

RECRUITMENT CONTINGENCY FUND
Policy

Ministry of Health Services

July 2010



Chapter: 1 RECRUITMENT CONTINGENCY FUND

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Section: 1 General

Effective: April 1, 2010

1.1 Purpose and Principles:

The Rural Recruitment Contingency Fund is intended to provide additional assistance to eligible communities/physicians covered by the Rural Practice Subsidiary Agreement (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 physician supply plan.

1.2 Policy: Program Funding

The Rural Practice Subsidiary Agreement (RSA) provides \$300,000 annually for the recruitment contingency fund. In addition the JSC has awarded an additional \$150,000 in new monies to this Program.



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Section: 1 Guidelines

Effective: April 1, 2010

2.1 Guidelines:

Grants of up to \$15,000 per position may be obtained from the Rural Recruitment Contingency Fund. These grants may only be used to:

- (i) help defray additional recruiting expenses that may be incurred, and /or
- (ii) increase the rural recruitment incentive amount payable to recruited physicians

Allowable expenses are:

- Maximum three candidate visits (one per candidate) to the community per vacancy. Maximum allowable expenses per visit \$3,500.00, (including spouse but not children). Expenses include travel, food and accommodation and one dinner with community physicians. Community physician dinner maximum is \$50 per person, no alcohol, to a maximum of \$750 per visit (15 guests).
- Advertising: \$5,000 maximum per vacancy. Note: Positions must be advertised through Health Match BC (HMBC), CMAJ, and the BCMJ before using other journals or newspaper ads. Up to two advertisements may be placed in relevant journals and qualify for reimbursement. Health Match BC offers discounted rates for ads in CMAJ and BCMJ.

Relocation requests up to \$5,000 per recruit must be supported by receipts.

Funding under this program may not be applied to recruit physicians from any other RSA communities. If such a situation occurs, any monies must be repaid to the RCF.

Conferences, recruitment fairs and association/professional meetings are not eligible for funding. As well, recruitment activities that are financially supported by government through Health Match BC are not eligible for funding.

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Section: 1 Definitions

Effective: April 1, 2010

Term	Definition
Alternative Payments	<ul style="list-style-type: none"> • Methods of payment, other than FFS, for physician services.
APP	<ul style="list-style-type: none"> • Alternative Payments Program: A Ministry program, administered from within the Medical Services Division (MSD) that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
BCMA	<ul style="list-style-type: none"> • British Columbia Medical Association.
Designated Specialties:	<ul style="list-style-type: none"> • Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesia, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	<ul style="list-style-type: none"> • The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for <u>each specialty</u> in the previous calendar year as defined by MSP.
Health Authority	<ul style="list-style-type: none"> • Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	<ul style="list-style-type: none"> • A physician who travels from his/her home community to an eligible RSA community to provide outreach/direct patient services.
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> • Joint Committee with equal representation from BCMA and Ministry of Health Services (inc. health authorities). Responsible for policy direction for rural programs including Rural Retention Program (RRP), Rural GP Locum Program (RGPLP), Rural Continuing Medical Education (RCME), etc.
Locum Tenens	<ul style="list-style-type: none"> • A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOHS	<ul style="list-style-type: none"> • Ministry of Health Services
Medical Services Commission	<ul style="list-style-type: none"> • The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Resident Physicians	<ul style="list-style-type: none"> • For the purposes of this program, a physician who resides at least 9 months of every year in an RRP community is a resident physician.
RRP Community	<ul style="list-style-type: none"> • An RSA community which meets all the criteria for the RRP.
Service Clarification Code	<ul style="list-style-type: none"> • Code (Appendix A) for the community in which the service has been provided which must be indicated on all billings submitted by the physician in order to receive the fee premium.
Rural Practice Subsidiary Agreement	<ul style="list-style-type: none"> • The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the BCMA and the Government.
Supplemental Physician	<ul style="list-style-type: none"> • A physician who does not have a permanent position in the community, who is providing additional support required to maintain services in the community, is not substituting for another physician and is filling a vacancy in the physician supply plan

Chapter: 4 RECRUITMENT CONTINGENCY FUND**Page: 4 of 6****Section: 1 Eligibility****Effective: April 1, 2010**

4.1 Community Eligibility:

Communities under the Rural Practice Subsidiary Agreement (RSA) are eligible for the RCF provided that there is a vacant position in the Physician Supply Plan.

4.2 Physician Eligibility for relocation expenses:

Physicians recruited to an RSA community to fill a vacancy in the Physician Supply Plan may be eligible to receive the RCF. Payments for relocation are based on actual expenditures and must be supported by receipts. Physicians must be recruited from outside of eligible RSA communities.

A physician receiving this benefit is obligated to repay the amount in full if he or she leaves the community less than one year after commencing work.

If a physician has already received a recruitment payment for relocation expenses for moving to an eligible RSA community and subsequently left that RSA community, they are eligible to receive relocation expenses for recruitment to a different RSA community once they have been gone from the original community for a minimum of 2 years. The physician may not have been recruited from a RSA community.

Chapter: 5 RECRUITMENT CONTINGENCY FUND**Page: 5 of 6****Section: 1 Application****Effective: April 1, 2010**

5.1 Application Process

Applications for this funding are administered by Rural Practice Programs, Physician Compensation, Ministry of Health Services, on behalf of the JSC.

A physician (or group of physicians), or Health Authorities (HA's) on behalf of physicians may apply for a grant from the fund to support their recruitment expenditure plans. Applications must provide an explanation of why the money is needed, a specific plan of how it will be spent and include the following information (see appendix A):

- (a) A copy of the Health Authority's (HA) physician resource plans must be submitted showing the vacancy for which this additional recruiting support is being requested.
- (b) A written description by the Health Authority must be attached clearly articulating how the recruitment of this position fits with the Health Authority's objectives and health care delivery priorities in accordance with their approved Physician Supply and Health Service Plans.
- (c) For recruitment of specialists, a specific impact analysis must also be prepared and submitted by the Health Authority as part of the application for funding.



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Section: 1 Payment

Effective: April 1 2010

6.1 Payment of Benefit:

The Health Authority must submit an application outlining their request and what the funds are to be used for. Upon receipt and approval of the application, the funds are released to the Health Authority for appropriate distribution.

Health authorities must notify the Ministry of Health Services of any physicians who do not fulfill the one year commitment.