

Consensus Decision of the Allocation Committee (AC)

April 1, 2017

1.0 Purpose and Effect

- 1.1** This document records the consensus decision of the AC, to make adjustments to the Service Contract Ranges and Salary Agreement Ranges (the “Ranges”) pursuant to Article 5.1 of the 2014 Alternative Payments Subsidiary Agreement (the “APSA”).
- 1.2** This Consensus Decision is binding upon satisfaction of the requirements for a consensus decision set out in section 1.2 of the 2014 Physician Master Agreement (the “PMA”). The Government and the Doctors of BC agree to execute and deliver any and all required documents and take any and all steps that may reasonably be required to carry out the Consensus Decision.
- 1.3** This document is subject to the terms of the PMA and the APSA. If there is any conflict or inconsistency between any terms of this document and any terms of the PMA or the APSA, the terms of those Agreements will prevail.

2.0 Funding

- 2.1** Subject to 2.2, the funding available (the “Funding”) for adjustments to the Ranges is identified in Section 1.4(c) of Appendix F to the PMA as follows:

“(c) Effective April 1, 2017, \$8 million will be made available to fund adjustments to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges in response to physician recruitment and retention challenges and to address issues of equity within the Salary Agreement Ranges and the Service Contract Ranges respectively. Affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum). In no event shall the total cost to the Government under this section 1.4(c) exceed \$8 million in any one Fiscal Year.”

2.2 Residual Funding from 2016/17

- 2.2.1** The AC agrees that residual funds in the amount of \$234,649 (“the 2016/17 Residual”) remain unspent from the 2016/17 Allocation Committee funding amount set out in section 1.3(b) of Appendix F of the PMA.

2.2.2 As set out in Appendix A, the AC agrees to apply the 2016/17 Residual to adjust the Ranges of the following practice categories, effective April 1, 2016.

GP Full Scope (Rural) – Area A

GP Full Scope (Rural) – Area B

GP Full Scope (Rural) – Area C

3.0 Adjustments to the Ranges

3.1 Adjustments to the Ranges Effective April 1, 2016

3.1.1 The adjustments referred to in section 2.2.2 of this Consensus Decision will form the base rates of those listed practice categories in advance of the application of the increase of 0.5% referred to in Article 1.4(a)(iii) of Appendix F to the PMA, 0.35% referred to in Article 1.8 (b) of Appendix F to the PMA and the 2017/18 Allocation Committee adjustments set out in Appendix B and Appendix C of this Consensus Decision.

3.1.2 The Government will make the appropriate retroactive payments to physicians affected by the adjustments referred to in section 2.2.2.

3.2 Adjustments to the Ranges Effective April 1, 2017

3.2.1 Salary Agreement Ranges are adjusted effective April 1, 2017 as set out in Appendix B (the “2017/18 Adjusted Salary Agreement Ranges”).

3.2.2 Service Contract Ranges are adjusted effective April 1, 2017 as set out in Appendix C (the “2017/18 Adjusted Service Contract Ranges”).

3.2.3 The 2017/18 Adjusted Salary Agreement Ranges and the 2017/18 Adjusted Service Contract Ranges (“2017/18 Adjusted Ranges”) include the increase of 0.5% referred to in Article 1.4(a)(iii) of Appendix F to the PMA and 0.35% referred to in Article 1.8 (b) of Appendix F to the PMA.

3.3 Finalizing Range Adjustments

3.3.1 The Allocation Committee has initially allocated 90% of the funds identified at sections 1.4(c) of Appendix F to the 2014 Physician Master Agreement to adjust the Ranges.

3.3.2 If the 2017/18 Adjusted Ranges, plus the associated incremental RRP cost and the associated incremental benefit cost increases for salaried physicians, exceed the available funding for the 2017/18 Fiscal Year, the

adjustments to the Ranges will be revised downward by the AC in the manner it determines appropriate. Notwithstanding section 5.4 of the APSA, if the funding limit is not exceeded and there are excess funds available, the Allocation Committee will apply those funds to the adjusted Salary Agreement Ranges and adjusted Service Contract Ranges in the manner it deems appropriate.

- 3.3.3** Schedule A and Schedule B to the APSA will be revised to reflect the 2017/18 Adjusted Ranges when they are confirmed as final.

3.4 Assignment to Practice Categories

- 3.4.1 General Practice - Full Scope (Non-Joint Standing Committee (JSC) Community):** General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practice Service Committee) in the community are assigned to the practice category “General Practice – Full Scope (Non-JSC Community)”.

