



First Steps

A Summary Report on the First Memorandum of Agreement
on Physician Health and Safety 2019-2022

April 2023

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EXECUTIVE SUMMARY

Physical and psychological health and safety are vital in creating safe work environments that contribute to injury prevention and cultivate engaged, healthy, and effective physicians who provide safe patient care. In situations where this is lacking, physicians are less likely to speak up, raise patient safety issues, suggest new ideas, or ask for help for fear of reprisal. The unintended consequences may have negative impacts on patient care and safety, diminish enhancements to BC's health care system, and decrease cost effectiveness.

In physicians' work environments, physical and psychological safety cover a broad range of factors. Physical safety can include accidents, exposures, or violence, whereas psychological safety includes workload, bullying, harassment, and more. Workplace culture is also closely tied to physical and psychological safety, specifically when it comes to having established occupational health and safety structures and supports. These supports ensure appropriate procedures, processes, and policies both exist and are accessible. Physician input into the creation of such structures further supports workplace culture while also having a positive impact into personal health and safety.

Physician health and safety is of paramount importance in work environments; this has been recently amplified by the COVID-19 pandemic, threats of violence by patients, issues of burnout, and simply not knowing what to do when a safety event occurs. Physicians want more of a focus in this area, and value the progress to date, but a considerable amount of work remains to ensure they have the same safety processes, structures, and supports as other health care staff.

In 2019, under the Physician Master Agreement (PMA), the Memorandum of Agreement on Physician Health and Safety (the 2019 PHS Agreement) was created to address physician-specific physical and psychological health and safety issues. A first of

its kind, the 2019 PHS Agreement identified that occupational safety processes and structures for physicians either don't exist or are considerably behind those available for other health care professionals and workers. The purpose of the PHS Agreement is to address these issues and improve the overall health and safety of physicians in their workplaces, while also providing physicians with the opportunity to be included in widespread systemic change.

The 2019 PHS Agreement had tremendous success in building foundational elements such as structures and mechanisms to begin addressing health and safety challenges for BC physicians. For example, the Agreement provided an opportunity for relationship building and collaboration by establishing regional and provincial working groups, as well as setting up the foundation for SWITCH BC (Safety, Wellbeing, Innovation, Training and Collaboration in Healthcare – a new organization focused on the health, safety, and well-being of everyone working in health care in BC). Many opportunities for improvement still exist in the health and safety landscape, but it is imperative that existing issues be prioritized before expanding the scope of the work. That is the goal of the newly negotiated 2022 PHS Agreement – to focus on existing issues while also providing opportunities to build upon the framework and further improve structures and collaboration on physician health and safety.

HEALTH AND SAFETY GAPS FOR PHYSICIANS

Landscape Before the 2019 Memorandum of Agreement on Health and Safety

Prior to the 2019 PHS Agreement, most BC physicians did not have the same access to health and safety processes and supports as many other health care workers and providers in the province. As medical staff, physicians are not defined as employees and, therefore, are often not included in the same processes, procedures, and structures as health care employees. Consequently, when an occupational health and safety (OHS) incident occurs (either physical and/or psychological), physicians risk falling through the gap and not receiving the necessary supports. This gap can negatively impact their individual health and safety, as well as that of the broader health care team and patients.

For example, if a physician and nurse are providing direct patient care at the same time and in the same location when a significant exposure incident occurs, only the nurse has a clear process for reporting the incident. This includes a follow-up report that allows for the exposure to be tracked, managed, and reported to ensure supports are provided and future situations are prevented. However, the same doesn't exist for the physician who can continue to work without receiving any formal notifications and/or follow-up support. This gap highlights not only the risk to physicians' personal health and safety, but also to patients and the health care system at large.

Historically, physician incidents have not been regularly reported and there has been no systematic structure to collect data, track trends, or identify systemic issues across regions or provincially. As

a result, there is very little data around physician safety incidents. There are a few areas in the province that have programs and processes to support physicians when it comes to health and safety; however, there are also many inconsistencies and inequities across the province when it comes to managing physician OHS incidents.

