

Radiology Resident Transition to Practice Guide

In collaboration with the Canadian Radiology Women's Group

Introduction

A heartfelt thank you to the generous support of the Canadian Radiology Women's group, who offer their time, mentorship and guidance, to support our trainees transitioning into independent practice. This document was created to address the gap between the diagnostic competencies gained in Radiology residency, and the skills required to navigate a professional career.

Questions raised range from simple logistics regarding licensing, financial questions about billing or incorporating, and personal anecdotes on contract negotiations and challenges in an early career.

In the spirit of openness and transparency, while maintaining confidentiality, all quoted experiences are anonymous, and no specific group or region is named.

This document will help our residents make more informed decisions about their personal career goals, their families, and their finances.

Disclaimer for the reader

This document is a collection of facts and resources that are either publicly available on the internet, or are anonymized opinions from a variety of radiologists. Numbers and figures are up to date as of time of publishing, and the reader is referred to embedded links for current information. Any references to products or services are simply meant to provide examples, and there are no financial or conflict of interest disclosures to make.

How to use this guide

Hyperlinks to resources are embedded within the document. Any costs associated with a topic are outlined in bold. Information that reflects personal opinion is italicized. Additional resources included at the end.

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Fellowships (UBC only)

Are fellows still part of RDBC union contract and considered PGY6 or PGY7?

No, they are employees of the specific health authority the fellowship resides in (ex. Providence Health).

- Note you still have to pay your annual [Royal College Membership](#) dues, which come at a discount rate, **\$96** (instead of \$240 if you have an independent license)

What is the job description of each fellowship and what is the associated salary/vacation/benefits?

Most fellowships have 4 weeks of vacation per year (usually can't be taken during first 2 months of training). They often pay for your CMPA dues. There is no call stipend, and frequency of call is dependent on fellowship (linked below). Health benefits can continue through Blue Cross but the coverage is not the same as in residency.

- Detailed fellowship information is published in a document from the [CAR](#) based on responses from fellowship directors for each [UBC fellowship](#).

[VGH ABDO](#)

[VGH MSK](#)

[VGH CARDIOTHORACIC](#)

[SPH CARDIAC](#)

[VGH NEURO](#)

[SPH BODY](#)

[VGH EMERG](#)

[SPH MSK](#)

[VGH IR](#)

[BCCH PEDS](#)

- The above documents are up to date as of 2018 from the CAR, and list salary range between 77-79,000 dollars. To gauge how this compares to current resident salary, see the [2019 RDBC collective agreement](#).

	2014-2019 Collective Agreement As of April 1, 2014	As of April 1, 2019	As of April 1, 2020	As of April 1, 2021
R1	\$49,934.50	\$54,848.73	\$55,945.70	\$57,064.62
R2	\$55,705.25	\$61,187.38	\$62,411.13	\$63,659.35
R3	\$60,702.95	\$66,676.93	\$68,010.47	\$69,370.68
R4	\$65,341.31	\$71,771.76	\$73,207.20	\$74,671.34
R5	\$70,268.71	\$77,184.09	\$78,727.77	\$80,302.33
R6	\$75,022.44	\$82,405.65	\$84,053.76	\$85,734.84
R7	\$79,951.15	\$87,819.41	\$89,575.80	\$91,367.31

Licensing and Insurance

What are the costs associated with the Royal College exam?

- Credentialing fee (are you eligible to write the exam) **\$715**
- Exam fee comprehensive written and OSCE **\$4,330**
- Travel costs (exam held in Toronto or Ottawa)

I've passed my exam, what else is required for independent practice in BC?

- Licensing requirements are published by Health Match BC, with an additional informative brochure (guide from Dr. Bill as well)
 - Registration **\$640**
 - Assessment **\$600**
- Obtain insurance via the CMPA
 - CMPA has a transition to practice method of payment, in which dues can be paid in 2 installments for up to 6 months
 - The annual fee thereafter for Diagnostic Radiology is **\$5,736**
- Enrol with MSP to obtain your billing number (free application)
- Pay your annual Royal College Dues **\$960**

Is membership to the BCRS or CAR mandatory?

No, but membership benefits are found at the respective BCRS and CAR websites.

- The 2019 price guide for BCRS and CAR is below. If you are joining BCRS as regular member, you must also join the CAR. **\$2430**

Check membership type		
<input type="radio"/>	Regular Member **Must also join the CAR	\$1,550.00
<input type="radio"/>	First Year in Practice (50% discount)	\$775.00
<input type="radio"/>	Alternately Paid Member (50% discount for first year)	\$775.00
<input type="radio"/>	Retired or Professionally Inactive Members	\$100.00
<input type="radio"/>	Resident Member PGY ____	No Charge
<input type="radio"/>	Fellow - Fellowship completion date _____	No Charge
Canadian Association of Radiologists – payable via the BCRS OR directly to the CAR		
<input type="radio"/>	Regular Member	\$880.00
<input type="radio"/>	First or Second Year in Practice	\$440.00
<input type="radio"/>	Reduced Practice (less than 2.5 days per week)	\$465.00
<input type="radio"/>	Retired / Professionally Inactive Member – with CARJ/without CARJ	\$75.00 / No Charge \$50.00
<input type="radio"/>	Radiology Fellow	\$50.00
<input type="radio"/>	Radiology Resident	\$25.00

What do I need to do to practice in multiple provinces?

