

FPs4BC

Family Physicians for BC Program

Policies and Guidelines

2010



A GPSC Full Service Family Practice Program

ABBREVIATIONS and DEFINITIONS

TERM

DEFINITION

BCMA

British Columbia Medical Association

Designated Need

Need for a full service family practice, as determined by a consultation process between the GPSC and appropriate Health Authority, HAMAC Chair and Local Medical Advisory Committee Chair.

Full Service Family Practice

A medical practice which provides a patient with primary care throughout his or her life-span and events, coordinates care through varying health and medical conditions, and maintains a longitudinal comprehensive patient record.

GPSC

General Practice Services Committee, a joint committee consisting of BCMA, MoHS and Health Authority representatives

Health Authority

Governing body with responsibility for the planning, coordination and delivery of health services in a specific region, including hospital, long term care and community services.

HAMAC

Health Authority Medical Advisory Committee

MoHS

Ministry of Health Services

Orphan Patient

A patient who has been "lost" within the system or has no primary provider overseeing their care

Participant

A physician who is accepted into the Program

Program

The FPs4BC – Family Physicians for BC Program. A program created by the GPSC originally called the Attraction and Retention of Full Service Family Practitioners Program and consisting of a \$10M Full Service Family Practice Incentive package.

PROGRAM DESCRIPTION

1. Purpose

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 the FPs4BC – Family Physicians for BC program (“the Program”). The Program is intended to attract and retain recently qualified physicians to provide full service family practices in communities of the province where there is a Designated Need. Participants in the Program may apply for maximum funding of \$100,000.

2. Eligibility

A Physician will be eligible to be considered as a Participant in the Program only if he or she:

- (a) is a Family Physician who completed his or her residency training within ten years prior to the date of application; who will set up a new group practice or join an existing group practice in a community of Designated Need

*consideration will be given for solo practices in rural and remote areas.

- (b) is prepared to commit, for a specified return-of-service period, to provide Full Service Family Practice to meet patient needs in a community of Designated Need. It is expected that as part of this practice, the physician will practice in alignment with the Chronic Disease Management program, and accept orphan patients where feasible; and
- (c) must obtain full registration and licensure from the College of Physicians and Surgeons to practice family medicine in BC by the start of the Return of Service Agreement
- (d) is an International Medical Graduate on the temporary register and granted temporary licensure by the CPSBC to practice medicine in BC (effective January 21, 2009 on a go-forward basis)
- (e) physicians with an existing practice – the objective of the FPs4BC program is to increase net capacity in areas of designated need. Consequently, physicians applying for funding who have an existing practice in British Columbia will **not** be eligible for if:
 - (i) they move from one designated community of need to another; or
 - (ii) if by moving to a designated community of need, they create a need in their existing community, or
 - (iii) they leave a practice in a designated community of need (eg: to do locum work or practice in a non-designated community) and apply for funding under FPs4BC to return to a designated community of need within 18 months of their departure.

Please note: Some communities in this program may require the physician to obtain full hospital privileges as part of the requirements to receive funding. Please call the designated representative at the applicable health authority for details.

3. Funding

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 could include services provided such as capital expenses, practice mentoring (to a maximum of \$6,000 paid to a professional practice management consultant), moving expenses, computers or electronic equipment used for clinical care if these costs were not covered by a different funding program. Payment will be made following the presentation of receipts to GPSC. Request for payment for other expenses may be considered by the GPSC.
- a New Practice Supplement of \$4,000 biweekly for the first 26 weeks of practice in the community. Those receiving a regular income through salary or contract will not be eligible for this funding option.

In addition to the maximum \$100,000 funding described above, a Participant will be eligible to receive a bonus payment of \$1,500 if he or she obtains full hospital privileges.

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

4. Application Process

Applications for the Program must include the following:

1. a completed application form;
2. a résumé of work and academic experience; and
3. a letter of confirmation of community of designated need from the Health Authority, and;
4. a letter of offer from a practice in that community (unless setting up a new group practice or approval is being sought for solo practice in a remote area).

Applicants may only submit one application at a time.

