

Rural Continuing Medical Education (RCME)
Community Program
Mid-Year Report 2021-2022



Joint Standing Committee on Rural Issues (JSC)



**Rural Coordination
Centre of BC**



Enhancing rural health through education and advocacy

Prepared by the RCME Community Program Team

November 2021

Provincial Summary

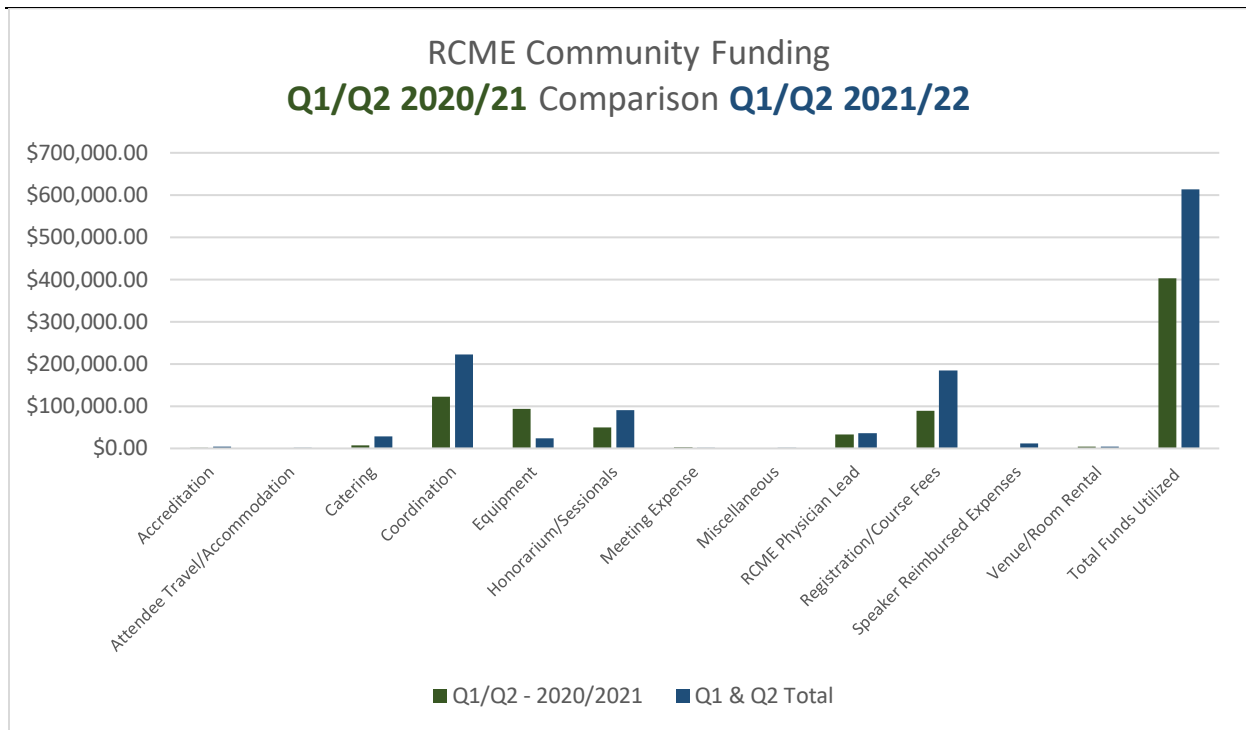
During the first six months of 2021/22 fiscal year, the provincial [team](#) has focused on re-validating community CME models, increasing awareness of CME/CPD activities, and evaluating current processes to look for improvement opportunities. It's been a challenging first two quarters with COVID-19 still heavily impacting our rural communities and the inability to host in-person education. Towards the ends of Q2, there has been a shift and communities are starting to increase organization of sessions and courses, CME/CPD course providers are starting to reach out to offer in-community training again, and the team is excited to see how the final half of this fiscal year progresses.

Many of the achievements in the first half of the year can be attributed to the structures and supports that were put in place over the last two years. Five additional communities have been implemented into the program, raising the total number to 90 RSA communities (out of 104 that are eligible this year). The team continues to build and maintain longitudinal relationships with rural health care providers, communities, and partners using a customer service approach and a 'can do' attitude. The team has worked diligently to ensure all communities are aware of the rural incentives and resources available to them.