You will need to apply for a license to practice in that province, which means more paperwork and more fees

- Example: How to apply for independent license in Alberta

Fees You Can Expect

When applying for independent practice registration in Alberta, the following fees, with applicable taxes, may be required. These fees are accurate as of October 2018 and may change without notice.

- Establishing an account with MCC: **\$280**
- Sitting the MCCQE Part I Exam: **\$1,230**
- Sitting the IELTS exam: **\$320**
- Sitting the **TDM exam** (applies to IMGs interested in Family Medicine): **\$1445 + applicable taxes**
- Completing the **one-day PRA Orientation workshop** for IMG Candidates through UofC (applies to those requiring a PCA & SPA after July 22, 2019): **\$665**
- Submitting a Review of Qualifications: **\$195** to MCC | **\$200** to CPSA
- Verifying credentials: **\$160** per document to MCC
- Registering in Alberta upon successful application: **\$800** to CPSA
- Practice Permit fee: **\$1,960** to CPSA

- Other provinces:

Province/organization	Governing body	Process	Fee	Additional information
All	Medical Council of Canada	physiciansapply.ca account fee	\$290	This is a one-time non-refundable fee for setting up your physiciansapply.ca account to apply to our examinations and for access to many of our services. You can pay this fee when you first create your account or when you submit an application for medical registration. If you have already paid this fee through PCRC Online, you will not be charged again.
		Application for Medical Registration (AMR) fee	\$205	You will be charged \$205 per application submission. This fee covers the administration of your application, the maintenance and improvements to the AMR with the cooperation of all Canadian Medical Regulatory Authorities.
Alberta	The College of Physicians & Surgeons of Alberta (CPSA)	Review of Qualifications	\$200 + taxes	This fee is charged if you are applying for an independent practice permit. It covers the cost of reviewing your qualifications.
British Columbia	The College of Physicians and Surgeons of British Columbia (CPSBC)	Registration fee	\$640	
		Preliminary Assessment of Qualifications	\$600	
Manitoba	The College of Physicians and Surgeons of Manitoba (CPSM)	Review of Qualifications	\$210	
New Brunswick	The College of Physicians and Surgeons of New Brunswick (CPSNB)	Registration fee	\$150	
Newfoundland and Labrador	The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)	Application fee	\$450	
		Review of Qualifications	\$250	
Nova Scotia	The College of Physicians and Surgeons of Nova Scotia (CPSNS)	Documentation fee	\$450	This fee is charged for any application for a full or temporary licence.
		Review of Qualifications	\$350	This fee applies if you are a graduate of an international medical school who has no training in Canada. It is used by the CPSNS to determine your eligibility for licensure.
Nunavut	Government of Nunavut	Application fee	\$100	
Ontario	The College of Physicians and Surgeons of Ontario (CPSO)	Application fee	\$1,035	
		Expedited fee	\$517.50	
Prince Edward Island	The College of Physicians and Surgeons of Prince Edward Island (CPSPEI)		\$400	
Québec	Le Collège des médecins du Québec (CMQ)			Please visit CMQ's fee structure page for more information on the fees charged in Québec.
Saskatchewan	The College of Physicians and Surgeons of Saskatchewan (CPSs)	Review of Qualifications	\$500 + taxes	You will be asked to pay this fee when submitting your Eligibility Review to the CPSS through physiciansapply.ca.
Yukon	The Yukon Medical Council (YMC)			The Yukon Medical Council (YMC) does not charge any additional fees.

Note: A refund can only be processed with the approval of the appropriate medical regulatory authority (MRA). Candidates must therefore communicate directly with the appropriate MRA for their refund to be approved.

Accreditation, Privileging and CME

How do I track my CME?

The Royal College has a [MOC \(Maintenance of Certificate\) Program](#) that is required to log Continuing Medical Education (CME). Activities are entered into your MAINPORT account (see screenshot below), which you will have access to once you are registered with the Royal College. You can download the [phone app](#) for easier entries.

