

2019 Physician Master Agreement (PMA) Negotiations Primer

In June of next year, Doctors of BC begins negotiations with government on a new Physician Master Agreement (PMA). This agreement affects every physician in the Province. It impacts your compensation and benefits and provides physicians with important protections.

This primer provides information on three key elements:

- 1) The 4 possible phases in negotiations
- 2) The scope of discussions at the table
- 3) The process for physician input.

1) Four Phases of Negotiations

The PMA negotiations process follows up to four phases. Each phase is designed to increase involvement of outside assistance as well as pressure on the parties to settle if they are unable to reach a negotiated agreement. The process is set in motion when Doctors of BC provides the government with notice to bargain in April 2018.

Phase 1

Beginning June 2018, Doctors of BC and government will meet to exchange proposals and attempt to reach an agreement.

Phase 2

If a deal has not been reached by the end of September 2018, either side can enlist the help of a mediator to assist in the discussions.

Phase 3

If by the end of December 2018 a deal has still not been reached, either party may call for a conciliation panel chaired by a neutral party to convene and hear submissions from each party on their issues.

In considering the submissions of the parties, the panel is required to balance the need to provide reasonable compensation to physicians while considering government's fiscal situation, and the operational and medical resource needs of the Health Authorities. The panel must provide its recommendations on all outstanding issues. The recommendations of the panel on the core issues of PMA negotiations are final and binding if government accepts them.

Because the panel's recommendations are binding on Doctors of BC, we must make the most effective argument we can to secure the support of the conciliation panel.

Phase 4

If, however, government disagrees with the panel's recommendations, it has the right to reject them. Government can then continue negotiations with the Doctors of BC. If this occurs, physicians then have the right to withdraw services, subject to the guidelines of the College of Physicians and Surgeons. In theory, such a service withdrawal should put maximum pressure on both sides to reach an agreement.

2) Scope of Discussions

In the upcoming negotiations, all matters are negotiable – including both monetary and non-monetary issues. The language in the PMA reflects the priorities that members raised in previous rounds of negotiations. The current PMA can be grouped into the following main categories:

i) Protective Provisions

These provisions protect physicians from potential unilateral government actions, and include:

- the right for physicians to be represented by Doctors of BC
- the requirement that the government must consult with the Tariff Committee if it wants to make changes to individual fees
- protection against government action to reduce physician fees (i.e. proration) if its physician compensation budget is set too low
- the requirement for government to participate in a third party review process if it cannot reach a negotiated agreement with Doctors of BC on a new PMA

ii) Compensation Provisions

These provisions address how funds negotiated under the PMA are distributed among physician priorities. This includes funding for:

- compensation increases
- physician benefits such as the CMPA rebate program, the CPRSP program, and the Continuing Medical Education fund
- Collaborative Committee programs
- the Specialist Disparity Fund

iii) Relationship Provisions

These provisions outline how Doctors of BC and government representatives work together to achieve objectives of mutual interest. These include:

- the organization of the Joint Collaborative Committees: General Practice Service Committee, Specialist Services Committee, Shared Care Committee, and Joint Standing Committee on Rural Issues
- the memorandum which outlines how Medical Staff Associations need to organize in order to be entitled to funding that support physician participation in facility engagement
- Divisions of Family Practice

iv) Administrative Provisions

These provisions address how the agreement is to be interpreted and enforced, and includes:

- provisions that allow parties to enforce the agreement through third party arbitration
- provisions that enable issues of significance to physicians to be reviewed by senior ministry officials

3) Process for Input

The Doctors of BC negotiating team wants to know what you would like to see included in the upcoming negotiations. This can take the form of ideas, actual proposals, or articulating the issues and challenges you are facing in your practice. The important point is that we need to hear from members what your priorities are.

When considering the issues you would like us to pursue, it would be to physicians' benefit to be mindful of the same factors that a conciliation panel must consider when making its recommendations – namely:

- the need to provide reasonable compensation to physicians in light of government's fiscal situation, and
- the operational and medical resource needs of the Health Authorities.

Once we have your input, high level objectives will be developed for approval by the Doctors of BC board which will drive our negotiations strategy.

We will also be arranging meetings with the two Societies and each Section, as well as key committees and your representatives on the Representative Assembly, to obtain the feedback that will inform our negotiations mandate.

This year you can also reach out to your local Doctors of BC Regional Advisor and Advocate (RAA) to discuss your views on negotiations issues – they can help ensure your voice is heard. You can find your local RAA by clicking [here](#).

Please feel free to send us your ideas, requests, and any other input directly to: negotiations@doctorsofbc.ca by January 2018 to allow us the time to consider them for our bargaining strategy and mandate.