

FPS4BC

Family Physicians for BC Program

Frequently Asked Questions

Background and Eligibility

1. Why was this program developed and how is it funded?

The 2006 Letter of Agreement signed by the British Columbia Medical Association (“BCMA”), the Province of British Columbia and the Medical Services Commission established a \$10M Full Service Family Practice Incentive: Attraction and Retention of Full Service Family Practitioners Program – now called FPS4BC or Family Physicians for BC (“the Program”). The Program is intended to attract and retain recently qualified physicians to provide full service family practices (FSFP) in a group practice (unless not possible in a rural or remote setting) in designated communities of need in the province. Participants in the Program may apply for maximum funding of \$100,000 plus a bonus of \$1,500 for those who obtain full hospital privileges for a 3 year return of service agreement.

2. How long will this program run for?

Until March 31, 2012 or until all available funding has been allocated, whichever occurs first.

3. What can I apply for?

Each Participant will be eligible for up to \$100,000 of funding, which may include the following:

- *Student debt forgiveness up to a maximum of \$40,000 per Participant. Proof of student debt must be provided to the GPSC in the form of official bank documents or a notarized letter from the person or agency that provided the loan indicating the amount of the debt and the name and address to whom the amount should be paid. Payment for student debt forgiveness will be paid in the first quarter of the first Return of Service year.*
- *Funding to establish or join a group practice (with consideration for establishment of solo practice in rural and remote areas), up to a maximum of \$40,000 per Participant. This payment will not be made until the GPSC has received a copy of legal documents signifying the establishment of the practice or receipts for services provided. Request for payment for other expenses such as leasehold improvements, practice management consulting services, or moving costs will be considered if these costs were not covered by a different funding program, and with the presentation of receipts.*

- *New Practice Supplement of \$2,000 per week for the first 26 weeks of practice in the community. Payments will be made on a biweekly basis up to 26 weeks total for a maximum total of \$52,000. This funding option will not be available to those receiving a regular income through a salary or contract.*

A bonus of \$1,500 will be available to physicians who obtain full hospital privileges.

***Note:** Program funding may be considered taxable income by the Canada Revenue Agency.*

4. Who is eligible?

Family physicians who have completed residency training within the past 10 years from the date of the application.

Applicants must be eligible for full licensure to practice by the College of Physicians and Surgeons of British Columbia.

*Applicants must commit to setting up a **NEW** group full service family practice or joining an existing group practice in a Designated Community of Need. Solo practices in rural or remote areas may be considered.*

*As the objective of the FPs4BC program is to increase net capacity in designated areas of need, physicians with an existing practice in BC are **not** eligible to apply for funding in their current practice.*

*For family physicians with an existing practice who wish to move to a different designated community to start or join a new practice, they may be eligible for funding at the discretion of GPSC with the following **EXCEPTIONS**:*

- (i) *they are applying to move out of a designated community of need, ie: moving from one designated community of need to another; or*
- (ii) *by moving to a designated community of need, they create a need in their existing community.*
- (iii) *they have left a practice in a designated community of need (e.g. to do locum work or practice in a non-designated community) within the past 18 months*

Please contact the Program Administrator for further details.

5. Are international medical graduates (IMGs) eligible?

IMGs who are Canadian post graduate medical education graduates are eligible.

IMGs on temporary or full licensure are eligible to apply for FPs4BC funding.

IMGs with an existing return of service contract may have additional requirements. For instance, the FPs4BC program has a three-year return of service, so an extra year will be added on to an IMG's Postgraduate Medical Education (residency) two-year return of

service for a total of three-years service. Please contact the program administrator for further clarification.

6. Are residents currently in training eligible?

Residents cannot apply until they have completed their training and are eligible to be licensed.

How to Apply

7. Where do I get the application form and information about the process?

Application forms may be obtained from the Program Administrator at the British Columbia Ministry of Health Services (MoHS) by:

Email: fps4bc@gov.bc.ca

Website: www.primaryhealthcarebc.ca or www.bcma.org.

Phone: (250) 952-1347

Applications must be returned to the MoHS at:

*FPs4BC Program
Ministry of Health Services
3-1, 1515 Blanshard Street
Victoria BC V8W 3C8*

or by fax to: (250) 952-3133

Applications for funding must include the following:

- 1. a completed application form;*
- 2. a résumé of work and academic experience; and*
- 3. a letter of confirmation from the Health Authority verifying that the Designated Community of Need for full service family practice services;*
- 4. A letter of offer from a family practice in the Designated Community of Need (unless setting up a new group practice or solo practice in a remote area).*

8. What is the review process for applications and how long would it take?

A GPSC screening committee, in collaboration with the health authorities will select successful applicants. The committee will meet monthly and applicants should expect to receive communication within two to eight weeks.

The physician is expected to start his or her practice in the community within 6 months of the date of the approval letter.

Qualifying Communities and Positions

9. How are the Designated Communities of Need chosen and will they change?

Communities are identified by each Health Authority and the list of communities will change. The list is available on the MoHS or BCMA website but the most current information can be obtained through direct contact with the Health Authorities.

10. Would Alternative Payment Program (APP) positions qualify for this program?

APP contract positions may be eligible for certain portions of this program that are not addressed in the APP contract. Debt repayment may qualify as well as moving and other practice set up costs if not already covered. APP positions would not qualify for the New Practice Supplement component.