The screenshot shows the 'My MainPort' dashboard for Dr. Noob Radiologist. The user is logged in as a Resident for the current cycle of April 29, 2019, to December 31, 2026. The dashboard includes several sections: 'MOC Resources' with links to MOC Tip of the Month, FAQ, MOC Framework, MOC Guide, MAINPORT Quick Guide, Chart Audit Tool, Bulk Journal Reading Form, Annual Performance Guidelines, Multisource Feedback, Renewal/Receipt/ID Card, and Online Services; 'MOC Program News' featuring a module titled 'Little things make BIG differences'; 'My MOC' section showing 'MOC Cycle and Annual Requirements' with two gauges for the current MOC cycle and 2019, both at 0 credits, and 'MOC Section Requirements' showing three boxes for Section 1 (Group Learning, 6/25 Credits), Section 2 (Self Learning, 6/25 Credits), and Section 3 (Assessment, 6/25 Credits), with a total requirement of 25 credits per section/cycle. Other sections include 'My CPD Plan' (no goals displayed), 'My Holding Area (0)' (no activities displayed), and 'My Quick Links' (CMA link and a map to find CPD Educators).

What are common ways to obtain CME?

- [RadAcademy](#) is an online CME platform hosted by the CAR, and modules can count towards CME.
- Attending conferences can count, and a good place to find upcoming accredited conferences is the [CAR website](#).
- CPD activities and simulation workshops are searchable on MainPort

What areas of radiology require extra training to perform, and how/where can I obtain such training?

Extra training +/- accreditation is required for areas deemed as “non-core privileges”, or “restricted service under the medical service commission”, all of which are outlined in the BC Medical Quality Initiative [Privileging Dictionary](#), (currently being revised, check site for up to date information). Details of how to obtain such accreditation is described in the document. A few examples are provided below:

Bone density

- [CCD certified clinician in bone densitometry](#) \$300

Mammography accreditation

(changes to this are a work in progress)

- [Mammography accreditation resources](#)

CT colonography

- Initial Privileges: Royal College of Physicians and Surgeons of Canada approved course in CTC, interpretation, reporting and review of 50 training cases OR Completion of approved training program and have 200 supervised colonography examinations co-read by a member of staff holding this privilege

Cardiac CT Training standards CAR

- [Requires level II certification](#), 150 total CCTA cases, which can be acquired through simulation workshops, conferences and CME (30 hours of CME training in past 36 months)

Nuchal Translucency

- Must complete a [free course](#) from the Fetal Medicine Foundation, pass the exam, and submit 5 images for approval to obtain your registration number required to dictate studies.

Echocardiography

- 6 months of extra training and interpretation of 150-300 echos over a 2 year period. This is usually only obtainable via fellowship training.

Certified Imaging Informatics

Professional

- [Certification via the American Board of Imaging Informatics](#), requires studying and a written test. **\$500**
- If you don't want to become certified, but are still interested, you can attend a week long course, the NIIC ([National Imaging Informatics Course](#)) put on by the RSNA and SIIM.

Canadian Certified Physician

Executive

- If you are serious about administration or advancement in leadership positions
- Complete 5 courses in 5 years from the CMA Physician Leadership Institute (up to **\$10,000**)
- [Apply for certification](#) and pay the application fee **\$1,050**.