Five additional Specialist, Sub-specialty, Indigenous and Funding for Innovation ([SPIFI](#)) applications have been approved including a collaboration between Carrier Sekani Family Services, and the communities of Masset, Village of Queen Charlotte, Bella Bella, and Bella Coola to host weekly "Rural Virtual Simulation Training sessions". A "Neonatal & Pediatric Simulation Outreach Team" is in the early development stages to pilot a new innovative way to support education for rural and remote communities in the Northwest Health Service Delivery Area of Northern Health. The SPIFI funding and staffing supports being provided are enabling groups of physicians to form networks that are not based on geography to collaboratively create and participate in innovative educational opportunities.

For the 2021/22 fiscal year, the JSC approved RCME community funding in the amount of \$1,700,402.90 to eligible RSA communities across BC. The total community funds spent in the first two quarters of 2021/22 was \$613,260.14.

In comparison to the first two quarters of last fiscal year, there has been a 52% increase in spending and the total number of communities actively spending has increased from 54 to 78 communities. The below lays out what the funds are being spent on and if there has been an increase or decrease in comparison to last fiscal year.

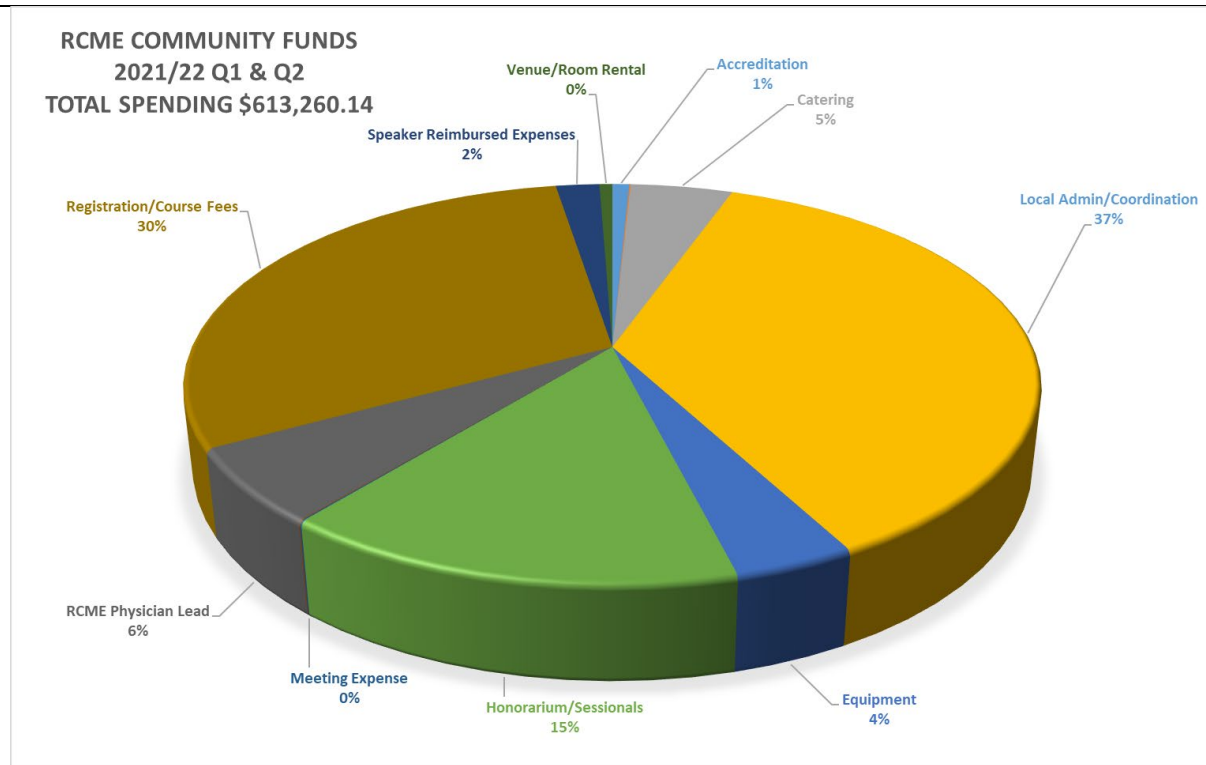


At the beginning of each fiscal year, the RCME Liaisons work with each community to revalidate their local CME models and develop a budget for the year. During this time, the funding for local and multi-community coordinators is allocated and this is demonstrated in the 37% of community funding being spent on these supports. Last fiscal year, the team saw the same trends with a higher amount of coordination payments being made at the beginning of the year and less being made in the second half.

