedics, pediatrics, psychiatry, radiology.
- There must be fewer than 5 physicians who maintain hospital privileges and provide on-call support in that specialty service. The community must be more than 70 km from a nearby major medical centre.

LOCUMS FOR RURAL BC

- Host physicians are eligible for locum coverage up to 35 days per fiscal year and must reside and practise for a minimum of 9 months of the year in a designated community.
- Each locum request must be at least 2 days in duration.
- For a list of current eligible communities, please contact the Locums for Rural BC Program.
- RSLP locum physicians are paid a guaranteed rate of \$1,500 per day.
- Locums are eligible for on-call payments through MOCAP (where applicable). 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.
- For office-based assignments, locums must assign payment to the host physician's payment number.
- The program will provide accommodation and car rental expenses where necessary for the locum while on assignment in A and B designated communities.
- The HA will provide accommodation for the locum while on assignment in C or D designated communities and when necessary, car rental expenses will be covered when travelling to and from the community as required.

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 eligibility for Rural Programs.

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	1.5 to 14.9
'D' communities	.5 to 1.4

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.

To find out an RSA community's designation, please refer to https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/rrp_points.pdf.

COMMUNITIES COVERED BY THE RSA

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

100 Mile House	Bonaparte Indian Band / Oregon Jack Creek Indian Band	Blueberry River First Nation
Agassiz / Harrison / Seabird Island Band	Atlin / Taku River Tlingit First Nation	Boston Bar / Boston Bar First Nation
Ahousat / Hesquiaht First Nation	Balfour / Proctor	Bowen Island
Alert Bay / Namgis First Nation	Bamfield	Bridge Lake
Alexandria / Alexandria Indian Band / ?Esdilagh	Barriere / Simpcw First Nation / Whispering Pines Indian Band (Clinton Indian Band)	Burns Lake / Francois Lake
Alexis Creek / Tl'etinqox-T'in Government / Yeneskit'in	Bella Bella / Waglisla / Heiltsuk	Campbell River / Campbell River Indian Band (Wei Wai Kum) / Dzawada'enuxw First Nation / Homalco First Nation
Anahim Lake / Ulkatcho First Nation	Bella Coola / Nuxalk Nation	Canal Flats
Armstrong / Spallumcheen	Big White	Canim Lake / Canim Lake Band
Ashcroft / Cache Creek / Ashcroft Indian Band /	Blind Bay	Canoe Creek Band / Dog Creek / Esk'etemc First Nation
	Blue River	

COMMUNITY DESIGNATION

Castlegar
 Chase / Scotch Creek / Adams Lake Indian Band / Little Shuswap Indian Band / Neskonlith Indian Band
 Chemainus / Halalt First Nation / Lyackson First Nation
 Cheslatta
 Chetwynd / Sauleteu / Sauleteu First Nations
 Christina Lake
 Clearwater
 Clinton / Highbar First Nations
 Cobble Hill
 Cortes Island / Klahoose First Nation
 Courtenay / Comox / Cumberland / K'ómoks First Nation
 Cranbrook / ?aq'am (St. Mary's)
 Crescent Valley
 Creston / Lower Kootenay Band
 Dawson Creek
 Dease Lake
 Denman Island
 Doig River
 Duncan / N. Cowichan / Cowichan Band
 Edgewood
 Elkford
 Enderby / Splatsin Tsm7aksaltn
 Fernie
 Fort Babine
 Fort Nelson / Fort Nelson First Nation
 Fort St. James / Binche
 Fort St. John / Taylor
 Fort Ware

Fraser Lake
 Gabriola Island
 Galiano Island
 Gilford Island / Kwikwasut'inuxw Haxwa'mis
 Gold Bridge / Bralorne
 Gold River / Mowachaht-Muchalaht First Nation
 Golden
 Grand Forks
 Granisle
 Grasmere / Tobacco Plains Band
 Grassy Plains
 Greenwood / Midway / Rock Creek
 Greenville / Nisga'a Village of Laxgalt'sap
 Halfway River
 Hartley Bay
 Hazelton / Gitanmaax Band / Glen Vowell (Sik-e-Dakh) / Hagwilget Village (Tse-kyá) / Kispiox Band (Anspayaxw)
 Holberg
 Hope / Chawathil / Peters First Nation / Shxw'Ow'Hamel First Nation / Skawahlook First Nation (Sq'ewá:lxw) / Union Bar Road
 Hornby Island
 Hot Springs Cove
 Houston
 Hudson's Hope / West Moberly First Nations
 Invermere / Windermere /?Akisq'nuk (AkisqnuK) / Shuswap Band
 Kaslo
 Keremeos
 Kimberley