Application forms may be obtained from the British Columbia Ministry of Health Services (MoHS) by sending an email to fps4bc@gov.bc.ca, from www.primaryhealthcarebc.ca, or the BCMA at www.bcma.org or by calling the program administrator at (250) 952-1347. Applications must be returned to the MoHS at: FPs4BC Program, Medical Services Branch, Ministry of Health Services, 3-1, 1515 Blanshard Street, Victoria, BC, V8W 3C8 or by fax to: 250-952-3133.

5. Application Deadline and Screening

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

Applicants who have indicated a willingness to obtain full hospital privileges may be given priority consideration in the selection process.

A GPSC screening committee, in collaboration with the health authorities will review applications on a monthly basis.

6. Notification Process and Requirement to Sign Agreement

Following selection, each successful applicant will receive a notice of approval from the GPSC. Upon direction of the GPSC, the MoHS will distribute four copies of the FPs4BC Program Return-of-Service Agreement (the "Agreement"), referred to in section 8, to each successful applicant. The Return-of-Service Agreement may include an Addendum outlining any other requirements of the chosen community to be signed by the Participant and the applicable Health Authority. All four copies of the Agreement must be signed and returned to the MoHS before the first payment can be made. A signed copy of the Agreement will be returned to the Participant for his or her records.

If an applicant fails to sign the Agreement, he or she will not be eligible to receive any Program funding.

7. Establishment of Practice

Once a successful applicant receives a notice of approval, he or she will have six months from the date of the approval letter to establish a medical practice in the approved community. Each Participant must notify the GPSC of the date he or she intends to commence practice in the approved community to ensure that the return-of-service period is accurately calculated.

8. Return-of-Service Commitment

Upon acceptance in the Program, each Participant is required to sign an FPs4BC Program Return-of-Service Agreement. The Return-of-Service Agreement is a legally enforceable contract in which the Participant agrees to provide three years of service in the community stipulated in his or her application.

The three year return-of-service period is calculated based on the following:

- each one year period consists of a minimum of 180 working days per year as defined by gross Medical Services Plan family practice-related billings of \$400 daily on each of those qualifying working days;
- any time taken off in excess of that permitted will be added on in time to the end.
- 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.

If a Participant does not complete three years of service, as agreed to in the Return-of- Service Agreement, the Participant must repay a proportional amount of the funding (see Item 12 below).

9. Deferments

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 deferment, providing an explanation of the reason for the request. Examples of reasons for deferment would include serious family illness, or the death of a family member.

Each request for deferral will be adjudicated by the GPSC and the decision will be communicated in writing to the Participant making the request.

10. Failure or Inability to Establish or Maintain Practice

Failure of a Participant to establish or remain in a full service family practice in the identified community will necessitate the repayment of funds by the Participant unless he or she qualifies for the exemption described below.

In the event that the Participant is, through no fault of his/her own, unable to establish or maintain practice arrangements as required by the Program or the Return-of-Service Agreement, but has demonstrated due diligence in attempting to do so to the satisfaction of the GPSC, the Participant may apply to the GPSC to be released from some or all of his or her return-of-service and repayment commitments. The GPSC has the authority, in its sole discretion, to determine whether or not to release the Participant from all or any of the obligations under the Return-of-Service Agreement.

11. Move to Another Community of Designated Need

A Participant wishing to move to another identified community of demonstrated need during the period of his or her Return-of-Service Agreement may apply in writing to the GPSC indicating his or her desire to move. Approvals will be made at the discretion of the GPSC in consultation with the appropriate Health Authority. A participant is entitled to apply for one move within the same Health Authority during their RoS period.

12. Return-of-Service Default Provision

A Participant who fails to complete his or her return-of-service commitment will be required to, on demand, repay to the MoHS an amount calculated using the full amount of funding provided prorated based on the amount of time remaining in the Return of Service Period.

13. Monitoring and Verification of Service

Once a Participant has established a practice in an approved community, an annual follow-up will be conducted during each year of the three year return-of-service period. This follow-up procedure is set up through the MoHS.

14. Exceptions to Policy

The GPSC has the discretion and authority to review all requests and to make exceptions to this policy. Requests must be made in writing to the GPSC.

For further information on any part of this program, please contact:

FPS4BC Program Administrator
Ministry of Health Services
3-1, 1515 Blanshard St.
Victoria, BC V8W 3C8
Phone: (250) 952-1347
Email: fps4bc@gov.bc.ca

Last Updated: January 27, 2010