- 3.4.2 General Practice - Full Scope (Rural):** General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practice Service Committee) in a rural community, as defined in the Rural Practice Subsidiary Agreement and provide one or more of anaesthesia, obstetrics, general surgery and emergency services in a hospital or designated D & T Centre, are assigned to the practice category “General Practice - Full Scope (Rural)” which shall have three associated Ranges.

Assignment to Ranges A, B and C will be on the basis of the isolation points assigned by the JSC to a particular community from time to time and when changes to isolation points result in a change in the applicable Range, implementation of such change will be determined by JSC policy. Specifically, Range A is for practice in communities assigned 20 or greater isolation points, Range B for communities assigned 15-19.99 isolation points and range C for communities assigned 6-14.99 isolation points.

- 3.4.3 General Practice - Defined Scope A:** The “General Practice – Defined Scope A” category is applicable to General Practitioners who do not provide a Full Service Family Practice (as the term is used by the General Practice Services Committee) but are contracted or employed by an Agency to provide Physician Services in a focussed area of practice (e.g. palliative care, geriatrics, complex pain, mental health, sexual medicine). This category includes General Practitioners who provide cancer treatment services in a hospital and in the community (commonly

referred to as “GP Oncologists”) under a contract with the BC Cancer Agency.

3.4.4 General Practice - Defined Scope B: General Practitioners who do not provide Full Service Family Practice (as the term is used by the General Practice Services Committee), limited to those who (i) provide services in student health centres or (ii) provide clinical associate services, are assigned to the practice category “General Practice – Defined Scope B”.

3.4.5 General Paediatrics (Defined Scope): Paediatricians who work under the supervision of other Physicians are assigned to the practice category “General Paediatrics (Defined Scope)”. This includes General Paediatricians who provide ICU, SCN, or oncology services.

3.4.6 General Paediatrics: General Paediatricians who do not work under the supervision of other physicians are assigned to the practice category “General Paediatrics”.

3.4.7 Emergency Medicine

3.4.7.1 The Emergency Medicine (Non Hospital Based) practice category is reserved for physicians required to provide emergency medicine expertise in a non-hospital setting (e.g. physicians contracted by the BC Ambulance Service).

3.4.7.2 The Emergency Medicine Area A Range is reserved for General Practitioners (GPs) without CCFP (EM) qualifications

3.4.7.3 The Emergency Medicine Area B Range is reserved for:

3.4.7.3.1 Physicians with the following Emergency Medicine qualifications: CCFP (EM), FRCPC(EM or Paediatric EM), ABEM (SPs) or American subspecialty board certification in pediatric emergency medicine through the American Board of Pediatrics or American Board of Emergency Medicine.

3.4.7.3.2 Physicians holding certification in General Pediatrics who have been grandfathered on this range.

3.4.7.3.3 Physicians holding certification in General Pediatrics who begin working in the BCCH ED post May 22, 2014 and who have 5 years of continuous, full-time experience working in a pediatric emergency

department within two years of the commencement of work at BCCH ED.

3.4.7.3.4 Physicians holding certification in General Pediatrics post May 22, 2014 who have less than five years continuous, full-time experience in a pediatric emergency department will be placed at a maximum of 0.92 of the Area B Range maximum.

3.4.8 MHO Areas A through D

3.4.8.1 For assignment to these Ranges, see Schedule G to the Alternative Payments Subsidiary Agreement.

3.4.9 Critical Care (Pediatrics) at BCCH/BCWH

3.4.9.1 This range/practice category is not applicable to clinical associates only qualified as paediatricians or general practitioners, or to physicians receiving any other compensation for services as per the “grandfathered” arrangement, subject to their relinquishing such “grandfathered” compensation.

3.4.9.2 Application of this range to existing physicians is without prejudice to the positions that may be taken by the Government or the Doctors of BC, including with respect to the application of this range to new physicians.

4.0 Implementation

4.1.1 Subject to Article 3.2, physicians working under a Service Contract or Salary Agreement will be eligible to receive retroactive increases to April 1, 2017 consistent with the 2017/18 Adjusted Ranges.

- 4.1.2** Subject to Article 3.2, physicians working under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum).
- 4.1.3** The practice categories General Practice – Defined Scope A in 3.4.3 and General Practice – Defined Scope B in 3.4.4 are effective April 1, 2017.
- 4.1.4** Any physician who moves from General Practice – Defined Scope B to General Practice – Defined Scope A effective April 1, 2017, as a result of the changes to these practice category definitions will not be placed within the new range at the same level as their 2016/17 range placement. Affected physicians will be placed on the GP Defined Scope A range at their 2016/17 rate which will then be adjusted to include the 2017/18 general lift and range increase, unless their 2016/17 rate is below the General Practice Defined Scope A range minimum, in which case they will be placed at the range minimum.