The JSC previously provided bridge funding to support the transition of pre-existing CME/CPD models to the new program. This funding was available until the end of 2020/21 fiscal and the high community fund contributions being made in the Interior and Northern regions demonstrate that all pre-existing programs have been sustained during the implementation.

Similar to last year, 30% of community funding has been used for course fees and registration, 15% for honorariums and sessionals (speakers and facilitators of educational activities), and 6% on RCME Physician Lead sessionals/stipends. There has been a significant decrease in equipment purchases from 23% last fiscal year to 4% this fiscal. The team attributes this decrease in spending to communities signing on to the new program and purchasing equipment to enable closer to home education. With these purchases last year, less equipment is needed this year. The team is interested in reviewing the trends over the coming years to determine when equipment needs to be replaced or when new equipment becomes available.

Below is detailed reporting on the total community funding spent for Q1 and Q2 2021/22 across BC.



Future

In the remaining half of the year, the team will strive to bring on board the rest of the eligible RSA communities and focus on supporting rural physicians to take a proactive approach to education planning through the RCME/RCPD Community Concierge Enhanced Service which will soft-launch in the winter of 2021.

The team has been working through a Developmental Evaluation Journaling Process which is highlighting program successes, challenges, contributing factors, and change ideas. One area that the team will focus on will be to develop structures and supports for RCME Physician Leads to hire Local or Multi-Community Coordinators to execute education closer to home. Communities that have a local support person in place are organizing and hosting more activities than communities that don't have this help. As there are varying levels of support being offered in community, the team sees a great opportunity to create documentation and structures such as a basic job description to better support the recruitment and retention of local RCME staff.

Attached as **Appendix A** is a detailed report for each region provided by the program staff. The community of Hope in Fraser Health Authority and New Aiyansh in Nisga'a Valley Health Authority have not spent any RCME community funding in the first two quarters of 2021/22.

APPENDIX A

Interior Health Region – Nicole Hochleitner – Wain, RCME Liaison

Regional Update

Networks/Alliance: The Interior has two robust multi-community CME/CPD programs in the East Kootenay and Kootenay Boundary regions. Both networks are led by the Divisions of Family Practice and supported by CME Coordinators that work closely with the RCME Liaison.

In addition to these high-functioning CME/CPD programs, the Interior also has an additional very connected network, the Shuswap Collaborative Alliance, which was formed in latter part of 2020. The membership for this Alliance consists of Doctors of BC Facility Engagement for the Salmon Arm Hospital, Practice Support Program (PSP), Shuswap North Okanagan Division of Family Practice, Shuswap Hospital Foundation, IH Quality Improvement, Physician Quality Improvement (PQI), Shared Care as well as the RCME Community Program.

The goals of the Shuswap Collaborative Alliance are:

- increase physician engagement by reassuring physicians their time is valued,
- remove barriers, confusion and stress for project development and execution,
- align initiatives and unify processes,
- provide a space for collaborative decision making,
- share updates for programs, and
- reinforce the importance of communication across different initiatives, programs, and stakeholders.

The Shuswap Collaborative Alliance was instrumental in Salmon Arm hosting the CASTED course for their physician and nursing group. This event is co-funded by the RCME Community Program and Facility Engagement.

The following regions have also developed alliances to encourage collaboration:

- The East Kootenay region has formed the East Kootenay Medical Network Group (EK Med Net) which is in the process of establishing their membership and meeting schedule.
- The urban Interior region has established the Thompson Regional Alliance in Kamloops, and the Vernon Regional Alliance.