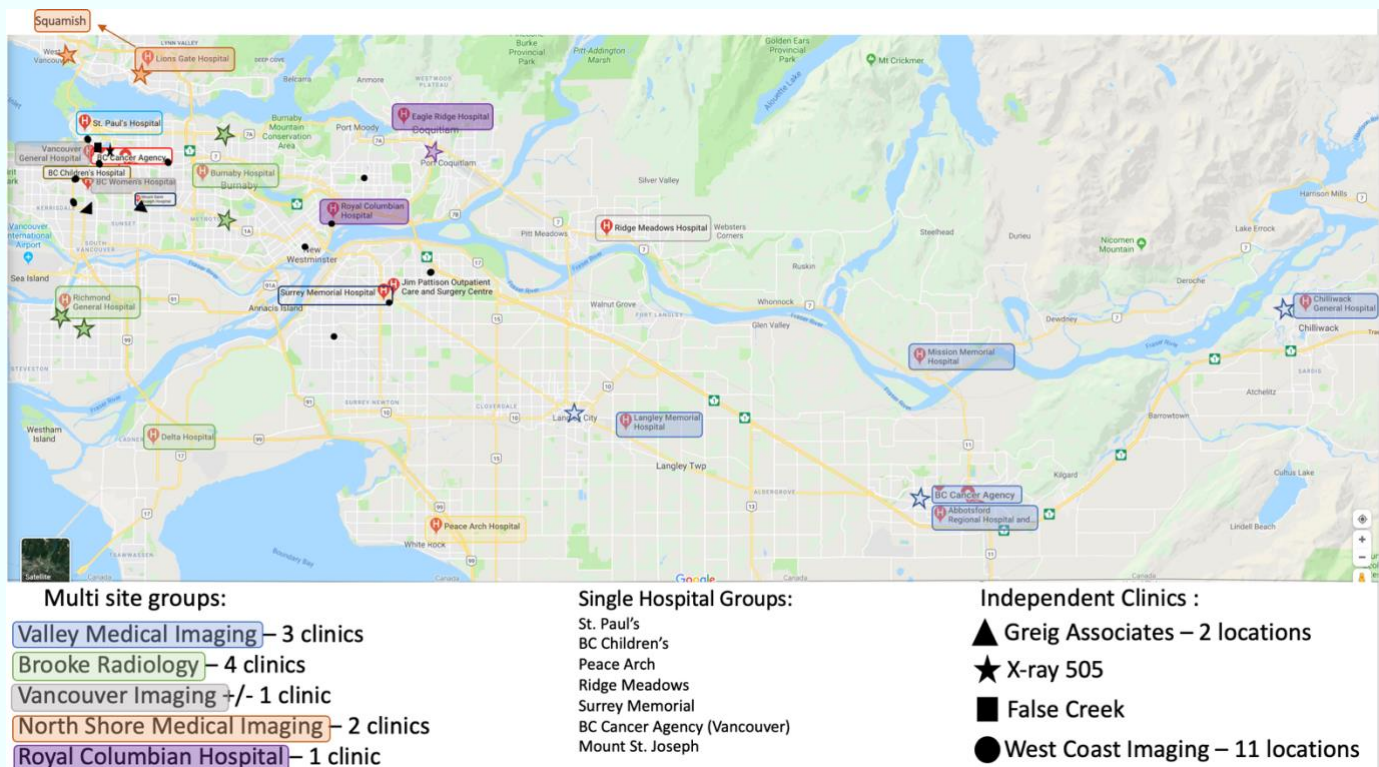
Finding a job

What resources are there to find jobs?

- [Job search sponsored by CAR](#)
- [Job postings by BCRS](#)
- [Locum listings BC](#)
- [Job search via Health Match BC](#)
- [BCMJ classifieds](#)
- [Careers via CMAJ](#)
- Health Match BC [general advice, practice interview questions and cover letter](#)

What are my options in the lower mainland?

A quick google search identifies many independent imaging sites and those affiliated with hospitals. Check out their respective websites for further details, however an overview is as follows:



Any tips in terms of job hunting?

'Never too early to simply start networking.'

'A disadvantage to starting too early (junior resident) may be that people forget you, or that you may not have much basis to "impress".'

'Doing electives can be a good way to network, or being part of working groups/committees.'

So how do I get hired?

'For our group it was more about references or word of mouth, or working with someone who came and locumed for us and seeing if they were a right fit. Having a fellowship in "x" or "y" was not an asset in those particular cases.'

'Our group was specifically seeking a skilled person with fellowship "x", preferably who demonstrated an aptitude in leadership, as we were looking for a team asset in terms of future clinic management.'

'It's very rare that we would hire someone who hasn't locumed for us.'

'I locumed for a bit at a group I was interested in joining. They told me they really needed someone with extra training in "x", so I went away to obtain my fellowship in "x". This was a bit challenging in the sense I had to go back to having my reports signed by staff after being independent for a while, but it was worth it because now I'm where I wanted to be.'

Are negotiations common, or is it generally take it or leave it?

'If a group genuinely wants to hire you, you can negotiate. If however you find yourself in a position where you feel unable to negotiate, then you may want to reconsider your compatibility with the group.'

What tips do you have on negotiating a contract? What things should we consider?

- Call/weekend/after hours work and how this compares to other group members
- Holidays/medical/sick leave. Are there any blackout dates?
- Remuneration, opportunities for income growth?
- Benefits
- Partnership options and buy in
- Expected daily case volume
- Contract and grounds for termination of contract

Should all contracts be reviewed by a contract lawyer?

If the contract is long and wordy, and or if you feel there is a chance you might not understand the whole thing, it is strongly encouraged to have it reviewed by

an expert.

— Negotiations

For inquiries regarding agreements and contracts.

Tel: 604 638 2871 or 1 800 665 2262, ext. 2871

E-mail: negotiations@doctorsofbc.ca 

Doctors of BC has a [negotiations expert](#) that can help review

contracts between physicians and government agencies, and this service is available for free.

Are there restrictions on additional work you can do?

Possibly, this would be defined in your contract. Some contracts explicitly state you cannot work elsewhere, whereas others would have no such clause and you can pick up extra shifts at various clinics for example.

Did you face any challenges taking leave?

'I didn't, my group was very supportive through multiple mat leaves.'

*'I felt informally pressured not to go on mat leave prior to full partnership,
although this was not explicitly stated.'*

*'As a junior associate you typically have less vacation days than if you are full
partner.'*

*'Vacation is scheduled far in advance, our admin allocates locums for during
those times. Typically more locums are recruited during vacation heavy months,
such as summer.'*

Locuming

Can I work locum shifts during a fellowship?

Some people do this, yes, but it would have to be during your 4 weeks of vacation.

- Your CMPA insurance license must be “independent practice” (insurance fee does not change, \$2,244 per year as a fellow or staff).

