

# RURAL PROGRAMS

A GUIDE FOR THE RURAL PHYSICIAN  
PROGRAMS IN BRITISH COLUMBIA



The Best Place on Earth

BRITISH  
COLUMBIA  
MEDICAL  
ASSOCIATION



Prepared by the Joint Standing Committee on Rural Issues  
January 2011



# Table of Contents

## 2 Introduction

## 3 Overview of Programs and Contact Information

## 6 The Programs

Rural Retention Program (RRP)	6
Rural Continuing Medical Education (RCME)	7
Recruitment Incentive Fund (RIF)	9
Recruitment Contingency Fund (RCF)	10
Isolation Allowance Fund (IAF)	10
Rural Education Action Plan (REAP)	11
Northern & Isolation Travel Assistance Outreach Program (NITAOP)	15
Rural GP Locum Program (RGPLP)	17
Rural Specialist Locum Program (RSLP)	20

## 23 Rural Coordination Centre of BC

## 25 Communication with Health Authorities

## 26 Community Designation

A, B, C, and D Communities	26
RSA Communities	27
Community Rating System	29
Medical Isolation Point Assessment	31

# Introduction

The Rural Practice Subsidiary Agreement (RSA), signed in November 2007, is a subsidiary agreement of the Physician Master Agreement between the BC Government, the British Columbia Medical Association (BCMA) and the Medical Services Commission.

Under the RSA, the Joint Standing Committee on Rural Issues (JSC) was established and is comprised of members from the BCMA and the Ministry of Health Services, including health authority representation. The JSC advises the BC Government and the BCMA 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.

# Overview of Programs & 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 Rating System. A current list of RSA communities can be found at the back of this handbook.

## PROGRAMS

- **Rural Retention Program (RRP)**  
*Retention payments are 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 current or pending vacancies.*
- **Rural 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)**  
*Funding for physicians providing necessary medical services in eligible RSA communities with fewer than four physicians, no hospital, and who do not receive MOCAP, Call Back, or Doctor of the Day payments.*

## CONTACT INFORMATION

Physician Compensation  
Rural Practice Programs  
Ministry of Health Services  
3-2, 1515 Blanshard Street  
Victoria, BC V8W 3C8

Tel: 250.952.2754  
Fax: 250.952.3486  
Email: [HLTH.RuralPrograms@gov.bc.ca](mailto:HLTH.RuralPrograms@gov.bc.ca)

or Contact your local health authority

PROGRAM

- **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: 604.827.4188

Fax: 604.822.6950

Email: REAP@familymed.ubc.ca

Website: [www.rccbc.ca/rural-physicians/reap](http://www.rccbc.ca/rural-physicians/reap)

*For program claims:*

**BC Medical Association**

115 - 1665 West Broadway  
Vancouver, BC V6J 5A4

Tel: 604.736.5551

Toll free in BC: 1.800.665.2262

Email: [benefits@bcma.bc.ca](mailto:benefits@bcma.bc.ca)

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

PROGRAM

- **Northern and Isolation Travel Assistance Outreach Program (NITAOP)**

*Makes available travel assistance to approved physicians visiting 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 Services*

3-2, 1515 Blanshard Street  
Victoria, BC V8W 3C8

Tel: 250.952.2754

Fax: 250.952.3486

Email: [HLTH.RuralPrograms@gov.bc.ca](mailto:HLTH.RuralPrograms@gov.bc.ca)

## PROGRAMS

- **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.*

- **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. Health authorities may apply to the RSLP in order to provide sustainable on call services.*

### CONTACT INFORMATION

**Physician Compensation**

**Rural Practice Programs**

*Ministry of Health Services*

3-2, 1515 Blanshard Street

Victoria, BC V8W 3C8

Tel: 250.952.2754

Fax: 250.952.3486

Email: [HLTH.RuralPrograms@gov.bc.ca](mailto:HLTH.RuralPrograms@gov.bc.ca)

---

### GENERAL INQUIRIES FOR THE RURAL PROGRAMS

**Physician Compensation**

**Rural Practice Programs**

*Ministry of Health Services*

3-2, 1515 Blanshard Street

Victoria, BC V8W 3C8

Tel: 250.952.2754

Fax: 250.952.3486

Email: [HLTH.RuralPrograms@gov.bc.ca](mailto:HLTH.RuralPrograms@gov.bc.ca)

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

**BC Medical Association**

115 - 1665 West Broadway

Vancouver, BC V6J 5A4

Tel: 604.736.5551

Toll free in BC: 1.800.665.2262

Email: [ruralprograms@bcma.bc.ca](mailto:ruralprograms@bcma.bc.ca)

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

# 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.

A physician's individual premium is determined by the number of isolation points assigned to his or her community: 30% percent 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 29 through 32 for more information.) The Joint Standing Committee on Rural Issues (JSC) administers the RRP and determines the value of retention premiums. RSA communities must have a minimum of 6.0 isolation points to qualify for retention payments.