This consensus decision made by the APC on the _____ day of April, 2017.

For the Government: _____

For the BCMA: _____

Appendix A GP Full Scope (Rural) Ranges

a) Salary Agreement Ranges Effective April 1, 2016

| PRACTICE CATEGORY | Minimum | Maximum |
|--|----------------|----------------|
| General Practice - Full Scope (Rural) – Area A | \$209,198 | \$261,497 |
| General Practice - Full Scope (Rural) – Area B | \$202,443 | \$253,054 |
| General Practice - Full Scope (Rural) – Area C | \$194,690 | \$243,362 |

b) Service Contract Ranges Effective April 1, 2016

| PRACTICE CATEGORY | Minimum | Maximum |
|--|----------------|----------------|
| General Practice - Full Scope (Rural) – Area A | \$234,302 | \$292,877 |
| General Practice - Full Scope (Rural) – Area B | \$226,737 | \$283,421 |
| General Practice - Full Scope (Rural) – Area C | \$218,052 | \$272,565 |

c) Salary Agreement Ranges Effective February 1, 2017

| PRACTICE CATEGORY | Minimum | Maximum |
|--|----------------|----------------|
| General Practice - Full Scope (Rural) – Area A | \$209,930 | \$262,413 |
| General Practice - Full Scope (Rural) – Area B | \$203,152 | \$253,940 |
| General Practice - Full Scope (Rural) – Area C | \$195,370 | \$244,213 |

d) Service Contract Ranges Effective February 1, 2017

| PRACTICE CATEGORY | Minimum | Maximum |
|--|----------------|----------------|
| General Practice - Full Scope (Rural) – Area A | \$235,122 | \$293,902 |
| General Practice - Full Scope (Rural) – Area B | \$227,530 | \$284,413 |
| General Practice - Full Scope (Rural) – Area C | \$218,815 | \$273,519 |

Appendix B Salary Agreement Ranges, Effective April 1, 2017

| PRACTICE CATEGORY | Minimum | Maximum |
|---|-----------|-----------|
| General Practice - Defined Scope B | \$155,527 | \$194,409 |
| General Practice - Defined Scope A | \$183,423 | \$229,279 |
| General Practice - Full Scope (Non-JSC Community) | \$191,477 | \$239,346 |
| General Practice - Full Scope (Rural) - Area A | \$217,510 | \$271,887 |
| General Practice - Full Scope (Rural) - Area B | \$206,542 | \$258,178 |
| General Practice - Full Scope (Rural) - Area C | \$197,403 | \$246,754 |
| Hospitalists | \$183,423 | \$229,279 |
| MHO Area A | \$158,456 | \$198,070 |
| MHO Area B | \$172,626 | \$215,783 |
| MHO Area C | \$204,168 | \$255,210 |
| MHO Area D | \$216,888 | \$271,110 |
| General Paediatrics (Defined Scope) | \$197,533 | \$246,916 |
| General Paediatrics | \$216,888 | \$271,110 |
| Psychiatry | \$216,888 | \$271,110 |
| Forensic Psychiatry | \$234,100 | \$292,625 |
| Physical Medicine | \$221,969 | \$277,461 |
| Neurology | \$232,406 | \$290,508 |
| Dermatology | \$232,406 | \$290,508 |
| Internal Medicine | \$221,969 | \$277,461 |
| Medical Genetics | \$232,406 | \$290,508 |
| Sub-specialty Paediatrics | \$232,406 | \$290,508 |
| Sub-specialty Internal Medicine | \$234,100 | \$292,625 |
| Anaesthesia | \$260,439 | \$325,549 |
| Critical Care | \$257,787 | \$322,234 |
| Critical Care (Pediatrics) at BCCH/BCWH | \$294,790 | \$368,487 |
| Haematology/Oncology | \$279,358 | \$349,198 |
| Medical Oncology | \$279,358 | \$349,198 |
| Radiation Oncology | \$279,358 | \$349,198 |
| Laboratory Medicine | \$259,307 | \$324,134 |
| Radiology | \$279,358 | \$349,198 |
| Pediatric Radiology | \$313,578 | \$391,973 |
| Nuclear Medicine | \$291,842 | \$364,803 |
| Otolaryngology | \$260,439 | \$325,549 |
| Orthopaedic Surgery | \$260,439 | \$325,549 |
| Urology | \$260,439 | \$325,549 |
| Ophthalmology | \$260,439 | \$325,549 |
| Plastic Surgery | \$260,439 | \$325,549 |
| Plastic Surgery at VGH/SPH | \$377,198 | \$471,498 |
| Obstetrics/Gynecology | \$260,439 | \$325,549 |
| General Surgery | \$260,439 | \$325,549 |
| Gynecological Oncology | \$285,730 | \$357,163 |
| Maternal Fetal Medicine | \$285,730 | \$357,163 |
| General Surgical Oncology | \$285,730 | \$357,163 |
| Sub-specialty Orthopaedics | \$344,183 | \$430,229 |
| Neurosurgery | \$344,183 | \$430,229 |