Are there government sponsored locum positions?

Rural relief program has government sponsorship, which provides reimbursement for travel, accommodation and meals for time spent providing relief to small rural specialty practice groups. The rate is 1,500/day, with up to 1000/day travel expense and meals as listed at [Locums Rural BC](#).

How much can I expect to be paid as a locum?

Some day rates are listed on [locums.ca](#), and for comparison, dermatology, psychiatry or neurology locums are listed as \$2,500 - 3,500 a day

- Informally, urban setting radiology locum rates/day in BC are around \$1,500 - 2,000/day.
- Government sponsored RSLP (rural specialty locums) are \$1,500/day.

Working

What do staff in BC get paid in their first year of practice and how does that change year after year?

'For example, a junior associate in community group practice in their first year can earn 45% of full wage, and during their second year 75% of full wage. The third year may offer partnership opportunity with full wages.'

What is the average salary of a radiologist in BC?

Overall income ranges based on types and quantity of studies read, FFS vs. salaried position, hours worked, and center at which the work takes place. There are many sources of publicly available data on this, including a provincial list of MSP billings in the [Blue Book](#), and national summaries on physician income by the [Canada Institute of Health Information](#).

- Example 1: urban center general group community practice, FFS \$500,000 – 900,000.
- Example 2: rural general community radiology, FFS \$700,000 - \$1,000,000 + (this reflects rural MSP top ups, which varies by how remote the site is).
- Example 3: salaried academic center, fellowship trained \$300,000 - 600,000.
 - One must also consider that although the “paycheque” varies, salaried positions likely come with benefits and pension, and possibly more flexibility with working days and vacation. Also there would be no overhead that you would be personally responsible for.

How much vacation can you expect?

Between 4 -15 weeks (the upper limit is more likely if you are rural, and call frequency is higher).

How do buy ins work?

Buy in's are the norm for groups that own and operate independent imaging clinics in the community (X-ray, ultrasound, MRI etc.). For groups that don't have clinics, there is no buy in. A variation is that some clinics operate by hiring independent contractor radiologists/day rate only, with no partnership options.

- Range of buy in is between 100,000 - 500,000, depending on the assets the business has and the number of partners. This can be paid through a bank business loan issued to your corporation, or can be deducted from paychecks until paid off.
- This grants you partnership and a share in the business, share percentage of which depends on how many partners it is split between and the value of the company when you buy in.
- If you leave, for whatever reason, the group/business will buy out your shares, which may be valued at the same, more or less than what you originally put in depending on how the business is going.

What are some of the toughest things to deal with in your first years of practice in the community?

'Residency in general didn't prepare me for the volume of plain films (up to 100s a day).'

'Signing out/performing studies that were not as commonly encountered during residency/fellowship ex. skull radiographs, barium enemas, chest CT biopsies.'

'Interpreting studies that I hadn't been exposed to for a while (ex. time spent during fellowship) such as pediatric plain films or obstetrical ultrasound.'

What are examples of career profiles in Radiology?

The following are experts from the [RBC Medical Residency Guide](#):

Diagnostic Radiology

About you

Occupation	Diagnostic Radiologist
Years in current practice	23
Type of practice	No research, suburban
Time in research	None
Family status	Married, children

About the job

Occupation	Diagnostic Radiologist
Average hours per week	35
Three most common symptoms reported by your patients	1) Pain NYD 2) Weight loss 3) Cough
Adequately paid?	Yes
Like the most?	Pure diagnostics
Want to improve?	Nothing

About your life

Occupation	Diagnostic Radiologist
In your spare time?	Read, ski, garden
Does family life ever suffer?	Rarely
Job satisfaction (1–10)	9
One-sentence summary	Great general multidisciplinary overview of medicine

Nuclear Medicine

About you

Occupation	Nuclear Medicine
Years in current practice	21
Type of practice	Academic, hospital-based
Division of time	—
Family status	Married, with two grown children

About the job

Occupation	Nuclear Medicine
Average hours per week	55
Three most common complaints	Cancer, heart disease, CNS disorders
Adequately paid?	Yes
Like the most?	Variety, changing technology
Want to improve?	Funding to update equipment

About your life

Occupation	Nuclear Medicine
In your spare time?	Spending time with family, walking, movies, cooking
Does family life ever suffer?	When my kids were younger I had trouble balancing career with family
Job satisfaction (1–10)	8
One-sentence summary	After 28 years in the field I am very satisfied

What are common procedures a general community rad would be expected to do?

Depending where you work, you may not have to do any procedures, if however you are a generalist in a community without an interventionalist:

- Pain related procedures/injections.
- Image guided drainage (thoracocentesis, paracentesis etc).
- Biopsies and FNA (thyroid, lymph node, breast, renal, liver).

How do radiology clinics function? Is it set up as an independent business and then billed to MSP?

