

RURAL AND REGIONAL PRACTICE COMMITTEE

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 1998, the Saskatchewan Medical Association and the Ministry of Health developed a bursary 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-in-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.

In 2019, applications were expanded to allow family medicine residents pursuing R3 training to apply for the FMR bursary for their R3 year.

II PROGRAM DESCRIPTION

1. **Purpose**

The Family Medicine Resident Bursary Program provides funding to family medicine residents, and those pursuing R3 programs, to assist in completing their studies.

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

2. **Eligibility**

To qualify, applicants must be accepted into:

- a) the Family Medicine Residency Program at the College of Medicine, University of Saskatchewan; or

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- 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.

Residents pursuing R3 programs may also apply for funding during the R3 year. The R3 program may be completed anywhere in Canada as long as either the undergraduate medical degree or the Family Medicine Residency was completed in Saskatchewan.

Preference will be given to applicants pursuing their residency program at the College of Medicine, University of Saskatchewan. Recipients of the FMR Bursary will not be able to apply for the Rural & Regional Physician Enhancement Training Program simultaneously.

3. Funding

Funding may be available for the recipient's postgraduate training up to a maximum of three years (two years of Family Medicine residency and one year of R3 training).

The total bursary for each year is \$25,000, payable in one lump sum (\$75,000 over three 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.

Online application forms can be found on the Saskatchewan Medical Association website (www.sma.sk.ca) under Programs & Benefits > For Residents.

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5. Selection Process and Screening Criteria

The annual 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 Rural and Regional Practice Committee (RRPC).

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 email. The return of service contract will be administered by the Saskatchewan Health Authority (SHA).

Upon direction of the Bursary Selection Committee, SHA will distribute a copy of the bursary agreement to the successful applicants via email. The agreement must be signed and returned to SHA. A signed copy of the agreement should be retained by the bursary recipient for their records.

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 SHA and the Saskatchewan Medical Association to provide relevant information about the bursary recipient to the Saskatchewan Health Authority, 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-in-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. Return-in-service is calculated based on the following for each year of funding:



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- a) One year of service in a rural community as a Family Physician for each year of funding;
- b) Two years of service in a regional center as a Family Physician for each year of funding;
- c) One year of full-time locum practice with the Saskatchewan Medical Association's Rural Relief Program for each year of funding;
- d) A combination of a), b) and c).

See Appendix A for a list of eligible and ineligible rural and regional communities.

See Appendix B for the definition of "full time" as it applies to RRPC return-in- service commitments.

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

9. **Deferrals**

If a bursary recipient wishes to seek permission to defer their service commitment, a request must be submitted in writing to SHA or 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 deferrals would be considered. Requests for deferrals in emergency situations will be dealt with in a timely and efficient manner.

Maternity leaves do not need to be approved, however bursary recipients requiring a maternity leave will be required to notify SHA and the Saskatchewan Medical Association of the leave, including the expected duration.

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

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10. Consideration

In the event that the physician is, through no fault of their 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 Rural and Regional Practice Committee, the physician may ask the Rural and Regional Practice Committee for consideration regarding their service and repayment commitments. All requests will be adjudicated individually.

11. Default Provisions

Physicians who fail to complete their service commitment will be required to repay bursary funds with accumulated interest. Where the physician has provided some service, repayment will be prorated based on the amount of time the physician has practiced in an eligible community in Saskatchewan.

Failure to comply with the terms of this agreement (through service or repayment) 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.

12. Monitoring and Verification of Service

Once a physician has set up practice in an approved community, a semi-annual follow-up will be made by SHA 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 the Ministry of Health and SHA.

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

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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, August 2019, August 2020



SASKATCHEWAN
MEDICAL ASSOCIATION

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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 Prince Albert, Saskatoon and Regina.

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/Emerald Park
Pense	Martensville
Warman	Langham
Clavet	Dalmeny
Delisle	

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

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APPENDIX B

Rural and Regional Practice Committee

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 SHA Primary Care Contract, Northern Medical Services Contract (itinerant or traditional), SMA Locum Program or SHA Locum Program;

or

Fee for service (FFS) billing of no less than 60% of the previous year's average family physician earnings¹ with 75% of those earnings² from a single remote/rural/regional catchment area.

NOTE:

1. For this definition:

Rural and regional communities identified as Primary Health Care Clusters³/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.

¹ Calculated based on the previous year: for 2018-19, 60% of the average billings of \$242,200 equaled \$145,320

² Calculated based on required earnings of \$145,320: 75% equaled \$108,990