Policies and Early Action

Before the creation of the 2019 PHS Agreement, Doctors of BC and the government started to set the stage for progress in the area of physician health and safety, including:

- Doctors of BC's policy statement on [Preventing Violence in Healthcare](#) (2016) in response to an increase in physicians experiencing violent incidents across the province.
- The Ministry of Health's Policy Directive (2017) instructing all health authorities to adopt the [Canadian Standards Association's National Standard of Canada for Psychological Health and Safety in the Workplace](#) (the Standard) over a five year span (2017 to 2022). It is unclear how physicians fit into this framework.
- Doctors of BC's policy statement [Promoting Psychological Safety for Physicians](#) (2017), which supports efforts to create a culture of safety with a focus on prevention rather than post-incident interventions.
- The Divisions of Family Practice and Medical Staff Associations (MSAs) undertaking efforts around wellness and resiliency training.
- Doctors of BC's annual Health Authority Engagement Survey that measures physician perspectives on their physical and psychological safety (2019) and has helped provide provincial snapshots on how physicians feel. The data can be stratified by regions, Divisions, and MSAs.

THE 2019 MEMORANDUM OF AGREEMENT ON PHYSICIAN HEALTH AND SAFETY (THE 2019 PHS AGREEMENT)

The [2019 Memorandum of Agreement \(the 2019 PHS Agreement\)](#) was created to address gaps in occupational health and safety processes and supports for physicians, as well as provide physicians with the opportunity to be included in widespread systemic change to better support physical and psychological health and safety in the workplace.

The 2019 PHS Agreement identified the need for a coordinated and integrated effort to improve overlooked and underreported health and safety issues, and was a first of its kind Agreement between the Ministry of Health, health authorities, and Doctors of BC. Some of the crucial first steps of the Agreement included establishing relationships and engagement opportunities between Doctors of BC, Health Authority Medical Affairs departments, and Health Authority Occupational Health and Safety (OHS) departments.

The Agreement also established a process for Doctors of BC, along with other health care bargaining associations and employers, to actively participate in the formation of a new provincial structure ([SWITCH BC](#)) to address Occupational Health and Safety issues in the BC health sector. The mandate of this organization is to influence, invest, and support provincial system-wide initiatives for all health care workers. This is the first time that physicians are represented provincially alongside other health care workers and providers to collectively focus on health and safety in the workplace.

Activities, meetings, and projects were initially delayed due to the onset of the COVID-19 pandemic; however, the pandemic helped shed light on the importance of physician health and safety, as well as gaps in the system.

The 2019 PHS Agreement set the stage for the creation of new regional and provincial working groups, as well as provided funding to support opportunities for physicians to be actively included in widespread systemic change to better support psychological and physical health and safety in the workplace. Funding was specific in supporting physician time and activities to help identify, review, and propose solutions for OHS supports for physicians.

Goals of the 2019 PHS Agreement

- Improve the overall safety of BC physicians regardless of where they work.
- Provide structures and mechanisms for physicians to be represented on health and safety issues, including the opportunity to influence policy and decision making at both the provincial and regional level.
- Enhance processes and communications around all aspects of safety, more specifically by ensuring transparency and feedback loops when raising issues without fear of reprisal.
- Strengthen relationships between Doctors of BC, Medical Affairs departments, and Occupational Health and Safety departments within health authorities to better support physicians in their workplaces.

PARTNERS AND GOVERNANCE

For the first time, the 2019 PHS Agreement provided an opportunity for Doctors of BC to be included in work with the Ministry of Health, the Health Employers Association of BC (HEABC), health authorities, and health care related bargaining associations on issues specific to physician health and safety.

Several organizations, working groups, and partners have been involved in and connected to this work. Some were created (and funded) through the 2019 PHS Agreement, and have been formally established through the most recent 2022 PHS Agreement. The

following table reflects language from the 2019 PHS Agreement though it is important to note that under the 2022 PHS Agreement, some groups have been updated in terms of scope, naming conventions, and membership.

