Rural Coordination Centre of BC

Enhancing rural health through education and advocacy

www.rccbc.ca

COMMUNITY RCME PROGRAM

An initiative of the Joint Standing Committee on Rural Issues

Program Summary and Vision | July 2019

Background: A new funding program for community RCME

The Joint Standing Committee on Rural Issues (JSC) has changed the way that rural physicians are funded for individual rural continuing medical education (RCME): rural physicians now receive direct payment for individual RCME. Without carry-over of individual RCME funds, reverted community funds which have been used for collective RCME experiences will eventually be depleted.

The JSC recognizes that community RCME plays an important role in physician wellness, local health care system capacity and recruitment/retention. After a provincial process of engagement with rural physicians and other stakeholders, the JSC has approved the Community RCME Program. Once implemented, RSA communities (including generalists and specialists) will receive funding every year to address community RCME needs.

The Rural Coordination Centre of BC (RCCbc) is implementing the program in partnership with rural physician communities and regional health authorities. This document provides the principles and criteria in which Community RCME should be developed and an overview of the vision and goals of this exciting new initiative.

What is Community RCME?

Community RCME refers to activities that address the needs of local physicians and their teams for collective learning:

- Community RCME strengthens the well-being and capacity of local health systems to address the health care service needs of the community, so it involves generalists, specialists and interprofessional learning;
- Community RCME is different than individual RCME which the JSC defines as “medical education to update and enhance skills and credentials for rural practice;” and,
- Individual RCME funds are paid directly to physicians, and Community RCME funds are available to the community of physicians.

A team to help you

RCCbc is currently working with rural physicians and health authorities to develop structures to support this new program. The implementation will be led by a skilled team of individuals within the RCCbc and regional health authorities. Our role is to help you complete the requirements for implementing, so that your community can receive annual Community RCME funding, including:

- Help you design or describe your local community RCME model, including an annual budget;
- Help you develop agreements with other communities if you want to include several communities;
- Build or adapt policies and processes and anything else you need to have a robust model.

READY TO GET STARTED? If you are a CME lead for your community and would like to begin to implement the program for your community or communities, you can:

→ Complete an online questionnaire to describe the Community RCME model you and your colleagues feel would like to have. It takes about 10 minutes to complete.

→ Contact the implementation team to let them know you would like to begin the implementation process so that your community can access Community RCME Program funding.

→ We will respond within 5 business days to help you and your community of physicians to implement the program locally.

→ If you have questions about the program or would like to discuss the best next steps for your community, please contact Heather Gummow, Provincial Manager, Community RCME hgummow@rccbc.ca.

RCME Questionnaire

We can be reached through the RCCbc website (**www.RCCbc.ca**) or via email at: **CommunityRCME@RCCbc.ca**.

Funding Available to Eligible RSA Communities

In 2019-20, and in 2020-2021 the JSC is making $2.2 million available annually to eligible RSA communities. The formula for distribution was developed based on physician suggestions for an equitable approach that considers the number of physicians, the rurality of a given community, and the minimum required to carry out community RCME activities. The full annual amount allocated to communities is distributed using the following formula:

1. Every community receives a baseline amount of $4,000;
2. The annual amount is calculated by multiplying the number of physicians in each community, by the RRP for that community;
3. No community gets fewer than $5,000 or more than $180,000.

Requirements for Implemention

1. **Defined Local Model for community RCME**

   Each community will design an appropriate model for Community RCME decision-making, engagement, development and delivery of learning activities. The model may include a pro forma budget that accounts for key roles, processes and community activities including:

   a) A defined role for a physician RCME lead;
   b) A defined role for non-physician support for community RCME (organizer / coordinator or other administrative help);
   c) An approach for defining community RCME needs with opportunities for input from all physicians and with input from local health authority clinical leads. This could include all physicians in a community, a CME committee or a physicians to whom the authority and tasks have been delegated;
   d) A process and roles responsible for evaluating and reporting on community RCME activities for QI purposes, informing the Community RCME Program and for provincial learning.

2. **Remaining Funds**

   a) To qualify for annual Community RCME funding, a community's remaining reverted community funds will be fewer than the projected annual amount that JSC is making available, based on the formula decided by the JSC.

3. **Administration of Funding**

   a) The community will select and organize a fund-holder who will make funds available as needed and consistent with the local criteria as implemented locally, undertake financial reporting requirements and provide prudent, timely and transparent management of the funds;
   b) Funds may be managed by the health authority or by an existing incorporated non-profit organization.

4. **Decision-Making for community RCME**

   a) Acceptable decision-making structures, roles and processes will be documented, discussed and be supported as shown through approval from local physician groups (or designate) such as relevant RCME committee, local Division of Family Practice, Medical Staff Association / Facility Engagement site and Medical Advisory Committee, if these are present.

