Rural Continuing Medical Education (RCME) Policy

Ministry of Health Services

September 2012

1.1 Description:

The Rural Continuing Medical Education (RCME) benefits provide funding for medical education activities to support the maintenance of those medical skills and credentials required for rural practice.

These benefits are in addition to the CME entitlement provided for in the *Working Agreement* between the Government and British Columbia Medical Association (BCMA) (administered through BCMA).

While RCME policies are not identical to the Continuing Medical Education fund administered by the BCMA, they were based on, and designed to be an extension within the general parameters and direction of the CME program, and should therefore be used as principles when developing and interpreting RCME policy.

1.2 Policy:

1.2.1 A health authority (HA) must establish a process for designating appropriate RCME activities by seeking the advice of the appropriate local medical advisory committee (LMAC). The HA has the responsibility for ensuring the funding is used appropriately.

1.2.2 The HA must keep a record of all RCME activities and expenditures it approves and funds. These records must be available for Ministry review.

1.2.3 Physicians may choose to use these funds for individual or group purposes; for example, funds can be pooled between a number of physicians and applied to a group training or education event, approved by the HA on the advice of the LMAC. Opportunities should be developed to coordinate Northern and Isolation Travel Allowance Outreach Program (NITAOP) visits with local CME sessions.

1.2.4 Rural CME funds may be applied to expenses, including reasonable office overhead associated with attendance at education and training event(s).

1.2.5 RCME funds may be used to purchase new technology or to support technology upgrades that are reasonably necessary.

1.2.6 The BCMA CME rates will be the minimum reimbursement expense rates.

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Section: 2	Definitions	**Effective:**	September 2012

Term	**Definition**
Alternative Payments	• Methods of payment, other than FFS, for physician services.
APP	• 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	• British Columbia Medical Association.
Designated Specialties:	• Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesiology, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	• The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for each specialty in the previous calendar year as defined by MSP.
Health Authority	• Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	• 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)	• 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	• A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOHS	• Ministry of Health Services
Medical Services Commission	• The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Resident Physicians	• 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	• An RSA community which meets all the criteria for the RRP.
Service Clarification Code	• 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	• The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the BCMA and the Government.
Supplemental Physician	• 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

3.1 Policy: Communities and Amounts:

3.1.1 Physicians who live and work in eligible RSA communities are entitled to these benefits under Article 9 - Continuing Medical Education, of the (RSA)[1]: If a community falls below the minimum 6.0 Rural Retention Program (RRP) isolation points necessary to qualify for rural premiums but still have at least 0.5 isolation points, the local physicians are eligible for a reduced rate of the RCME. This includes general practitioners in communities that previously qualified for RRP but are receiving 50 percent fee-for-service (FFS) premiums for the one-year transition period.

3.1.2 When a physician has practiced in one or more of the communities covered by this *Agreement* for the number of years set out in the table below, the physician is eligible for annual RCME as set out in the table, according to the degree of isolation of the community.

3.1.3 For the purposes of calculating RCME benefits, a complete year is a calendar year starting January 1 and ending on December 31. Financial adjustments to the HA for eligible physician benefits will be made on an annual basis, beginning each fiscal year starting April 1, upon receipt of information submitted to the Ministry from the HA. New physicians are entitled to RCME funds once they complete their residency requirement of nine (9) months out of a calendar year.

3.1.4 TABLE: RCME ELIGIBILITY:

GENERAL PRACITIONERS	**Up to 2 years**	**In the 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.	$2,200.00	$4,400.00
'D' communities	$ 0.	$1,100.00	$2,200.00

SPECIALISTS	**Up to 2 years**	**In the 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.	$3,000.00	$6,000.00
'D' communities	$ 0.	$1,500.00	$3,000.00

3.1.5 Definition of A, B, C and D Communities:

'A' Communities – communities 20 or greater isolation points
'B' Communities - communities with 15 to 19.99 isolation points
'C' Communities – communities with 6 to 14.99 isolation points
'D' Communities – communities with 0.5 to 5.99 isolation points

N.B. Points are rounded to the second decimal point in the isolation point assessment.

[1] The information provided is based on the terms and conditions of RCME as defined in the RSA and is subject to change. Please refer to the *Agreement* for further details.

4.1 Eligibility and Application:

4.1.1 To be eligible for RCME, a physician must live and work in eligible RSA communities (see Appendix 1[2]) for a minimum of nine (9) months in a calendar year. Physicians who do not stay in a qualifying community for a full calendar year are eligible for a proportionate amount of the sum set out in the *Agreement*. Any amounts paid out in excess of this will be owed to the HA.

4.1.2 Eligibility is based on the community point(s) allocation resulting from the application of the Point Rating System described in the RRP policy framework. The system takes into account the degree of isolation of a community as measured by a number of factors including community size, distance from a major medical community and number and proximity of physicians and designated specialties in a community.

4.1.3 Physician application forms for RCME to be submitted to the relevant Health Service Delivery Area (HSDA) Medical Director or the established review authority for approval. Rejected applications may be appealed to the HSDA Medical Advisory Committee (HSDA MAC). Failing resolution by that body, a final appeal may be submitted to the JSC for consideration. The JSC will establish an expedited review process where timing of the request cannot wait for a subsequent JSC meeting.

4.1.4 New physicians are entitled to the RCME, upon successful completion of the annual nine (9) months in a calendar year residency requirement in an eligible RSA community. Reconciliation of the RCME to the HA's will be done annually.