| Group | Participants/Composition | Description/Purpose |
|---|--|---|
| SWITCH BC (Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare) <i>*Also known as the BC Health Care Occupational Health and Safety Society</i> | <ul style="list-style-type: none"> A 13-member Board of Directors, representing employer groups, health sector bargaining associations, and physicians (Doctors of BC) Ministry of Health and WorkSafeBC attend as observers | An organization focused on improvements to the health, safety, and well-being of all health care workers in BC |
| Physician Specific Issues Working Group (PSIWG) <i>*Re-named the Provincial Physician Health and Safety Working Group (PPHSWG) under the 2022 Agreement</i> | <ul style="list-style-type: none"> 3 Ministry of Health/Health Authority representatives and 3 Doctors of BC physician representatives | A joint provincial working group whose purpose is to: <ul style="list-style-type: none"> Identify and discuss current OHS issues (provincial and regional) Provide advice and recommendations to SWITCH BC Guide health authorities on the implementation of recommendations |
| Physician Health and Safety Advisory Group (PHSAG) | <ul style="list-style-type: none"> Doctors of BC regional physician representatives Doctors of BC staff | An internal Doctors of BC advisory group that: <ul style="list-style-type: none"> Provides updates to and helps plan/prioritize ideas for the Physician Specific Issues Working Group and the Regional Health and Safety working groups |
| Regional Physician Health and Safety Working Groups (RPHSWGs) <i>*one per health authority</i> | <ul style="list-style-type: none"> Doctors of BC regional physician representatives Doctors of BC staff Health authority Medical Affairs representative Health authority Occupational Health & Safety (OHS) representative | Established within each health region to: <ul style="list-style-type: none"> Discuss regional OHS issues Initiate related projects and activities Provide input to Physician Specific Issues Working Group to address provincial issues, where possible |

IMPACT AND OUTCOMES OF THE 2019 PHS AGREEMENT

Prior to the 2019 PHS Agreement, processes for physicians to address OHS issues were lacking. Through working groups, funding, and opportunities created in the Agreement, these issues are now being addressed collaboratively and with physician input into the decision-making process.

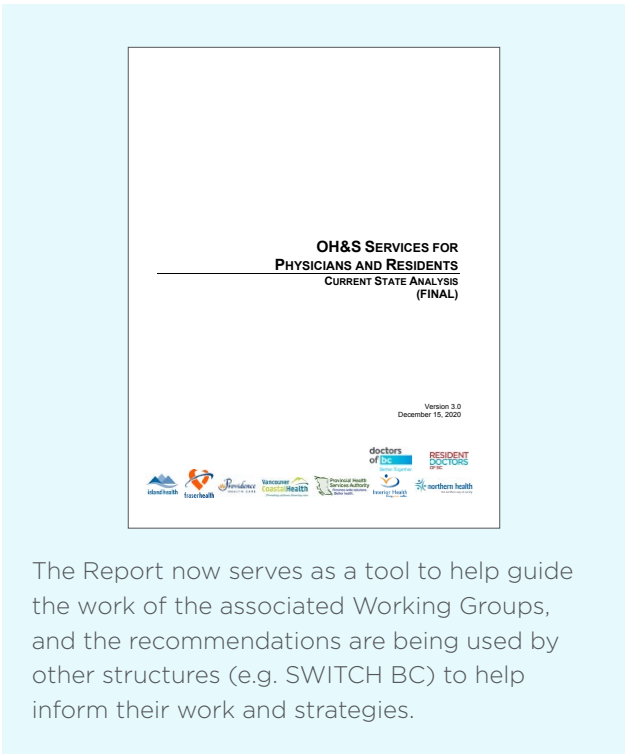
★ [Occupational Health and Safety Services for Physicians and Residents – Current State Analysis Report](#)

A better understanding about the existing landscape in relation to OHS services and pathways for physicians was needed before any occupational health and safety service recommendations could be implemented. The purpose of this Report was to highlight what types of Occupational Health and Safety (OHS) services were available to Medical Staff.

This was the first project funded by the PHS Agreement, and was led by Physician OHS Services through Provincial Workplace Health Services. It was jointly sponsored by the Physician Medical Services Executive Council (including leaders from all health authorities), Doctors of BC, and OHS Directors from each health authority.

Viewed as a first step in determining the nature of occupational health services for physicians and residents, some of the topics and gaps addressed in the report include:

- Training and education;
- Immunization reporting & vaccination;
- Incident reporting;
- Claims and investigations;
- Exposure management;
- Overall governance.



The Report now serves as a tool to help guide the work of the associated Working Groups, and the recommendations are being used by other structures (e.g. SWITCH BC) to help inform their work and strategies.

