

COMMITTEE ON RURAL AND REGIONAL PRACTICE

FAMILY MEDICINE RESIDENT BURSARY

PROGRAM

I EXECUTIVE SUMMARY

Background

Historically, Saskatchewan has had difficulty attracting and retaining Saskatchewan- trained physicians to practice in rural Saskatchewan.

In 1991, the Saskatchewan Medical Association negotiated monies to attract and retain physicians in rural Saskatchewan. In the same year, the Medical Student Bursary Program was established.

In 1998, the Saskatchewan Medical Association and the Ministry of Health developed a similar program for residents attending the University of Saskatchewan.

In 2001, this program was expanded to include regional centers, therefore allowing bursary recipients the option to fulfill return-of-service commitments in a regional center.

In 2002, applications were expanded to allow Canadian medical residents who received their undergraduate training at the College of Medicine, University of Saskatchewan the opportunity to apply.

II PROGRAM DESCRIPTION

1. Purpose

The Medical Resident Bursary Program provides funding to family medicine residents to assist in completing their studies.

In return, the recipients must live and practice full-time in rural, regional or northern Saskatchewan for a fixed period of time following completion of their training.

2. Eligibility

To qualify, applicants must be accepted into:

- a) the Family Medicine Residency Program at the College of Medicine, University of Saskatchewan; or
- b) the Family Medicine Residency Program at another Canadian university if the applicant completed their undergraduate medical degree at the College of Medicine, University of Saskatchewan.

Preference will be given to applicants pursuing their residency program at the College of Medicine, University of Saskatchewan.

3. Funding

The total bursary for each year is \$25,000 payable in one lump sum. Requests to saskdocs to make other arrangements will be considered. Funding may be available for the recipient's post-graduate training up to a maximum of two years.

Bursary income is considered taxable income by Canada Revenue Agency.

4. Application Process

Applications for bursary assistance must include the following:

- a) a completed application form;
- b) a resume of work and academic experience, including volunteer positions; and
- c) an outline of studies including rural rotations.

Application forms may be obtained through the College of Medicine, University of Saskatchewan or the Saskatchewan Medical Association office or website (www.sma.sk.ca). Upon completion, forms may be returned to either organization. (See page 6 for contact name information.)

5. Selection Process and Screening Criteria

The application deadline is October 31.

Interviews may be conducted in person or by teleconference within six weeks after the deadline

Applicants may be interviewed by a Bursary Selection Committee composed of members or designates of the SMA's Committee on Rural and Regional Practice.



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Three or more new bursaries would be offered each academic year.

6. Notification Process and Requirements of Selected Recipients

Following selection, applicants will be notified by the Saskatchewan Medical Association of the committee's decision via mail or email. Upon direction of the Bursary Selection Committee, saskdocs will distribute two copies of the bursary agreement to the successful applicants. These must be signed and returned to saskdocs. A signed copy will be returned to the bursary recipient for his/her records.

Once selected, bursary recipients may need to apply for a second year of funding, as their bursary agreement may not cover the balance of their resident medical studies. Award of continuing funding for two years is at the discretion of the Committee on Rural and Regional Practice. The letter notifying you that you were a successful applicant will clearly state whether the award was for one year or two years of funding.

If continuous funding for two years has been awarded and a recipient chooses to opt out of a second year of bursary support, the recipient is responsible to promptly advise saskdocs of this decision in writing. An amendment to the bursary agreement will then be prepared by saskdocs and forwarded to the recipient for signature.

7. Provincial Commitment for Employment

While each bursary recipient has primary responsibility for obtaining a suitable practice opportunity for his/her return-of-service commitment, there are a number of supports available, including the following:

- The contract permits saskdocs and the Saskatchewan Medical Association to provide relevant information about the bursary recipient to regional health authority CEOs, physician practices and others in the province who might be interested in the medical services of the bursary recipient.
- Members of the Bursary Selection Committee may have regular, informal meetings with bursary recipients.

8. Return-of-service Commitment

Upon completion of the medical training as specified in the bursary agreement, physicians are required to provide a specified period of service to rural, regional or northern Saskatchewan as stipulated in their bursary agreement. Total return-in- service is calculated based on the following:

- a) One year of service in a rural community as a Family Physician for each year of funding to a maximum of three years of service.
- b) Two years of service in a regional center as a Family Physician for each year of funding to a maximum of six years of service.

c) Short-term locum practice with the Saskatchewan Medical Association's Rural Relief (Locum) Program as a Family Physician where six months employment of locum practice for the SMA is equivalent to one year of service in a rural setting.

d) A combination of a), b) and c). See Appendix A for a list of rural and regional as well as ineligible communities. (Please note the change as of March 2015.)