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

### To Qualify for the Flat Fee Premium

- You must be a physician residing and directly providing medical services in an eligible RSA community.
- You must be living and working in an eligible RSA community for at least nine months per year.
- You must have billings 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 the BCMA.

### 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.
- A physician can bank RCME funds for up to three years.

### Eligibility

- Physicians must be living and working in one of the eligible RSA communities for a minimum of nine months.
- A physician who qualifies for RCME who does not stay in a community covered by this agreement for a minimum of 12 months is eligible for a prorated amount.
- Ability to access RCME amount earned continues for up to two years following the year in which 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.

Rural Continuing Medical Education (RCME)

<b>GENERAL PRACTITIONERS</b>	<b>Up to 2 years</b>	<b>In 3rd &amp; 4th year</b>	<b>Over 4 years</b>
'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

  

<b>SPECIALISTS</b>	<b>Up to 2 years</b>	<b>In 3rd &amp; 4th year</b>	<b>Over 4 years</b>
'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)

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

### The Program

- 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 pro-rated for physicians working less than full-time.
- A physician is obligated to repay this benefit if he or she leaves the community less than one year after commencing work.

### Eligibility

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

## Recruitment Contingency Fund (RCF)

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

### The Program

The grant may be used for the following purposes:

- To cover recruiting expenses (i.e. advertising, interview visits and relocation expenses).
- To supplement the recruitment incentive fund benefit.

### To Access Funding

Your health authority must submit to the Ministry of Health Services – Rural Programs:

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

## 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, and who do not receive Medical On-call Availability Program (MOCAP), Call-Back or Doctor of the Day payments.

### The Program

- The total community payment is split among the physicians providing coverage by community.
- Calculations are completed on an annual basis and payments are disbursed semi-annually.
- In 2008, the payments ranged from \$12,778 to \$114,408 per community, based upon the number of physicians in the community and point values.

## 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. Students may also apply to extend their rural participation for up to four additional weeks, pending available funding.

### **Undergraduate Teacher's Stipend**

This program was designed to recognize and compensate rural physicians for their time spent teaching undergraduate medical students. A stipend of \$450 per week (to a maximum of eight weeks) will be paid to physicians training medical students in eligible rural communities. Eligible physicians receive a lump sum payment upon completion of the student's placement.

### **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. Rural physicians are eligible to apply for up to 60 days of funding per fiscal year.

#### **Eligibility:**

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

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

The FYPEP allows physicians in their first year of rural practice in BC to access REAP funding for skill upgrades. Eligible physicians may receive up to five days of training for every one month of service in an RSA Community.

**Eligibility**

- Physicians who are entering their first year of practice in a RSA 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.

**c) Rural Locum Service Upgrade Program (RLSUP)**

The RLSUP provides opportunities for locums actively serving rural communities to pursue skill upgrades in areas allied with rural practice. Physicians are eligible to apply for up to ten days of funding for every 90 days of service to the Rural GP Locum Program.

**Eligibility:**

- Physician's enrolled in the RGPLP and actively servicing rural communities in BC.

**Benefits:**

- \$3,400 per week stipend to cover income loss.
- \$450 per week from stipend to go towards primary preceptors or departments.
- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$1,000 per week for accommodation.

**d) Urban Skills Enhancement Program (USEP)**

This program provides funding for physicians not living and practicing in rural communities, for the purpose of enhancing education so that a physician can qualify as a rural locum or to enter family practice in a rural community in BC.

Urban physicians who take advantage of the USEP must agree to join an RSA practice or provide rural locum services in an RSA community for a minimum of one month within four months of completion of training.

**Benefits:**

- REAP will provide compensation for successful completion of ATLS course and compensation for 1 month of training in a postgraduate rural training site in BC. Compensation is in the form of a stipend of \$3,400 per week.
- Travel costs up to \$2,000 for the duration of the training period.
- Up to \$1,000 per week for accommodation.

