

2025 FAMILY PRACTICE SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

**HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE
OF BRITISH COLUMBIA**, as represented by the Minister of
Health

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

- A. The Doctors of BC, the MSC, and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;
- B. The parties have agreed that this Agreement will constitute the new Family Practice Subsidiary Agreement, to take effect as of April 1, 2025; and
- C. The parties intend this Agreement to address those matters of unique interest and applicability to Family Physicians.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

- 1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 – DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**this Agreement**” means this document, as amended from time to time as provided herein.

2.3 “**Divisions of Family Practice**” means the initiative created and supported by the Family Practice Services Committee to organize physicians at the local or regional level in order to address common health care goals in their communities.

2.4 “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” among the Government, the Doctors of BC and the MSC, dated April 1, 2025.

2.5 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 – FAMILY PRACTICE SERVICES COMMITTEE

4.1 The parties agree that full service family practice must be encouraged and supported.

4.2 The **Family Practice Services Committee** shall continue under this Agreement as a vehicle for representatives of the Government, the Doctors of BC and BC Family Doctors to work together on matters affecting the provision of services by Family Physicians in British Columbia, including ways of providing incentives for Family Physicians to provide full service family practice and benefit patients. In addition to the core mandate outlined in section 8.2 of the 2025 Physician Main Agreement, the Family Practice Services Committee will fulfill the specific mandate set out in this Agreement.

4.3 The Family Practice Services Committee shall be composed of six members appointed by the Government and six members appointed by the Doctors of BC.

4.4 The Family Practice Services Committee shall be co-chaired by a member chosen by the Government and a member chosen by the Doctors of BC Board of Directors and shall appoint two of its members as vice chairs, one who shall be chosen by the Government from among the

Government members and one who shall be chosen by the Doctors of BC from among the Doctors of BC members.

4.5 Decisions of the Family Practice Services Committee shall be by consensus decision.

4.6 If the Family Practice Services Committee cannot reach a consensus decision on any matter it is required to determine, the Government and/or the Doctors of BC may make recommendations to the MSC and the MSC, or its successor, will determine the matter.

4.7 On an annual basis, the Family Practice Services Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.8 The Family Practice Services Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Family Practice Services Committee pre-approve any communication about the business and/or decisions of the Family Practice Services Committee.

4.9 The costs of administrative and clerical support required for the work of the Family Practice Services Committee will be paid from the funds to be allocated by the Family Practice Services Committee pursuant to this Agreement, including the cost of physician participation other than physicians who are employees of the Government, Doctors of BC, and Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC.

ARTICLE 5 - FULL SERVICE FAMILY PRACTICE FUNDING

5.1 The Family Practice Services Committee will be used to further collaborate with Family Physicians to encourage and enhance full service family practice and benefit patients through the existing \$170.487 million annual funding level for full service Family Physicians. The funds identified in this section 5.1 are to be allocated by the Family Practice Services Committee to support its work in maintaining, enhancing and expanding the programs that support the delivery of primary care services to British Columbians by, among other things, offsetting utilization pressures on its programs, supporting integrated and collaborative initiatives including change management, identifying and treating patients and communities with unmet needs, providing incentives for Family Physicians to provide full service family practice, enhancing risk assessment and reduction, improving capacity in primary care, enhancing comprehensive and continuous care, and improving coordination and quality of care to family practice patients in British Columbia, with allocations to include, but not be limited to, the areas identified in section 5.2.

5.2 The Family Practice Services Committee will use the funds available to it pursuant to section 5.1 for the following purposes, among others:

- (a) to fund financial incentive programs for the support of full service family practice, including:

- (i) improved identification and management of:
 - (A) mental health conditions;
 - (B) chronic disease;
 - (C) complex co-morbidities;
 - (D) maternity care;
 - (E) the frail elderly;
 - (F) the co-ordination of care of patients in hospital or long-term care; and
 - (G) patients requiring end of life care; and
- (ii) increased multi-disciplinary care between Family Physicians and other healthcare providers;
- (b) to fund, in whole or in part, full service family practice support programs such as Divisions of Family Practice, the Practice Support Program, and the Long-Term Care Initiative; and
- (c) to improve disease prevention.

5.3 In addition to the funds identified in section 5.1, the Government will provide the following funding to be allocated by the Family Practice Services Committee to fund increased utilization of existing Family Practice Services Committee payments, new or increased payments, and/or other compensation for physicians to support full-service family practice:

- (a) \$3.0 million per year in ongoing annual funding, effective April 1, 2026;
- (b) a further \$4.5 million per year in ongoing annual funding, effective April 1, 2027; and
- (c) a further \$4.5 million per year in ongoing annual funding, effective April 1, 2028.