11. Would I be eligible if I have already established practice in one of the Designated Communities?

No, you will not be eligible if you have already established a family practice in a Designated Community. See Question 4.

12. Can I work for a trial period in a community before committing to the Return of Service Agreement?

Applicants can contact the appropriate Health Authority representative if they wish to visit communities in which they are interested. Physicians may wish to work as locums as a trial period, but the actual return of service period time begins when they start their full service practice after signing the Return of Service Agreement.

13. How many physicians qualify as a group practice?

Two or more physicians.

14. What if I am in a community that requires or could only attract a single physician?

Consideration will be given to solo practices in those circumstances.

Funding Conditions and Parameters

15. What qualifies as student debt?

Debt incurred during the course of and related to medical school and residency training such as student loans. Lines of credit and other types of loans may be eligible as long as there is documentation stating that these were incurred for expenses associated with schooling. Documentation may include notarized letters and contracts. Please contact the program administrator if there are questions about eligible debt.

16. What qualifies as practice set up expenses?

Expenses normally incurred in the set up of a group family practice would be eligible including leasehold improvements, office and medical equipment, furniture, moving expenses, professional practice management consulting, legal and accounting costs for partnership agreements, etc. Computers, electronic medical records, and other electronic equipment may qualify if they are used for clinical patient care in your FSFP. Expenses that are related to the ongoing maintenance of a practice and professional development will not be eligible such as rent, staff salary, dues, personal medical incorporation and Continuing Medical Education (CME) registrations. Receipts and other proof of purchase will be required. Please contact the program administrator if there are any questions regarding eligibility of expenses.

17. How do I access a practice management consultant?

GPSC recognizes the management challenges physicians face when starting a full service practice. Participants are able to access up to \$6,000 of the Practice Set Up funding to pay for services of professional management consultants of their choice. Information on practice consultants may be obtained from the BCMA or the program administrator.

18. Is the funding taxable? Can the funding be paid to my medical corporation if I am incorporated?

Funding may be taxable by the Canadian Revenue Agency. The funding can be paid to a physician's medical corporation.

19. What qualifies as moving expenses?

The costs for moving personal and practice-related items will be covered.

20. How long do I have to spend the funding?

Funding, up to the maximum of \$100,000 per physician, must be dispersed within the time period specified in the Return of Service Agreement.

21. Can I share the funding with another physician?

No. To access the funding, individual physicians must fulfill the program requirements.

22. Would I still qualify for other funding and incentive programs (e.g., Rural Service Agreement (RSA) Retention Allowances, Rural Education Action Plan (REAP), other recruitment bonuses) if I apply for this program?

Yes, applicants can access other funding programs. However, funding will not be duplicated. For example, if moving expenses were already being paid by another funding source, the physician cannot claim the same expenses under this program.

Return of Service Requirements

23. What are the Return of Service (ROS) requirements?

The successful applicant is expected to set up a FSFP in the identified community within 6 months of the date of the approval letter for 3 consecutive years (the year starts on the first day of full service practice). For each of the 3 years, the physician must practice for at least 180 days. A qualifying day means generating gross MSP billings of minimum \$400 related to the full service family practice. This includes office, hospital, extended care ,obstetrical, WCB and ICBC billings. However, sessional, walk-in shifts and other billings unrelated to the practice do not qualify.

24. Can I take maternity leave during the return of service term?

A maximum of two 17 week maternity leaves can be taken during the Return of Service period without incurring additional time. The return-of-service period is deemed to include time taken by the Participant for periods of maternity leave (maximum of two 17 week maternity leaves in the three years); during each year(s) of the maternity leave, the physician will be required to fulfill 95 qualifying days instead of 180. Physicians will also have the option of extending the maternity leave period for another 35 weeks, for a total of up to 52 weeks per pregnancy. The additional leave period (beyond the initial 17 weeks) will be added on at the end of the return of service agreement.

For example: if the physician takes 33 weeks in total, she will have to fulfill an additional 16 weeks beyond the initial 3 year return of service agreement. The number of qualifying days required will be pro-rated from 180 days per year. According to this example, the physician will need to fulfill 55 qualifying days during the 16 additional weeks she has taken as maternity leave.

25. Can I take time off (aside from maternity leave) or defer my return of service commitments during the 3 years?

If a Participant wishes to seek permission to defer his or her service commencement date or return-of-service commitment, a request must be submitted in writing to the GPSC, prior to the commencement of the proposed deferral, providing an explanation of the reason for the request. Examples of reasons for deferral would include serious family illness, or the death of a family member. Each request for deferral will be adjudicated by the GPSC. The ROS only requires 180 days per year and allows ample time for physicians to take vacation, CME and other personal leave during the year. Therefore, these reasons will not be eligible for deferral or extension.

26. Am I required to obtain hospital privileges?

Many positions may require physicians to obtain hospital privileges. You will be asked on the application form if you are willing to obtain full hospital privileges. Those that indicate they are willing, may receive priority consideration in the application process. In addition, those that do obtain full hospital privileges will be eligible for a \$1,500

bonus. Please contact the Health Authority representative or the program administrator for expectations required for each community.

27. Am I required to do obstetrics?

Provision of obstetrics may be a requirement in some communities. Please contact the Health Authority representatives or the program administrator for details.

28. Would I be expected to always accept orphan patients?

Physicians should be willing to accept new and orphan patients where feasible. The expectation will be determined by the needs of the particular community.

Last Updated: January 2010