Yes, most are also associated with a Health Authority. There are some exceptions that are commercially owned and run independently.

Billing

What are the different ways to get paid?

Fee for service (FFS), blended model, day rate, or salary.

- Allocation of FFS payments among group members can vary. The method chosen is based on mutual agreement on what works best at that site, and can range from "if you read it you keep it" to pooled earnings divided by time worked.

What are the billing fees associated with different types of studies and procedures?

A detailed inventory of current [MSC billable codes](#) is published online. Select examples include:

Abdominal Ultrasound	109.22
DVT Ultrasound	44.48
Core Needle Biopsy 6-10 cores	122.80
Non contrast CT Head	45.58
CT Abdo/Pelvis + IV contrast	137.44
Bilateral Mammogram	143.75
Chest X-ray	34.76
Lumbar spine X- ray	52.99
Out of office premium (Weekend or Holiday)	61.42

Why are there no MRI billing codes?

Inclusive of today (2019) MRI is not an MSP insurable service. It is paid out via block funding from the government, where X dollars is allocated per year per health authority to perform however many MRI's those funds can sustain. \$150 per MRI (any and all types) is the fee paid to the radiologist. If there will be any changes to this, it would be a result of government negotiations.

How do you bill?

[Doctor's of BC](#) has many resources to help with billing, including tutorials. If you are locuming, you might be responsible for submitting your own billings. This can be discussed right at the start of the position to ensure there is no confusion. In this case, documenting all procedures and studies is key.

- Some methods people have used are keeping a binder with patient stickers and notes, or using the App "[Dr. Bill](#)".

How does on-call pay work?

MOCAP (Medical on call availability program) is a government stipend paid to groups who provide any sort of call coverage. The details can be found in the [Physician Master Agreement](#), with an excerpt pasted below:

ARTICLE 7 - ON-CALL REQUIREMENTS

7.1 The Call Group will provide:

☐ Level 1

Availability by telephone within 10 minutes and available to be on-site urgently but no later than within 45 minutes – The annual rate for 24/7/52 Level 1 coverage is \$225,000 per call group.

☐ Continuous coverage

☐ Non-continuous coverage (Details – e.g. hours, days)

☐ Level 2

Availability by telephone within 15 minutes, and available to be on-site within 2 hours. The annual rate for 24/7/52 Level 2 coverage is \$165,000 per call group.

☐ Continuous coverage

☐ Non-continuous coverage (Details)

☐ Level 3

Availability by telephone within 15 minutes and available on-site within 16 hours of receiving the call. The annual rate for 24/7/52 Level 3 coverage is \$70,000 per call group.

☐ Continuous coverage

☐ Non-continuous coverage (Details)

☐ On site On-call

Availability on-site. The annual rate for 24/7/52 on site on-call coverage is \$325,000 per call group.

☐ Continuous coverage

☐ Non-continuous coverage (Details)

As per the following:

Nature of On-Call/Availability: _____ (e.g. general surgery, hours)

Location: _____ (e.g. St Paul's Hospital)

7.2 Notwithstanding section 7.1 herein, response times will be dictated by patient need.

Unless providing 24/7 coverage (on site, on call), most groups qualify as level 2 or 3.

Example calculation:

Level 2 coverage, \$165,000 per group. Group decides to split call as 1 in 10 amongst themselves. That means you would get 1/10th of the 165,000, and be on call 36.5 days per year, for approximately \$452/call shift.

Do you get paid more if you have to come in on call?

If you are scheduled to be “on-call” then there is no “call-back stipend”, you just received your on call rate. If however, you are not on-call, but for some reason you need to come in to provide patient care (an example I can think of is to cover someone who becomes unavailable to come in), then you can fill out a form to be reimbursed \$250 per call back. This is rare.

What things did you wish you knew or were made more clear?

‘I wish I knew to keep a more detailed record of my procedures early on. This is especially important for Rad/Path correlation, where I might have to return on a day off to complete the addendum.’

‘I didn’t realize you could bill for interdisciplinary consultations (ex. providing advice or reviewing images with a referring physician).’

Rural and Teleradiology

What is the definition of “rural radiology”? Are there incentives to work in remote areas?

Doctors of BC has a [Rural Guide](#) which specifies all the details you would need to know, contents of which include:

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- The government definition of “rural specialty practice” includes:
 - Practice more than 70 km from a major medical centre where specialists provide similar specialty services
 - Eligible communities for government sponsored locum positions include Campbell River, Comox, Courtenay, Cranbrook, Dawson Creek, Fort St. John, Kitimat, Nelson, Port Alberni, Powell River, Prince George, Prince Rupert, Quesnel, Salmon Arm, Sechelt, Smithers, Terrace, Trail, and Williams Lake.
- Rural retention incentives pay an extra percentage on top of MSP billing codes, for example an extra 14-21% per code depending on how remote the location is.

Can I service remote areas on a temporary basis?