**Specialty Training Bursary Program**

The Specialty Training Bursary Program will provide funding to eligible medical specialty residents or rural physicians completing focused postgraduate training in a Family of Medicine (FOM) Specialty Training Program. A one-year return of service requirement is attached to each year of funding that the successful applicant receives. Preference will be given to specialties identified as being “in need” in rural communities of BC.

**The 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.
- Two bursaries will be offered in each fiscal year.

**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.

## Northern & Isolation Travel Assistance Outreach Program (NITAOP)

NITAOP provides funding for approved physicians who visit 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 requests for visiting physicians to the NITAOP Program.

### Eligibility for Family Medicine Physicians

- 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 Specialists

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>– ENT</li><li>– Urology</li><li>– Ophthalmology</li><li>– Pediatrics</li><li>– Dermatology</li><li>– Orthopedic Surgery</li><li>– General Surgery</li><li>– Internal Medicine</li></ul> <p><i>(including subspecialty services)</i></p> | <ul style="list-style-type: none"><li>– Obstetrics &amp; Gynecology</li><li>– Cardiology</li><li>– Oncology</li><li>– Neurology</li><li>– Plastic Surgery</li><li>– Radiology</li><li>– Methadone Program</li><li>– Psychiatry</li></ul> |
|---|--|

### **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 of arrival in the community, and from the time the physician leaves the community to the time of arrival in their residence/office.
- Travel time will be reimbursed per return trip as follows:
  - less than 4 hours = \$500.00
  - over 4 hours = \$1,000.00
  - greater than 10 hours = \$1,500.00

### **Making Requests**

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

## The 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. A locum pool is maintained by the RGPLP.

### The Program – Host Physician Information

- Each rural physician who meets the criteria may request the following number of days of locum services per 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 below).
- 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.
- Host physicians retain 40% of the MSP paid claims to cover overhead.
- To qualify, a host GP physician must be living and practicing medicine in an eligible RSA community with 7 or fewer full-time general practitioners.
- When the health authority has a vacancy in the physician supply plan that is causing serious health care service access problems and/or an unreasonable workload being placed on the physician, they may request locum coverage.

### To Obtain a Locum

- Contact the RGPLP using the contact information provided in this booklet to request a Locum Assistance Form.

### **Responsibilities of Host Physician**

- 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.
- 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.
- Reimbursement of services not covered by MSP (i.e. private, ICBC, WCB and reciprocal billings) should be paid directly to the locum by the host physician, less the 40% overhead recovery.

### **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 Anesthesia 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 RRP fee-for-service premium where agreed to by the host physician.
- Claims must be submitted using the host physician payment number and the locum physician practitioner number.

## **Locum Application**

- Contact the RGPLP to request a Locum Application Form.
- Must have a current certificate in Advanced Cardiac Life Support (ACLS); Certificate in Advanced Trauma Life Support (ATLS) 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.
- RGPLP arranges assignments and assists with hospital privileges.
- Accommodation while on assignment should be pre-arranged by the community or the host physician.

## **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 will be:
  - ‘A’ communities – \$2,450
  - ‘B’ communities – \$2,300
  - ‘C’ communities – \$2,150
  - ‘D’ communities – \$2,000

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

### The Program – General Information

- The current list of RSLP eligible communities approved by the JSC are: Campbell River, Comox, Courtenay, Cranbrook, Dawson Creek, Ft. St. John, Kitimat, Nelson, Port Alberni, Powell River, Prince George, Prince Rupert, Quesnel, Salmon Arm, Sechelt, Smithers, Terrace, Trail and Williams Lake.
- The designated core specialties are: Anesthesia, 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 speciality service within 70 km of the community.

### 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 RSLP benefits for up to a maximum of 35 days of locum coverage per 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.

## **Responsibilities of Host Physician**

- 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, from the health authority or host physician.
- Reimbursement of services not covered by MSP (i.e. private, ICBC, WCB and reciprocal billings) should be paid directly to the locum by the host physician, less the amount recovered for overhead.
- 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 to receive payment for on-call and the RRP fee-for-service premium.
- For office-based assignments, locums must assign payment to the host physician's payment number.
- For on-call assignments, the locums must apply for an additional payment number and bill all claims under that payment number for the duration of the assignment.

### **Locum Application**

- Contact the RSLP to request a Specialist Locum Application Form.
- Certificates in ATLS and ACLS (preferred).
- 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.
- RSLP arranges assignments, and the health authority assists with hospital privileges.
- Accommodation while on assignment should be pre-arranged by the health authority.