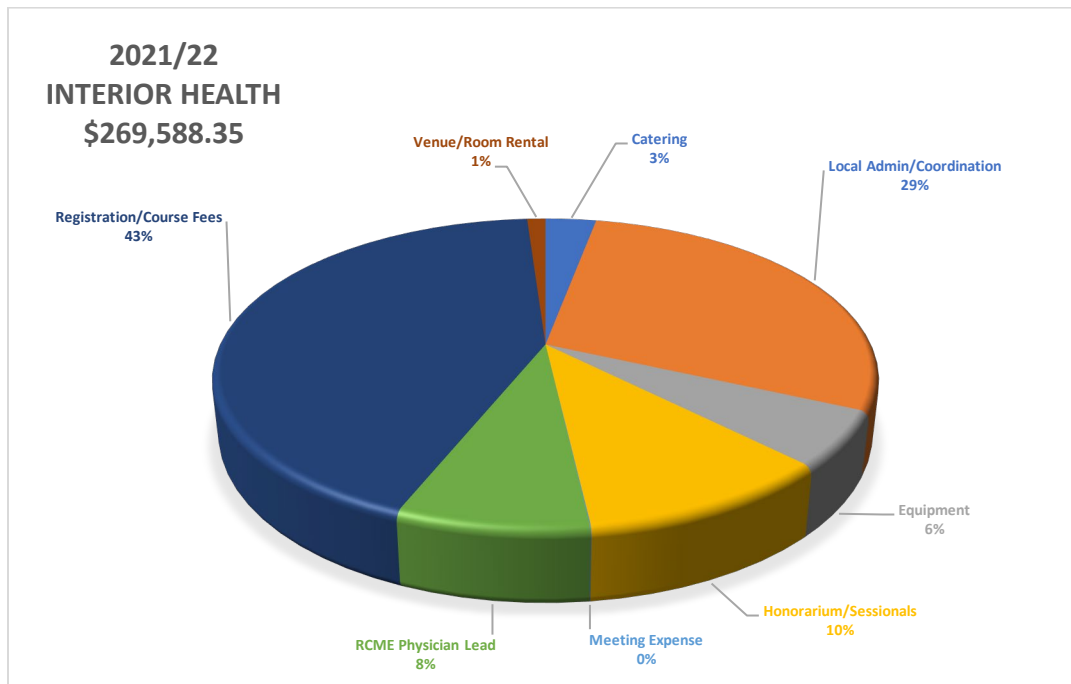
A virtual *Interior Regional Alliance Summit* is scheduled for 2022. This event will provide the opportunity for the alliance members to come together to discuss group structure, mandates/goals, and to share successes and learnings. It will also provide a great opportunity for networking and relationship building.

Community of Practice: The Interior Community of Practice continues to meet monthly to nurture the connection between the local and multi-community coordinators. Since the last report in May 2021 there were some staffing changes, and the new coordinators coming onboard are appreciative of the support and mentoring being offered by the RCME Liaison.

Success Story

The Interior Region has had a challenging year this far. In addition to the COVID surge, wildfires have swept through the communities. In some of the hardest hit communities, the physicians and medical staff worked tirelessly for many days with no breaks. However, even with all these challenges they were still able to utilize RCME Community Program funds to either deliver in-person education, support CME talks, purchase equipment, or organize a wellness event. The education may have been on a smaller scale with a focus primarily on the recertification (aka 4-letter) courses, but it is still a great indication of the awareness of the RCME Community Program.

Below is a breakdown of the total community funding spent by category within the Interior region.



Vancouver Island Health Region – Antoinette Picone, RCME Liaison

Regional Update

Networks: Since the last report in May of 2021 no formalized RCME Networks have been established. The RCME Liaison is exploring the potential of working more closely with the [Island Medical Program, Physician Education Program \(IMP PEP\)](#). The IMP PEP recently conducted a CPD needs assessment survey of Island physicians. The survey results have been reviewed and the work of the RCME Community Program closely aligns with the results, observations, and recommendations of the survey. A connection between the two programs would increase CME/CPD opportunities for the Island communities and ensure the appropriate supports and resources are being utilized.

Community of Practice: The RCME Liaison continues to be in frequent contact with the local community RCME Coordinators across the Island. These connections ensure local staff feel supported to execute closer to home CME activities and increases communication channels with communities and other partners supporting education.