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|---|-----------|-----------|
| Vascular Surgery | \$344,183 | \$430,229 |
| Cardiac Surgery | \$344,183 | \$430,229 |
| Thoracic Surgery | \$457,595 | \$571,994 |
| Emergency Medicine (Non-Hospital Based) | \$176,660 | \$220,825 |
| Emergency Medicine Area A | \$228,202 | \$253,474 |
| Emergency Medicine Area B | \$253,474 | \$285,252 |

Appendix C Service Agreement Ranges, Effective April 1, 2017

| PRACTICE CATEGORY | Minimum | Maximum |
|---|-----------|-----------|
| General Practice - Defined Scope B | \$174,190 | \$217,738 |
| General Practice - Defined Scope A | \$205,434 | \$256,793 |
| General Practice - Full Scope (Non-JSC Community) | \$214,454 | \$268,067 |
| General Practice - Full Scope (Rural) - Area A | \$243,610 | \$304,513 |
| General Practice - Full Scope (Rural) - Area B | \$231,327 | \$289,159 |
| General Practice - Full Scope (Rural) - Area C | \$221,091 | \$276,364 |
| Hospitalists | \$205,434 | \$256,793 |
| MHO Area A | \$177,470 | \$221,838 |
| MHO Area B | \$193,342 | \$241,677 |
| MHO Area C | \$228,668 | \$285,835 |
| MHO Area D | \$242,914 | \$303,643 |
| General Paediatrics (Defined Scope) | \$221,237 | \$276,546 |
| General Paediatrics | \$242,914 | \$303,643 |
| Psychiatry | \$242,914 | \$303,643 |
| Forensic Psychiatry | \$262,192 | \$327,740 |
| Physical Medicine | \$248,605 | \$310,756 |
| Neurology | \$260,295 | \$325,369 |
| Dermatology | \$260,295 | \$325,369 |
| Internal Medicine | \$248,605 | \$310,756 |
| Medical Genetics | \$260,295 | \$325,369 |
| Sub-specialty Paediatrics | \$260,295 | \$325,369 |
| Sub-specialty Internal Medicine | \$262,192 | \$327,740 |
| Anaesthesia | \$291,692 | \$364,615 |
| Critical Care | \$288,722 | \$360,902 |
| Critical Care (Pediatrics) at BCCH/BCWH | \$330,164 | \$412,705 |
| Haematology/Oncology | \$312,882 | \$391,102 |
| Medical Oncology | \$312,882 | \$391,102 |
| Radiation Oncology | \$312,882 | \$391,102 |
| Laboratory Medicine | \$290,424 | \$363,030 |
| Radiology | \$312,882 | \$391,102 |
| Pediatric Radiology | \$351,208 | \$439,010 |
| Nuclear Medicine | \$326,863 | \$408,579 |
| Otolaryngology | \$291,692 | \$364,615 |
| Orthopaedic Surgery | \$291,692 | \$364,615 |
| Urology | \$291,692 | \$364,615 |
| Ophthalmology | \$291,692 | \$364,615 |
| Plastic Surgery | \$291,692 | \$364,615 |
| Plastic Surgery at VGH/SPH | \$422,462 | \$528,078 |
| Obstetrics/Gynecology | \$291,692 | \$364,615 |
| General Surgery | \$291,692 | \$364,615 |
| Gynecological Oncology | \$320,018 | \$400,023 |
| Maternal Fetal Medicine | \$320,018 | \$400,023 |
| General Surgical Oncology | \$320,018 | \$400,023 |
| Sub-specialty Orthopaedics | \$385,486 | \$481,857 |
| Neurosurgery | \$385,486 | \$481,857 |

| | | |
|---|-----------|-----------|
| Vascular Surgery | \$385,486 | \$481,857 |
| Cardiac Surgery | \$385,486 | \$481,857 |
| Thoracic Surgery | \$512,506 | \$640,633 |
| Emergency Medicine (Non-Hospital Based) | \$197,859 | \$247,324 |
| Emergency Medicine Area A | \$255,586 | \$283,891 |
| Emergency Medicine Area B | \$283,891 | \$319,482 |