Northern and Isolation Travel Assistance Program (NITAOP) is outlined on page 16 of the [Rural Guide](#).

- In summary, up to \$1,500 is reimbursed for travel costs if away for more than 10 hours.
- Rural specialist locum program (RSLP) is one opportunity to explore work in smaller settings. Application can be found [here](#).
- As for when and where to go/who is hiring, a good place to look would be wherever locums are advertised (see above) or in the classified ads in medical journals ([BCMJ for example](#)).

Is it possible to do teleradiology in BC?

Relief and/or after hours coverage for remote sites can be arranged, however no commercial “teleradiology company” based in BC currently exists (unlike “[Everlight Radiology](#)” for example, based in the UK and Australia).

- Currently, one cannot bill BC MSP for reading cases outside of BC.
- The situation is different in Alberta. If you have an Alberta medical license, you can read cases remotely while residing in BC. This again is not through a commercial teleradiology company, but is arranged via different out of province contracts that groups may have. There is currently no advertisement for such positions online (unlike locum positions).

What would I need to do to read from home?

Currently home reporting is only approved for use in the Fraser Health Authority. You need to purchase your own PACS workstation. Costs can range between **3,000-10,000** (more for [mammography specific](#) display monitors).

- These must be installed, tested, and calibrated to meet Diagnostic and Accreditation standards. There are independent IT consultants that you can hire to do this.
 - An example is [Max Luminance DI Service](#)
 - Initial assessment **\$500**
 - Annual reassessment **\$450**

Financial

Should I have disability or critical illness insurance?

Highly recommended. The earlier you sign up the better the discounts, if you carry on with the one you had in residency you bypass the physical exam part.

- Depending on what is important to you, make sure to research mental health exemptions and own occupation clause.
- Common places to find insurance advisors are via [Doctors of BC](#) or [Haslett Financial](#). Costs start at **\$88** per month and up.

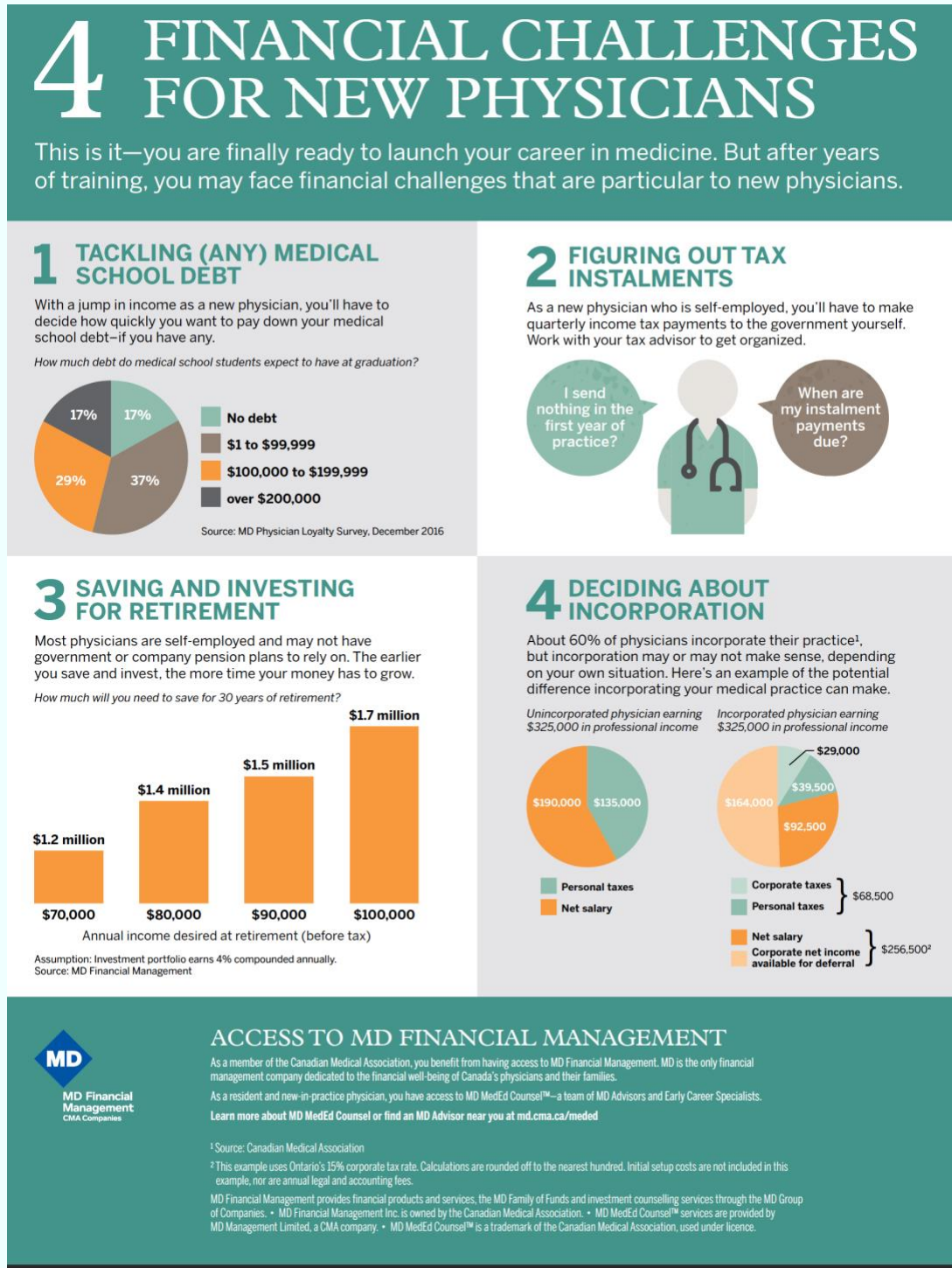
Should I have extended health insurance?