Community RCME Program Principles

1. Funds are to be used for RSA communities only;
2. Funds should be applied in alignment with any priorities set out by the JSC and not in a way that may be contradictory with the priorities of the health authority or Ministry of Health;
3. Funds should be applied in a way that is community focused and responsive to the needs of physicians. This includes being equitable and accessible across all physicians or groups of physicians (GPs, Specialists, GPs with enhanced skills);
4. Community funds may be accessed by groups of physicians to incentivize certain types of education including: building and sustaining regional professional care networks; closer to home CME; community or regional team-based care; etc.;
5. Funds may be used to deliver activities involving allied health professionals in their community;
6. Funds may be used to compensate physicians for time spent developing and/or planning CME events. Funds are not to be used to pay physicians for time spent participating in CME events;
7. Unused funds can accumulate up to 3 years. After 3 years, unspent funds would continue to remain with the community but will only be replenished by the program if a plan is produced documenting future spending and goals of the accumulation.

Funding Criteria

1. Community RCME funding is for physicians living in and delivering health care services in RSA communities;
2. Funds will be used to support events and activities where physicians learn with their professional colleagues and other health care professionals;
3. Events include members of interprofessional and expanded care teams when relevant;
4. Requires involvement of specialists and generalists in decision-making (unless no specialists are part of the community);
5. Community RCME provides an opportunity to incorporate all of the CANMEDS roles, including strengthening physician roles as:
   a) Professional;
   b) Communicator;
   c) Collaborator;
   d) Scholar;
   e) Health Advocate;
   f) Leader.
6. Activities should enhance physician wellness through content, collegiality, social connectedness and professional growth;
7. Physicians may be asked to contribute to a portion of the costs of community RCME events from their individual amounts.

Guidelines for Eligible Expenditures

1. Compensation for the time of physician CME Coordinators and administrators to plan, develop and carry out events and activities, including organizing accreditation / certification for CME credits;
2. Equipment that enables or enhances community RCME delivery and enables physicians to participate. For example, in areas where community RCME is delivered by videoconference, funds may be used to cover the cost of a computer / tablet or videoconference license;
3. Venue, catering, meeting resources, technology such as videoconferencing, or course costs set by organizations delivering RCME;
4. Content that is delivered in-person or virtually;
5. Preparation for RCME events, such as sessional payments or stipends to presenters for curriculum development and delivery, including those that happen as part of a NITAOP visit;
6. Courses – for example, those offered by UBC CPD or Joule/Physician Leadership Institute;
7. Inclusion of interprofessional team members and other community providers as determined by the local community of physicians;
8. Organization and delivery of regional or sub-regional events;
9. Expenses related to accreditation and certification of Community RCME activities;
10. Not for payments to physicians for participating in CME activities;
11. Community RCME funding cannot be used to support activities involving industry.

Community Rural Continuing Medical Education (Community RCME)

An initiative of the Joint Standing Committee on Rural Issues (JSC)

PROGRAM VISION

COMMUNITY ELEMENTS

Rural GPs and Specialists

- Identify collective RCME needs
- Choose fundholder
- Decide how to spend funding

HA Chief of Staff

- Helps identify community RCME needs
- Facilitates interprofessional participation

PROVINCIAL ELEMENTS

Additional Supports and Resources

Joint Standing Committee

Community Funds

- $2.2 million distributed equitably across rural BC
- Administered by organization chosen by community of physicians

Physician RCME Lead(s)

- Promotes community RCME
- Surveys physicians to identify community RCME needs
- Prioritizes using RCME funding criteria and budget

Non-physician coordinator and event organizer

- Logistics, accreditation and certification
- Technology set-up
- Organize payment for event costs
- May support multiple networked communities

Equipment and resources needed to deliver community RCME activities

Event Costs

- Venue, food, course costs
- Fees to visiting physicians providing community RCME
- Participants may pay a portion from individual funds

Evaluation and QI

- Content, participation by physicians and interprofessional teams
- Annual outcomes and pearls
- Recommendations for improvement

Provincial Manager

- Coordination of funding and information provincially
- Reporting and recommendations for improvement to JSC
- Support and training for Provincial Coordinators and assist community implementation

Provincial Coordinators *(in development)*

- Support community implementation and transition into the program
- Collaborate closely with Health Authorities to a) understand healthcare priorities, b) develop local/regional needs assessments, and c) gather data on RCME spending and community reach for reporting purposes

Specialist, Sub-Specialty, Indigenous and Funding for Innovation (SPIFI) *(in development)*

- Funding for rural specialists and rural GPs with sub-specialities
- Funding for innovative approaches to Community RCME including Indigenous community involvement

Network of Support

- Annual review of Community RCME needs provincially
- Recommendations for improvement

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Results include:

- **Stronger local health systems and relationships**
- **More sustainable communities**
- **Mentorship and community RCME for rural Specialists and GPs with Sub-specialties**
- **Stronger collaboration and inter professional teams**
- **New physician-driven innovation in Community RCME**
- **Physicians receive CME credits**