Recommendations

Summary

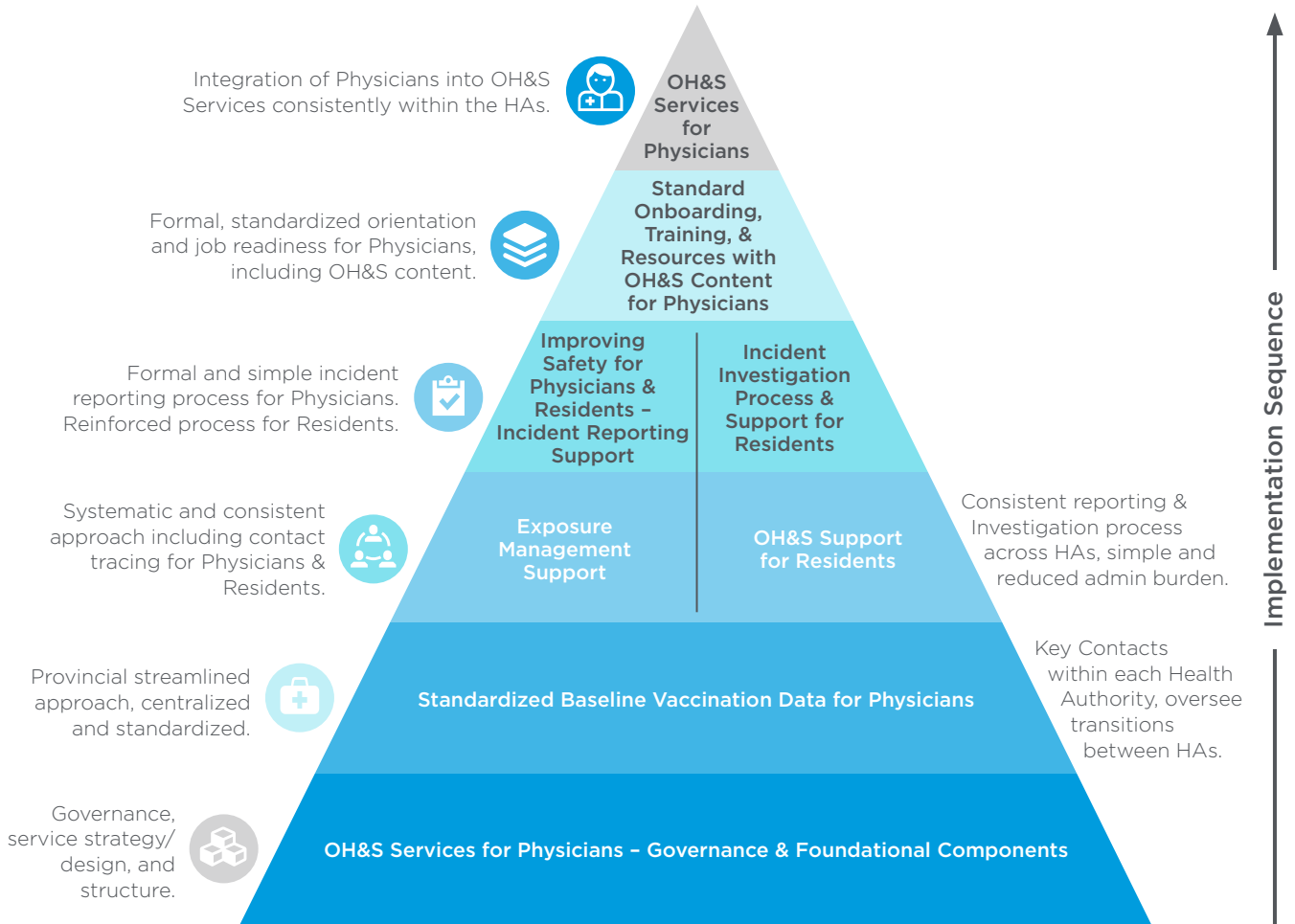


Figure 1.0 - Current State Analysis Report - Summary of Recommendations

Provincial Activities and Projects

★ The Physician Specific Issues Working Group (PSIWG – now PPHSWG) provided recommendations to the Ministry of Health, health authorities, and other partners in an effort to advance improvements in physician health and safety in the workplace. The following outlines two key recommendations made by PSIWG:

- **Recommendation #1: create a uniform provincial process for capturing physician-specific data related to occupational health and safety, including psychological safety.**

This was associated to a mandate from the Deputy Minister of Health in 2019 to determine a single data collection database for immunization tracking for doctors working in health authority settings.

