



Community Form for Use of Rural Continuing Medical Education (RCME) Community Funds



RCME Community Program funding is negotiated through the PMA, and is available to physicians living in and delivering health care services in RSA communities.

Note: The RCME community program and funding provides an opportunity to include interprofessional team members and other community providers in relevant CME activities as determined by the local community of physicians. Eligible expenses

- | | |
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| <ul style="list-style-type: none"> • Accreditation (i.e. application fees) • Attendee Travel/Accommodation - Travel and accommodation expenses to for community group of physicians to attend collective CME outside community, when unable/unavailable to bring CME to community • Coordination - local/multi community CME coordination by local physicians, allied health providers, and/or local RCME coordinator • Equipment - Equipment that enables or enhances community RCME delivery and enables physicians to participate • Honorarium/Sessionals - Curriculum development and delivery (i.e. speaker fees, instructor fees, course preparation) | <ul style="list-style-type: none"> • Catering Expenses • Meeting Expenses - Textbooks, speaker gifts, supplies for events, etc. • RCME Physician Lead - Community physician lead stipend for planning and organizing CME • Registration Course Fees - Registration, course, workshop, etc. fees in-person or virtual • Speaker Travel and Accommodation - Speaker/facilitator travel and accommodation expenses to deliver collective CME to rural communities • Venue/Room Rental Fees |
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ineligible Expenses: RCME Community Program funding cannot be utilized to provide sessionals to physicians for participating in CME; to support activities involving industry; to purchase equipment used specifically to enhance patient care; to reimburse individual CME activities; and/or to provide for locum coverage while attending CME.

Community Name(s):

Applicant (individual, professional group or department) and contact details:

Applicant Name

Email

Applicant Phone

Physician RCME Lead(s) Approval

In absence of a RCME Physician Lead, a physician Committee Member may provide signing approval, if appropriate

Approval Signature

Approver Name

Funding Request – Please briefly describe the CME activity the funds will support. Attach copy of the proposed curriculum brochure, accreditation details, etc. if available

Will this event be funded by other sources? Yes No

If yes, please indicate additional sources of funding and what expenses will be funded:

Amount of additional source of funding \$

Date(s) of CME Activity:

Expected number of participants (i.e. medical staff, allied health care members, other health care professionals): #

Expenses

| | | | |
|--------------------------|----|-----------------------|----|
| Course/Registration Fees | \$ | Catering | \$ |
| Educational Materials | \$ | Honoraria/Speaker Fee | \$ |
| Accreditation Fee | \$ | Venue | \$ |
| | | Other: | \$ |
| | | Please describe | |

TOTAL: \$

SUBMIT COMPLETED COMMUNITY FUNDS REQUESTS TO: Linda.Young@IslandHealth.ca, RCME Liaison