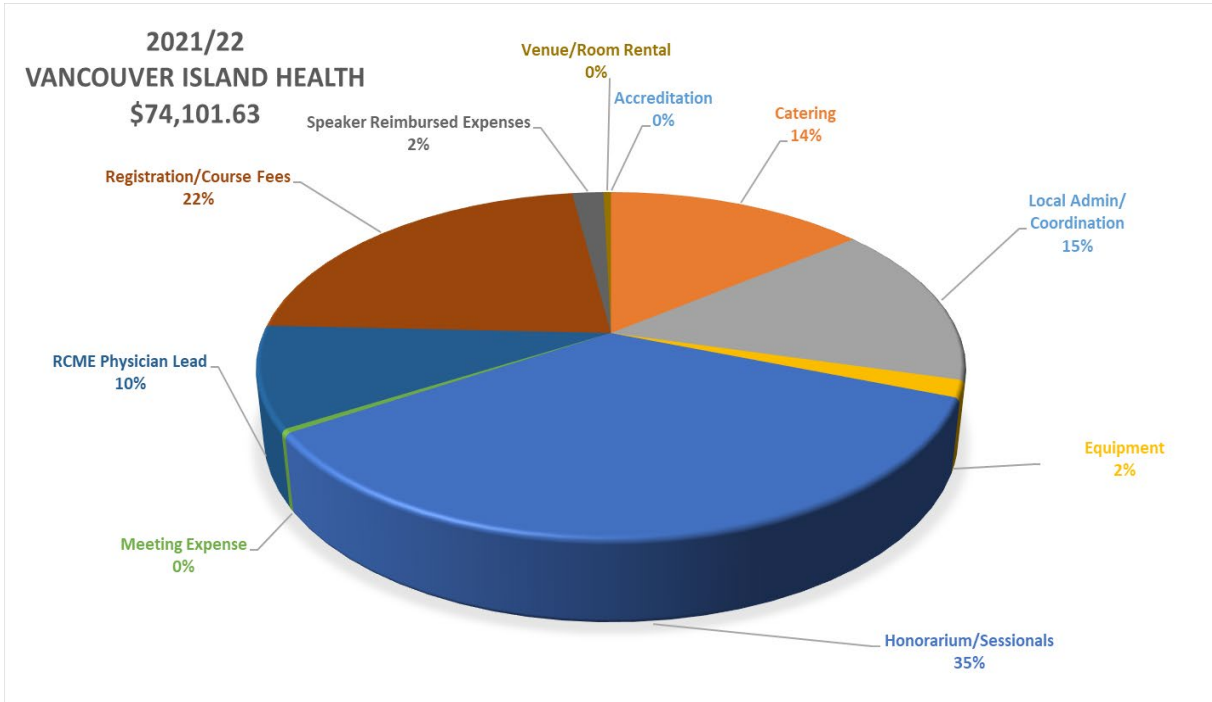
The RCME Liaison for the Island leads the Provincial RCME Community of Practice which brings together all local, multi-community and regional supports for CME/CPD across the province. This forum provides a space for coordinators to share in the education activities occurring in their community or region which, in turn, allows for the opportunity to create synergies around the CME activities taking place. The Community of Practice invites presenters on topics of interest to the group including a session on “Accreditation Basics” and an information session from the Rural Education Action Plan (REAP) team.

Success Story

In the earlier part of this year, the physician lead of Cortes Island initiated a physician learning project on Psychedelics and Complementary Techniques. A combination of funding from the Campbell River & District Division of Family Practice, RCME community funds, and SPIFI funds were utilized to develop a seven-session virtual series exploring topics such as “My Experiences Using Psilocybin in Palliative Care” and “MDMA-assisted Psychotherapy with Trauma Survivors”. The series successfully achieved accreditation as a group learning activity qualifying for both MOC Section 1 and Mainpro+ Group Learning credits.

Interest in the series has been widespread and has been successfully delivered to over 100 health care professionals including physicians, nurse practitioners, nurses, midwives, residents, and other interested allied health care practitioners. The reach of this initiative covers the entire province throughout all health authorities. Feedback to date has been very positive and the mid-series evaluation has shown that there is interest for the CME to continue.

Below is a breakdown of the total community funding spent by category within the Vancouver Island region.



Vancouver Coastal Region - Eva Jackson, Rural Programs' Liaison

Regional Update

The Rural Programs' Liaison has successfully implemented 7 out of the 9 eligible RSA communities in the Vancouver Coastal Health Region. Each community has been actively planning and engaging in education during the first half of the 2021/22 fiscal year. In the first two quarters of last fiscal year, only 2 communities utilized RCME funds whereas in the first half of this year, 7 communities have been actively spending their RCME funds. There has been a 45% decrease in the total utilization of funds compared to last fiscal year and this can be attributed to large equipment purchases and course registration. Equipment expenses alone demonstrates a 96% decrease in fund utilization during 2021/22 compared to the 2020/21 fiscal year.

In the first half of the year, physicians across the region have organized and attended a variety of education activities including simulation rounds, bier block sessions, and a medical conference hosted in Sechelt. The communities within Vancouver Coastal Health have shown great strides in organizing education and it is inspiring to see the number of communities participating and the overall growth of the RCME Community Program.