- Actions: Consultation with several stakeholder groups including The Physician Medical Services Executive Council (PMSEC).
- Outcomes: The Ministry of Health directed all BC health authorities to use a single data collection system, with implementation set to begin in 2023.

- **Recommendation #2: encourage the Ministry of Health to work with health authorities, Doctors of BC, WorkSafe BC, and other relevant parties to clarify the Occupational Health and Safety obligations and rights of physicians in multi-employer work sites.**

- Actions: Consultation with several stakeholder groups.
- Outcomes: New physician-specific resources are being developed for community settings.

★ A physician specific WorkSafeBC [Registration Guide](#) was created and a joint [Doctors of BC and WorkSafeBC webinar](#) was held on optimizing safety in a physician's practice.

- It was identified in the previously mentioned Current State Analysis Report that there was an absence of reporting incidents to WorkSafeBC, and a lack of knowledge as well as misinformation around WorkSafeBC registration requirements.
- The *Optimizing your practice: WorkSafeBC and safety at your workplace* webinar was held in the summer of 2022 to address common questions and concerns about WorkSafeBC's regulatory requirements for a physician's practice. A total of 73 physicians registered, and a [recording of the webinar](#) is accessible on the Doctors of BC website. Future activities to increase awareness around WorkSafeBC's obligations for physicians are being explored.

★ Opportunities to partner with external groups on related work have also been emerging.

- a) In fall 2021, Doctors of BC, the College of Physicians and Surgeons of BC (CPSBC), and the Canadian Medical Protective Association (CMPA) hosted a Physician Safety webinar which was attended by more than 200 physicians. A FAQ document and other helpful resources from this event, along with a recording of the webinar, are available in the Resources section of the Doctors of BC [Physician Health & Safety webpage](#).
- b) The Section of Emergency Medicine (SEM), a group external to the PHS Agreement, compiled a collection of ideas and projects that address the prevalence of physical violence in their work. Discussions with the PSIWG on how best to partner and approach this work are ongoing.

Working Group members in their own words:

"Improvements around meeting logistics, document sharing etc., were identified and adjustments were made accordingly"

"Members feel open to share honestly/confidentially"

"Excellent, spirited, and effective group"







Regional Activities and Projects

★ The Regional Health and Safety working groups undertook several projects to address a variety of physician health and safety challenges. Topics included:

- Data Collection
- Education & Training
- Reporting and Investigating Incidents

- Respectful Workplace Policies
- Process mapping – incident reporting, management, and follow-up

Below are short summaries of projects that have had substantive impacts in their regions. A list of all projects can be found on our dedicated [Memorandum of Agreement webpage](#).

| Blood or Body Fluid (BBF) Exposure Follow-up and Support (Fraser) | mPOSH – Physician Occupational Safety and Health Program (Vancouver & Coast) | Physician Focus Group on Respectful Workplace and Disciplinary Processes (Island) |
|---|--|--|
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  21 BBF Exposures Reported/Supported </div> <div style="text-align: center;">  50 Medical Staff Engaged in Process </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  927 Contact Tracing </div> <div style="text-align: center;">  3,066 Exposure Risk Assessments </div> <div style="text-align: center;">  222 Questions About Vaccination </div> </div> | <div style="text-align: center;">  27 Physicians Participated in Focus Groups </div> |
| <p>This program was created to ensure that physicians have similar access and resources as Fraser Health employees in the event of a BBF exposure. Through this project, physicians now have an opportunity to consult with an Occupational Health Nursing professional for guidance, risk assessment, and recommendations after an occupational BBF exposure.</p> <p>No related supports were previously provided to physicians while occupational health follow-up and support services were available to Fraser Health employees through the Provincial Workplace Health Contact Centre (PWHCC).</p> | <p>Created by VCH in response to COVID-19 to provide occupational health services for physicians in a crisis.</p> <p>No program existed for VCH physicians before the pandemic. Since implementation, the program has conducted contact tracing for physicians exposed to COVID-19, assisted Public Health with other infectious disease issues, provided guidance on work safety best practices, acted as a consultant for physicians with confidential inquiries, and performed disease and test surveillance.</p> | <p>This project sought confidential physician feedback on the Respectful Workplace and Enhanced Medical Support Services (EMSS) policies.</p> <p>Several focus groups were initiated with the goal of working through a series of structured questions to obtain perspectives on current policies.</p> <p>Recommendations from the project report were supported by Island Health Senior leadership, including the formation of a Respectful Workplace Working Group to reform policies and procedures with physician input.</p> |

The above projects and activities outline some of the early positive impacts the PHS Agreement had across regions and the province. Success is largely due to the collaborative involvement of both physicians and health authorities in the regional working groups. The collaborative nature of this work also helps strengthen relationships with those partners required to support systemic change as intended by the PHS Agreement.