In allocating this funding, the Family Practice Services Committee is to consider equitable access to the new funding for physicians paid on both Fee for Service Accounts and those on Alternative Payment Arrangements, including Sessional Contracts.

5.4 A priority for the funding in section 5.3 is to support in-patient services to medium-sized communities under the In-Patient Initiative for the term of the 2025 Physician Main Agreement.

5.5 The Family Practice Services Committee will continue to provide oversight of the Pathways Initiative, or any successor initiative, as agreed by the Family Practice Service Committee, with base funding of \$1.83 million per year. In addition to the funds identified in sections 5.1 and 5.3, the Government will provide the following funding to increase the

designated ongoing annual funding available to the Family Practice Services Committee for the operation of the Pathways Initiative or any successor initiative (or other programs if not required for the Pathways Initiative or any successor initiative):

- (a) \$0.275 million per year in ongoing annual funding, effective April 1, 2026;
- (b) a further \$0.150 million per year in ongoing annual funding, effective April 1, 2027; and
- (c) a further \$0.150 million in ongoing annual funding, effective April 1, 2028.

5.6 Any funds described in sections 5.1, 5.3 and 5.5 that remain unexpended at the end of any Fiscal Year will be available to the Family Practice Services Committee for use as one-time allocations to improve the quality of care.

5.7 The Government and the Doctors of BC agree that the total annual amount of new and existing designated funding provided to the Family Practice Services Committee for compensation programs or fees, less the amount of such funding for compensation that will continue to be available to physicians who move to the New Longitudinal Family Physician Payment Model, will be reduced to account for the expected payments to those physicians who have claimed a Community Longitudinal Family Physician (CLFP) Payment amount, and who move to the New Longitudinal Family Physician Payment Model.

5.8 The Government and Doctors of BC have developed a mechanism to address the details of the revisions to the funding provided to the Family Practice Services Committee in accordance with 5.7 above.

5.9 If the Family Practice Services Committee needs to reduce expenditures in order to meet its budget targets, the Family Practice Service Committee will first address such budget pressures through a reduction of expenditures on its programs that do not have accompanying fees before considering adjustments to any of its established fees. Any such fee adjustments will be by mutual agreement. For clarity, this section 5.9 does not restrict the Family Practice Service Committee from adjusting its fees in order to meet its mandate.

5.10 The Family Practice Services Committee will continue to review and recommend approaches that support Family Practitioners' continued role in providing hospital care, including the relationship between that role and the role of hospitalists. The Family Practice Services Committee will determine the key elements or models of care with indicators that demonstrate and support optimum patient outcomes. The recommendations will propose how best to utilize existing allocations for primary care support of hospitalized patients.

ARTICLE 6 – PRIMARY CARE NETWORK/PATIENT MEDICAL HOME

6.1 If the Family Practice Services Committee agrees, the Government may, at its discretion, make funds available to the Family Practice Services Committee to be used to support non-physician costs related to the design and implementation of the Primary Care Network and Patient Medical Home programs. Any such additional funds will be identified specifically for

this purpose and any such funds not so expended by the Family Practice Services Committee will be returned to the Government.

ARTICLE 7 - DOCTOR OF THE DAY

7.1 The need for a Doctor of the Day will be determined by the Health Authorities.

7.2 Effective April 1, 2026, compensation for a Doctor of the Day will be increased from a rate of \$400 per twenty-four hours of coverage to a rate of \$600 per twenty-four hours of coverage.

7.3 Where there is a requirement for less than twenty-four hours of coverage, an appropriate rate based upon the twenty-four hour rate shall be determined at the local level.

7.4 Funding for Doctor of the Day will be allocated from the annual MOCAP budget.

ARTICLE 8 - DISPUTE RESOLUTION

8.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on
behalf of HIS MAJESTY THE KING IN
RIGHT OF THE PROVINCE OF
BRITISH COLUMBIA, by the Minister
of Health or their duly authorized
representative:



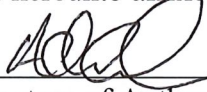
Signature of Authorized Signatory

ROB BYERS

Name
Assoc MIN OF HEALTH

Position

THE CORPORATE SEAL of the
ASSOCIATION OF DOCTORS OF BC
was hereunto affixed in the presence of:



Signature of Authorized Signatory

C/S

DR. ADAM THOMPSON

Name
PRESIDENT

Position

MEDICAL SERVICES COMMISSION

Per: Dr. Robert MacPenny

Authorized Signatory

DR. ROBERT MACPENNY

Name
Chair - MSC

Position