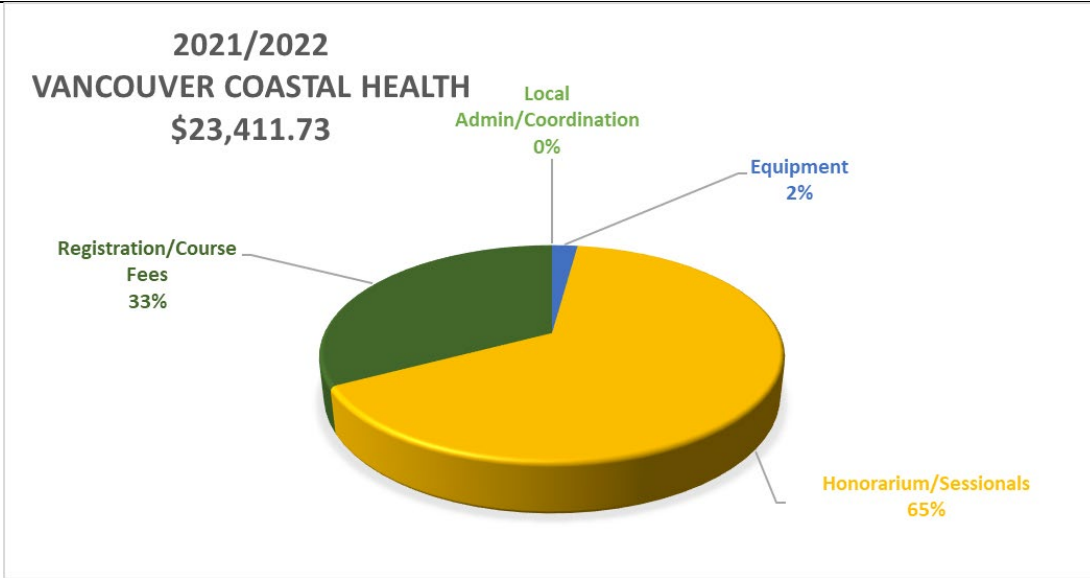
Success Story

Sechelt is one of the most recent communities in the Vancouver Coastal region to implement into the RCME Community Program. Since then, they have hit the ground running with establishing education for their physicians. In September 2021, Sechelt hosted a successful one-day accredited Medical Conference for the community. Speakers from across Vancouver Coastal Health came to Sechelt to present on topics ranging from unexpected delivery in the ER, glucose monitoring systems, a review of acute knee pain, as well as sessions on dermatology, orthopedics, and rheumatology. The conference also had airways dolls and a central line station set up for physicians to practice simulation. The RCME Community Program has empowered physicians to create and bring meaningful education closer to home. Even during a pandemic, physicians were able to come together and learn in a fun, stimulating environment.

"The access to funding was much appreciated, and so much easier than in years previous. A special thank you to Eva Jackson, Rural Programs' Liaison VCH/RCCbc, for her assistance"

Dr. Sara Wadge, Sechelt

Below is a breakdown of the total community funding spent by category within the Vancouver Coastal Health region.



Northern Health Region – Danielle Richey, RCME Liaison

Regional Update

Networks: Since the last report in May 2021, the opportunity to develop RCME Networks within the Health Service Delivery Areas (HSDAs) of the region was placed on hold until Fall 2021. Communication has gone out to all three HSDAs but due to the rise of COVID in the North, there was a low uptake in getting meetings arranged in the Northeast and Northern Interior. In the Northwest (NW), however, there was a keen interest to get this connection formalized. Physician Leads from the NW met November 2nd for the first time and the connection created a platform for the physicians to meet their colleagues from neighboring communities that they'd never been in contact before. There was a lot of excitement amongst the group to explore how they can share in the education being delivered in community as well as connect informally to build relationships. The NW communities have identified that the physicians would like to meet quarterly, but to also connect more frequently through email and individual connections.

Community of Practice: Throughout the summer the North has experienced turnover in the local staff supporting communities. As such, the fall 2021 Regional Community of Practice was postponed until November and the northern RCME team is currently in the process of creating additional structures to ensure the RCME Program staff can more efficiently support the local staff in communities.

Success Story

The RCME Community Program is supported by the Medical Affairs team and Physician Compensation team within Northern Health. The introduction of the new program including a change to guidelines and financial components created a lack of clarity on process, responsibility, and caused complexities in providing timely and accurate information.

Both teams have worked diligently and collaboratively over the last two years to address the concerns and with the introduction of the new Rural Programs' Liaison position as an additional support, the processes are now running smoothly. The teams have worked together to develop clear processes and guidelines that are supportive of the needs of both teams. The RCME and Rural Programs' Liaisons have taken over the input of claims in the electronic reporting system which has created a more streamlined and efficient process for the liaisons and physician compensation staff. Payments are issued more effectively to vendors and physicians, and the quarterly reports are timely and more precise.

Below is a breakdown of the total community funding spent by category within the Northern Health region.