FUNDING PROJECTS AND ACTIVITIES

The 2019 PHS Agreement provided \$1.5 million over 3 years (2019-2022). In 2022, an additional \$500k in bridge funding was granted by the Joint Clinical Committees while Doctors of BC was in negotiations for the 2022 PMA.

Overarching principles to guide funding:

- Help inspire a cultural shift by enhancing the health and safety for physician work environments, and meet obligations set out in the 2019 PHS Agreement to identify existing gaps in processes and structures.
 - Support provincial and regional engagement initiatives and activities related to PHS Agreement obligations (i.e. communications/promotional materials)
 - Support systemic change (i.e. data collection, incident reporting, short-term contract staff working on a specific project)
- Encourage physician participation at regional levels to inform new processes and structures; facilitate dedicated time and space to clarify and raise physician concerns with appropriate health authority staff regarding physical and psychological health and safety.
 - Includes compensation for physician time (i.e. meeting attendance, specific events)
- Create and maintain collaborative relationships between health authority staff from both medical affairs and occupational health and safety, Doctors of BC, and physicians (MSAs).
 - Provide space for open communication, with the potential to have health and safety experts present at meetings and events.
 - Facilitate connections with existing services, as well as expand upon them.

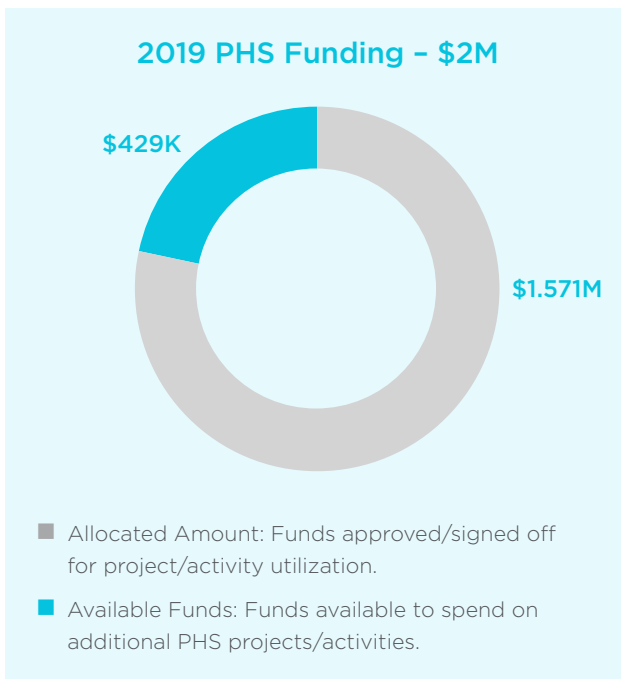


Figure 2.0 – 2019 PHS Agreement Funding

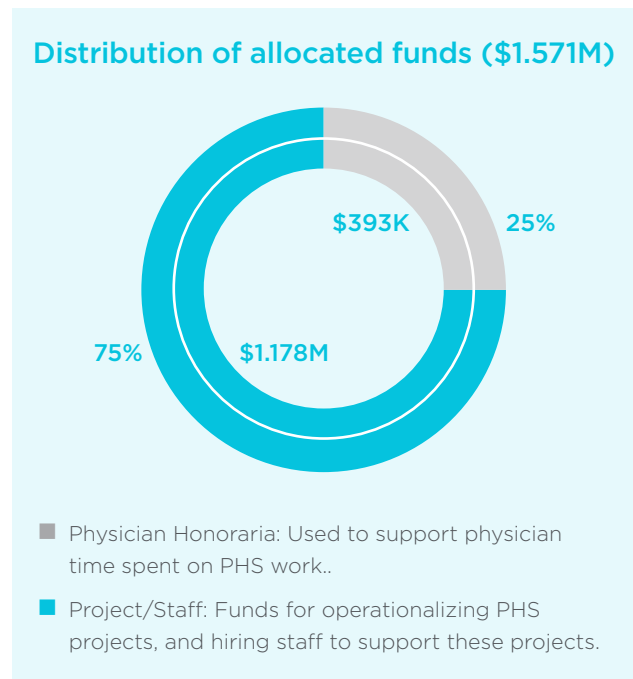


Figure 3.0 – Distribution of Allocated Funds

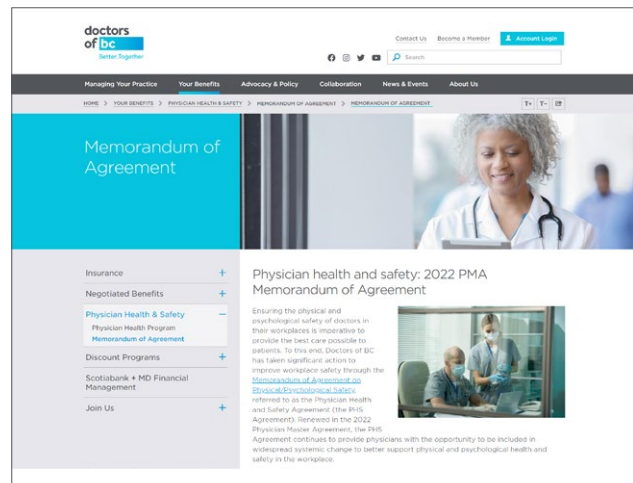
PROMOTING THE WORK

Doctors of BC created a [webpage dedicated to the PHS Agreement](#) which provides an overview of the Agreement, as well as outlines the structures established, lists major projects undertaken in each region, and houses other important related resources.

Doctors of BC has also been promoting this work through member newsletters and presentations to various stakeholders (SWITCH BC, Ministry of Health, Doctors of BC Representative Assembly, JCC working groups, etc.).

Other groups also supporting awareness of the PHS Agreement:

- SWITCH BC, that will promote new collaborative work on its [website](#).
- Health authorities, that often include information on upcoming training and/or calls for participation on work with the regional working groups in their newsletters for medical staff.



THE 2022 MEMORANDUM OF AGREEMENT ON PHYSICIAN HEALTH AND SAFETY (THE 2022 PHS AGREEMENT)