If you're not covered by a spouse, this is also recommended. If you sign up within 90 days of completing residency for the [Doctors of BC plan](#) (administered via Great West Life) they offer a 50% discount for the first year and no physical.

- Monthly rate thereafter for health and dental insurance is **\$134**

I have many questions about finances, where can I get more information?

A financial overview, among other useful things, is provided in the [CMA New in Practice Guide](#), and includes this infographic:



Overall, a chartered financial accountant is the best place to obtain accurate, personalized information regarding your finances. Generalized answers to the following questions are provided by a CPA from [Galloway Botteselle](#):

What are the pros and cons of incorporating as a Radiologist?

Radiologists have the ability to earn significant income and, in many cases, that income is beyond what they need to use for their regular living expenses. Accordingly, the ability to incorporate can allow a radiologist to leave a portion of their income inside a corporation where the initial taxes could be significantly lower than their personal tax rate. This lower tax rate allows the radiologist to invest more of their earned dollars to put towards their retirement. Incorporating is not for everyone though and it does come with additional government reporting requirements and higher professional fees, so you need to be sure that it makes sense for you.

What changes have happened in regards to incorporating/income splitting recently?

In July, 2017 some of the most sweeping tax system changes that Canadians have seen in recent years were announced. These new rule changes, amongst other things, limited the ability to split corporately earned income with adult family members. While there were no changes with respect to the ability to incorporate, for some individuals income splitting was the primary reason to incorporate and without this, the benefits of incorporation were diminished. These rules are extremely complex and I recommend that you speak to your Chartered Professional Accountant about how these may affect you.

When is the best time to do this (fellowship? junior staff? established partner?)

In order to incorporate, your income must not be from in an employer/employee relationship, which would typically eliminate your fellowship years. You usually also want to be earning more income than you need to live so that will be a different time for each physician. You want to start the discussion with your accountant early so that you know when that time is going to be and are planning accordingly. The process can take a few months, so be thinking ahead and prepared so go forward when the time is right.

What are the costs associated with setting up an incorporation, and then maintaining it thereafter?

You want to ensure that your corporation is set up properly so be sure to use a lawyer who is familiar with working with physicians and the College of Physicians and Surgeons. I usually see fees of around \$2,000-\$3,000 for the lawyer and College fees. I would not suggest attempting to navigate this on your own...the cost to fix an error will mount up quickly. You want the corporation set up correctly as this company will likely be around well beyond when you retire from practice, so it is a good investment. The ongoing legal fees are usually about \$300-500 per year to keep up your Minute Book and other regulatory filings. Accounting fees will range depending on what type of services you need but are on average between \$1,500 to \$3,500 per year.

Without pensions, how do people save for retirement? What percentage should they put away?

When there are no work pensions involved, it is extremely important to make sure you are planning for your retirement. A great tool to help you do this might be incorporation, but also taking advantage of your available Registered Retirement Savings Plan contribution room. If you want to retire at 55 years old and travel the world, that will require a very different plan than if you want to work until 65 and then enjoy gardening. A good financial planner will review what your goals are now and for retirement. There is no one-size fits all plan so be sure to see your financial planner early and regularly to make sure you are on track.

Additional Resources

- CMA/Joule [Practice Management Modules](#), and other professional development topics.
- The CMPA "[New in Practice Guide](#)". Very detailed, however mostly tailored towards family practice.
- The Doctor's of BC has a [Resident Resource](#) page which includes Transition to Practice (also generalized information).
- There is a [Transition to Practice seminar program](#) sponsored by UBC, with resources and Q&A events.
- The [CAR Resident and Fellow](#) section for fellowship and job opportunities
- Residency graduation information from the Royal College, which also has a [Transition to Practice document](#)
 - They also have [exam format and practice MCQs](#)
 - Consider becoming a free [resident affiliate member](#) with the Royal College, so you can have an ID number and access information on the site that requires a log in.