Kincolith / Nisga'a Village of Gingolx
 Kingcome (Dzawada'enuxw First Nation)
 Kitimat
 Kitkatla / Gitxaala Nation
 Kitsault
 Kitwanga (Gitwangak Band) / Gitanyow / Gitsegulka
 Klemtu / Kitasoo Band
 Kootenay Bay / Rionde
 Kyuquot
 Ladysmith
 Lake Cowichan / Lake Cowichan First Nation
 Lillooet / Bridge River / Cayoose Creek Indian Band (Sekw'el'was) / Lillooet Indian Band (T'it'q'et) / Xaxli'p First Nation / Xwisten
 Logan Lake
 Lower Post / Daylu Dena Council (Kaska Dena Council)
 Lumby
 Lytton / Lytton First Nation / Kanaka Bar (T'eqt'aqtn'mux) / Nicomen Indian Band / Siska Indian Band / Skuppah Indian Band
 Mackenzie
 Madeira Park
 Masset / Old Masset Village Council
 Mayne Island
 McBride
 McLeod Lake Indian Band
 Merritt / Coldwater Indian Band / Lower Nicola Indian Band / Upper Nicola Band
 Metlakatla

COMMUNITY DESIGNATION

Mill Bay	Prophet River First Nation	Sun Peaks
Miocene	Quadra Island / Cape Mudge Indian Band	Tachie
Morisetown	Quatsino	Tachet
Mount Currie	Queen Charlotte / Skidegate Band	Tahsis
Nadleh	Quesnel Redstone Reserve	Takla Landing / Takla Lake First Nation
Nakusp	Revelstoke	Tatla Lake / Alexis Creek First Nation (Tsi Del Del)
Nee Tahi Buhn	Riske Creek / Toosey Band / Tl'esqox	Tatlayoko Lake
Nelson	Rivers Inlet / Oweekeno (Wuikinuxv First Nation)	Telegraph Creek / Tahltan Band
Nemaiah Valley / Xenigwet'in First Nation Government	Saik'uz	Tipella
New Aiyansh / Nisga'a Village of Gitwinksihlkw	Salmo	Terrace / Kitselas First Nation / Kitsumkalum Band
New Denver	Salmon Arm	Texada Island
Nitinat / Ditidaht First Nation	Saltspring Island	Tofino / Tla-O-Qui-Aht First Nations
Ocean Falls	Samahquam	Trail / Rossland / Fruitvale
Oliver	Saturna Island	Tsay Keh Dene
Osoyoos	Savary Island	Ts'il Kaz Koh (Burns Lake Band)
Parksville / Qualicum / Qualicum First Nation	Savona / Skeetchetn Indian Band	Tumbler Ridge
Pavillion / Ts'kw'aylaxw First Nation	Sayward	Ucluellet / Toquaht Nation / Ucluellet First Nation (Yuutu it at)
Pemberton	Sechelt / Gibsons	Valemount
Pender Island	Seton Portage / Seton Lake / N'Quatqua First Nation / Tsal'alh	Vanderhoof
Penelakut Island	Shawnigan Lake	Wardner
Port Alberni	Sicamous	Wasa
Port Alice	Sirdar	Wet'suwet'en (Broman Lake)
Port Clements	Skatin	Whistler
Port Hardy / Gwa'sala-Nakwazda'xw / Kwakiutl First Nation (Kwakwaka'wakw) / Tlatlasikwala First Nation	Skin Tyee	Williams Lake / Soda Creek Indian Band (Xatsull First Nation)
Port McNeill	Slocan Park	Winlaw
Port Renfrew / Pacheedaht First Nation	Smithers	Woss
Port Simpson	Sointula	Woyenne (Lake Babine)
Powell River	Sorrento	Yekooche
Prince George / Lheidli T'enneh Nation	Sparwood	Zeballos / Ehattesaht First Nation / Nuchatlaht Indian Band
Prince Rupert	Spences Bridge / Cook's Ferry Indian Band	
Princeton	Squamish / Squamish First Nation	
	Stellat'en	
	Stewart	

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 pages 31 and 32. 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 DESIGNATION

MEDICAL ISOLATION AND LIVING FACTORS	POINTS	MAX PTS
DEGREE OF LATITUDE		
Communities between 52 to 53 degrees latitude	20	
Communities above 53 degrees latitude	30	30
SPECIALIST CENTRE*		
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
LOCATION ARC		
Communities in Arc A (within 100 km air distance from Vancouver)	0.10	
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	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, Anesthesiology, 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.

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 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.

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