The New 2022 PHS Agreement

The [2022 PHS Agreement](#) builds upon the work established by the 2019 Agreement with expanded supports, formalized structures, and a broader scope.



FUNDING

\$2M per year over the three-year Agreement (2022-2025)



SCOPE

In addition to existing working groups, the 2022 PHS Agreement introduced a new Community Oversight Working Group, which will provide oversight to SWITCH BC on providing health and safety support to community-based physicians.



FORMALIZED WORKING GROUPS AND NEW AUTHORITY

Formalized and with new authority for working groups – the PSIWG has evolved into the PPHSWG and will now have oversight on allocating funding to all associated working groups. The PPHSWG and RPHSWGs are also included in a new OHS Physician Governance model, which includes health authorities (both Medical Affairs and Human Resources/OHS departments) and the Ministry of Health, developed in collaboration with SWITCH BC.

LOOKING TO THE FUTURE

As provincial and regional working groups continue their work under the 2022 PHS Agreement, it is helpful to reflect on lessons learned from the 2019 PHS Agreement and to identify opportunities that exist within the renewed agreement.

These may include and are not limited to:

- Creating opportunities for better connections among working groups and their members.
- Sharing and spreading successes and resources across regions as they are developed.
- Supporting consistent approaches and methodologies that, where appropriate, respect regional and local needs.
- Prioritizing areas of need or topics of opportunity.
- Improving information and data gathering and sharing.

Ensuring the physical and psychological safety of doctors in their workplaces is imperative to providing the best care possible to patients. The 2019 PHS Agreement set the stage for groundwork on improvements to physician health and safety, and its importance was validated with the renewed 2022 PHS Agreement.

Through the PHS Agreement, work is underway to seek solutions that create systemic change and deliver opportunities for physicians to continually raise and provide input into health and safety issues and processes.

Reflective of the work completed thus far, there is no doubt that the importance of health and safety for our physician members remains an active priority to all partners involved in this work.

APPENDICES

- a) [2019 PHS Agreement](#)
- b) [2019 PHS Agreement \(DoBC\) Structures](#)
- c) [Current State Analysis](#)
- d) [2022 PHS Agreement](#)

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Better. Together.