See Appendix B for the definition of "full time" as it applies to return-of-service commitments (effective June 17, 2016)

Upon completion of residency training, recipients must notify saskdocs. Within six months of completing training, physicians will be required to become licensed by the College of Physicians and Surgeons of Saskatchewan, establish a residence and begin practicing family medicine in a rural or regional community or practice in a manner compliant with

Appendix B.

In the event that the physician is, through no fault of his/her own, unable to establish practice arrangements as required by the bursary agreement, but has demonstrated due diligence in attempting to do so to the satisfaction of the Committee on Rural and

Regional Practice, the physician may ask the Committee on Rural and Regional Practice for consideration regarding his/her service and repayment commitments. All requests will be adjudicated individually.

9. Deferments

If a bursary recipient wishes to seek permission to defer his/her service commitment, a request must be submitted in writing to the Saskatchewan Medical Association, providing full details, at least six months prior to the commencement of the proposed deferment. Education, serious family illness, or deaths are examples of situations where deferments would be considered. Requests for deferrals in emergency situations will be dealt with in a timely and efficient manner. Bursary recipients requiring a maternity leave will be required to notify the saskdocs and the Saskatchewan Medical Association of the leave, including the expected duration.

All requests for deferrals, with the exception of maternity leave, will be adjudicated by the Committee on Rural and Regional Practice and these decisions will be communicated in writing to bursary recipients.

10. Default Provisions

Physicians who fail to complete their service commitment will be required to repay all bursary funds with accumulated interest.

Failure to comply with the terms of this agreement will result in a request being made to the College of Physicians and Surgeons to withhold a certificate of good standing.

Failure to complete the residency program for academic reasons will necessitate repayment of all bursary funds plus accumulated interest.

11. Monitoring and Verification of Service

Once a physician has set up practice in an approved community, a semi-annual follow-up will be made to verify that the physician is fulfilling the service commitment. This follow-up procedure is made through the Medical Services and Health Registration Branch of Saskatchewan Health and saskdocs.

12. Relocation Appeals Mechanism

Physicians who have a valid reason for wishing to move to a new community during the period of their return-of-service contract may write to the Committee on Rural and Regional Practice indicating their desire to move. Approvals will be made at the discretion of the Committee on Rural and Regional Practice.

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

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Saskatoon, SK S7L 6M6
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Approved: May, 1998

Revised: July 1998, October 1998, March 2001, January 2002, April 2002, April 2003, February 2005, March 2006, May 2008, March 2010, March 2011, October 2013, December 2013, December 2014, March 2015, January 2016, June 2016, June 2017



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APPENDIX A

Rural is defined as those communities in which there are approximately 10,000 people or less¹.

Regional is defined as those communities which have populations greater than 10,000 people, excluding Saskatoon and Regina.

Effective March 7, 2015, Prince Albert is also excluded from the list of eligible regional communities.

Therefore, regional communities include:

Moose Jaw	Swift Current
Yorkton	Lloydminster
North Battleford	

The following “bedroom” communities are excluded from both definitions because of their close proximity to Saskatoon and Regina:

Lumsden	Pilot Butte
Balgonie	White City
Pense	Martensville
Warman	Langham
Clavet	Dalmeny
Delisle	

¹ The communities of Estevan and Weyburn are categorized as rural due to their fluctuating populations around the 10,000 mark.

APPENDIX B

Committee on Rural and Regional Practice

Definition of full time medical practice for the purpose of fulfilling return-in-service commitments

Effective June 17, 2016

This definition applies to all FMR bursary contracts signed after July 1, 2016.

A full time alternate payment contract, including an RHA Primary Care Contract, Northern Medical Services Contract (itinerant or traditional), SMA Locum Program or RHA Locum Program;

or

Fee for service (FFS) billing of no less than 60% of the previous year's average family physician earnings² with 75% of those earnings³ from a single remote/rural/regional catchment area.

NOTE:

1. For the purpose of this definition:

Rural and regional communities identified as Primary Health Care Clusters/Sites or rural or regional communities within 100 km of each other.

2. Given the vast distances in the northern health regions, all communities in the three northern health regions will be considered one service area.

² Calculated based on the previous year: for 2015, 60% of the average billings of \$252,900 equalled \$151,740

³ Calculated based on required earnings of \$151,740: 75% equalled \$113,805