# Rural Coordination Centre of BC (RCCbc)



The primary goal of the RCCbc, a new initiative funded by the JSC, is to improve patient care and the health of rural British Columbians by supporting the coordination of rural health care education, rural practitioners and community health care service professional partnerships and networks. The most important tools are those of communication, facilitation, collaboration, networking and the sharing of best practices.

The RCCbc carries the momentum for rural health advocacy in BC by engaging in an ongoing dialogue with rural physicians and other rural health care service providers, rural communities, health authorities, rural health educational institutions and government.

RCCbc has a core team of dedicated rural health professionals, advancing work in six areas of interest:

## 1. Education & Training

- Promote “closer to home” Continuing Professional Development (CPD) for rural health professionals.
- Facilitate a deeper understanding of rural health care issues through learning in rural communities.

## 2. Recruitment & Retention

- Work with others to develop proposals contributing to the adequate supply of health professionals for rural BC.
- Support and develop strategies for recruitment and retention.
- Investigate and recommend solutions for communities in crisis, when requested.

## 3. Specific Populations

- Identify the needs of specific populations (e.g. aboriginal, mental health, emergency services, and geriatric services).
- Communicate and promote best practices among rural practitioners serving these populations.

#### **4. Communications**

- Promote ongoing discussion and networking of rural health care professionals on education and practice.
- Maintain and develop lines of communication between all rural health stakeholders.
- Hold an annual rural conference that includes a rural training component.

#### **5. Models of Health Service Delivery**

- Work to help develop the best supported rural interprofessional health practitioners in Canada.

#### **6. Rural Health Services Research, Evaluation and Quality Improvement**

- Advance an understanding of the benefits of rural training and research.
- Integrate rural health service outcomes into health policy.
- Evaluate the many strategies being implemented by the RCCbc and REAP.

##### **Rural Coordination Centre of BC**

602 - 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](mailto:info@rccbc.ca)

Website: [www.rccbc.ca](http://www.rccbc.ca)

# Communication with Health Authorities

The Ministry of Health Services 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 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 with updated information on physicians living and working in rural communities. This information is used to determine point allocations for the communities, for payment of the flat fee retention premiums, and RCME funding.

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

Periods of time away from practice, depending on their length, can affect both the residency requirement for the flat fee retention premium and accumulated time for RCME. Physicians should inform the health authority of extended 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 and REAP.

## Communities Covered by the RSA

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

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

## Communities Covered by the RSA

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

## Community Rating System

### Medical Isolation Point Rating System

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

Medical Isolation and Living Factors	Points	Max Pts
<b><i>Number of Designated Specialties* within 70 km</i></b>		
0 Specialties within 70 km	60	
1 Specialty within 70 km	50	
2 Specialties within 70 km	40	
3 Specialties within 70 km	20	
4+ Specialties within 70 km	0	60
<b><i>Number of General Practitioners within 36 km</i></b>		
Over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
<b><i>Community size (If larger community within 35 km, then larger population is considered)</i></b>		
30,000 +	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25
<b><i>Distance from Major Medical Community (Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, Prince George)</i></b>		
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
<b>Degree of Latitude</b>		
Communities between 52 to 53 degrees latitude	20	30
Communities above 53 degrees latitude	30	
<b>Specialist Centre*</b>		
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	
<b>Location Arc</b>		
Communities in Arc A <i>(within 100 km air distance from Vancouver)</i>	0.10	
Communities in Arc B <i>(between 100 and 300 km air distance from Vancouver)</i>	0.15	
Communities in Arc C <i>(between 300 and 750 km air distance from Vancouver)</i>	0.20	
Communities in Arc D <i>(over 750 km air distance from Vancouver)</i>	0.25	

*\*Designated specialties, as per the RSA, are: General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesiology, 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. 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 31st, 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 Services*

3-2, 1515 Blanshard Street  
Victoria, BC V8W 3C8

Tel: 250.952.2754

Fax: 250.952.3486

Email: [HLTH.RuralPrograms@gov.bc.ca](mailto:HLTH.RuralPrograms@gov.bc.ca)

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

**BC Medical Association**

115 - 1665 West Broadway  
Vancouver, BC V6J 5A4

Tel: 604.736.5551

Toll free in BC: 1.800.665.2262

Email: [ruralprograms@bcma.bc.ca](mailto:ruralprograms@bcma.bc.ca)

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