4.1.5 Supplemental physicians who are identified as filling a vacancy in the HA Physician Supply Plan and not providing coverage for other physicians may be eligible for the RCME provided they meet the eligibility criteria as outlined above

4.1.6 A physician continues to be eligible for full RCME benefits, including accrual, while away from their practice for 92 calendar days or less in a calendar year.

[2] Point Assessments for the RRP are done on an annual basis so community eligibility may change.

4.1.7 A physician who is on a health authority approved leave of longer than three months, consistent with the criteria and time limits set out within the Medical Staff By-Laws (e.g. for illness, maternity, skills enhancement, sabbatical, LOA) will not accumulate service credits during the leave, and will not have the leave considered a break in service. A physician on an approved leave will not earn RCME funds during the leave, but will be able to spend banked RCME funds.

4.1.8 For the purposes of RCME allocation, a physician will revert to initial status if he/she leaves a RSA community for greater than two years. If the leave is less than two years in length, a physician returning to practice in a RSA community will recommence RCME accrual at their previous level. If a physician fails to practice for greater than two years, any remaining RCME allocation will revert to the HA.

4.1.9 The health authorities will provide the physician with at least an annual statement of their RCME account and the Ministry of Health Services with regular reporting.

5.1 Policy: RCME Bank and Expiry of Funds:

5.1.1 A physician may bank RCME for up to three (3) years; however eligibility for RCME for any year expires at the end of two (2) subsequent years. (For greater clarity, the 'bank' can contain up to three (3) years of RCME).

5.1.2 When a physician leaves the community(ies) covered by the RSA, any sum remaining for that physician transfers to the HA.

5.1.3 When a physician moves (from an RSA to a non-RSA community) or retires from regular practice, he/she can use their accumulated RCME funds for up to three years from their date of retirement or the date they move from the community, if their intent is to provide locum services in rural areas, while maintaining residency in British Columbia. After the three year period, any unspent funds will revert back to the community RCME program.

5.1.4 The HA must use any RCME reverting to it under the RSA, in consultation and agreement with the Local Medical Advisory Committee (LMAC), for CME purposes.

Example:

Dr. Z, General Practitioner, has been in 'A' community for three years. Dr. Z is entitled to $1,320 for each of the first two years ($2,640) and $3,520 the third year, for a total of $6,160. Dr. Z attends no RCME courses in the first two years and one seminar in the third year, which costs a total of $1,000, which decreases the bank to $5,160. In the fourth year, the first years' banked amount ($1,320) reverts back to the HA and Dr. Z would have $7,360 banked RCME funds. During year four, Dr. Z leaves the 'A' community and moves to Vancouver without expending any of the banked RCME funds, and the total $7,360 reverts to the HA.

Year	Community	Eligible	Spends/Expires	Bank
1	'A'	$1,320	0	$1,320
2	'A'	$1,320	0	$2,640
3	'A'	$3,520	1,000	$5,160
4	Moves to non RSA	$3,520	$1,200 Year 1 expires	$7,360

6.1 Policy: Transferability of Funds

6.1.1 A physician who qualifies for RCME and moves to another community covered by the RSA continues to get credit for the time in the previous community, but will receive the RCME amount based on the rates for the new community.

6.1.2 A physician can request unspent/banked RCME funds be transferred to another HA when relocating to another community covered by the RSA.

6.1.3 A physician who qualifies for RCME, who does not stay in a community covered by this *Agreement* for the entire twelve months, is eligible for a proportionate amount of the sum set out in Policy Section 2. If the physician uses the entire sum and subsequently leaves before the end of the twelve-month period, any overpayment is owed to the HA.

Example:

After practicing in a 'B' community (as per RSA) for four complete years, Dr. X, Obstetrician, is now moving to another RSA community (a 'C' community) within a different HA. Dr. X spent $600 from the first year in Community 'B', and has banked $7,800 over the four years. The unspent funds from the second year ($600) expire and revert back to the 'B' community HA. Dr. X can request to transfer the remaining $7,200 of banked RCME funds to the new HA. The time Dr. X has spent practicing in the previous HA counts towards future calculation of RCME eligibility in the new community. Because Dr. X has been 4 years in the 'B' community, he/she is eligible for the 4+ year benefit of $6,000 in the new 'C' community. Dr. X's bank will now be $13,200.

Year	Community	Eligible RCME	Spends	Bank
1	Dr. X in 'B'	$600	$600	0
2	Dr. X in 'B'	$600	0	$600
3	Dr. X in 'B'	$3,600	0	$4,200
4	Dr. X in 'B'	$3,600	0	$7,800
5	Dr. X moves to 'C' community	$6,000	$600 Year 2 expires	$13,200

7.1 Policy: Locums:

A locum physician is not eligible for RCME funding unless that locum physician resides and practices within eligible RSA communities for a period of at least nine (9) months. A locum who does not meet the eligibility criteria for RCME may submit a written application to the Joint Standing Committee on Rural Issues (JSC) for review as an exceptional circumstance.

PHYSICIAN APPLICATION FOR RCME FUNDS TO BE SUBMITTED TO THE APPROPRIATE HEALTH AUTHORITY

Date of Application	
Community	
Physician Name and Practitioner Number	
Start Date in Current Community	
Banked time from previous community in which you were eligible for RCME (include start and end dates from other community or communities)	