

Government and Doctors of BC

After Hours Adjudication Panel Report

August 31, 2020

BACKGROUND

On June 1, 2019 the Government and the Doctors of BC appointed a temporary After Hours Adjudication Panel (the Panel) in order to determine the allocation of extra funding to physicians who conduct on-site after-hours work. The Panel is comprised of three members: independent Chair Judi Korbin, Government nominee Chris Kinkaid and Doctors of BC nominee Dr. Lyne Filiatrault. The Panel was ably assisted by Paul Straszak, Tod MacPherson and Victoria Watson from the Doctors of BC, and Justin Basra from the Health Employers Association of BC.

The Panel was responsible for requesting and reviewing submissions and reply submissions from Physicians, Sections, the Government and the Doctors of BC in aid of allocating \$9.5 million of new funding over the fiscal years 2019/20 (\$3.25 million), 2020/21 (\$3.25 million) and 2021/22 (\$3 million) for on-site after-hours work to physicians who are paid under Service Contracts or Salary Agreements. The purpose of the allocation is to recognize the burden of on-site clinical services provided by physicians after regular office hours – on evenings, nights, weekends and holidays.

Approximately 2,000 Full Time Equivalent (FTE) physicians in BC are paid under Practice Category Salary Agreement ranges and Service Contract ranges under the Physician Master Agreement (PMA) (see Appendix 1 of Appendix A attached). This decision makes a determination on what, if any, increases will be made to those ranges in recognition of on-site after-hours work performed.

The full responsibilities of the Panel are detailed in Appendix D, Article 4, of the 2019 PMA between the Government of British Columbia, the Doctors of BC and the Medical Services Commission.

The relevant sections of Appendix D, Article 4 are as follows:

**ARTICLE 4 – ALLOCATION COMMITTEE AND AFTER HOURS
ADJUDICATION PANEL**

4.1 By June 1, 2019 the Government and the Doctors of BC shall appoint a temporary committee (“**Allocation Committee**”) and a temporary adjudication panel (“**After Hours Adjudication Panel**”) in accordance with the provisions of this Article 4, whose roles it will be to increase the Salary Agreement Ranges and the Service Contract Ranges by allocating the funding identified in sections 1.2(e), 1.3(b) and 1.4(b) of Appendix F to the 2019 Physician Master Agreement effective April 1, 2019, April 1, 2020 and April 1, 2021, respectively.

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4.3 The After Hours Adjudication Panel will be composed of a third party Chair jointly selected by the Government and the Doctors of BC, a nominee appointed by the Doctors of BC, and a nominee appointed by the Government. The role of the nominees will be limited to providing support and advice to the Chair. A binding decision of the After Hours Adjudication Panel will be made by the Chair after considering the perspectives of the nominees. Such decision will be independent of any allocation decision made by the Allocation Committee in accordance with section 4.2 and must be consistent with the provisions of this Agreement and the 2019 Physician Master Agreement.

4.4 Should the Government and the Doctors of BC be unable to agree on the selection of the Chair of the Allocation Committee or the Chair of the After Hours Adjudication Panel, either of them may make a request to the Chief Justice of the Supreme Court of British Columbia to make the appointment and the individual so appointed will be the Chair.

4.5 The Government and the Doctors of BC will each bear the costs of their own respective participation on the Allocation Committee and the After Hours Adjudication Panel and will share the costs of the Chairs.

4.6 The Allocation Committee and the After Hours Adjudication Panel will each make a single decision that will apply to the 2019/20, 2020/21, and 2021/22 Fiscal Years.

4.7 The cost of the increases to the Salary Agreement Ranges and Rates and Service Contract Ranges and Rates for each of the 2019/20, 2020/21, and 2021/22 Fiscal Years will be based on the FTE distribution of Physicians on

Service Contracts and Salary Agreements in Fiscal Year 2018/19 and will include the associated incremental RRP (Rural Retention Program) cost increases and the associated incremental benefit cost increases for salaried Physicians in Fiscal Year 2018/19.

4.8 The Government will provide the Allocation Committee and the After Hours Adjudication Panel with the 2018/19 FTE distribution information by October 31, 2019.

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4.10 The After Hours Adjudication Panel will determine its own procedures, with those procedures to include:

- a) an opportunity for Physicians, Sections, the Government, and the Doctors of BC to make submissions to the After Hours Adjudication Panel on the allocation of funding for all three Fiscal Years; and
- b) an opportunity for Physicians, Sections, the Government, and the Doctors of BC to review all submissions made to the After Hours Adjudication Panel and provide a response to the After Hours Adjudication Panel.

4.11 When allocating the funding in sections 1.2(e)(ii), 1.3(b)(ii) and 1.4(b)(ii) of Appendix F to the 2019 Physician Master Agreement among the Service Contract Ranges and among the Salary Agreement Ranges, the After Hours Adjudication Panel will consider the extent of services provided by Physicians on evenings, nights, weekends, and holidays as defined below:

- a) Evenings: 1800 to 2300 hours;
- b) Nights: 2300 to 0800 hours; and
- c) Weekends/Holidays: 0800 to 2300 hours.

4.12 Schedule A and Schedule B of this Agreement will be revised to reflect the increased Salary Agreement Ranges and the increased Service Contract Ranges for the applicable Fiscal Years upon being confirmed as final by the Allocation Committee and then again upon being confirmed as final by the After Hours Adjudication Panel. In each case, 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).

The details of the funding available for allocation by the Panel is outlined in Appendix F of the 2019 PMA as follows:

APPENDIX F

ADJUSTMENTS TO FEES, SERVICE CONTRACT RANGES AND SERVICE CONTRACT RATES, SALARY AGREEMENT RANGES AND SALARY AGREEMENT RATES, AND SESSIONAL CONTRACT RATES

...

1.2 Compensation Changes in 2019/20

...

(e) Effective April 1, 2019,

...

- (ii) \$3.25 million will be made available to fund increases to be made by the After Hours Adjudication Panel to the Salary Agreement Ranges and the Service Contract Ranges to compensate physicians who provide on-site clinical services after regular office hours.

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).

...

1.3 Compensation Changes in 2020/21

...

(b) Effective April 1, 2020,

...

- (ii) \$3.25 million will be made available to fund increases to be made by the After Hours Adjudication Panel to the Salary Agreement Ranges and the Service Contract Ranges to compensate physicians who provide on-site clinical services after regular office hours.

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).

1.4 Compensation Changes in 2021/22

...

(b) Effective April 1, 2021,

...

- (ii) \$3 million will be made available to fund increases to be made by the After Hours Adjudication Panel to the Salary Agreement Ranges and the Service Contract Ranges to compensate physicians who provide on-site clinical services after regular office hours.

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).

PROCESS

At its first meeting on October 11, 2019, in order to determine how it would allocate the available \$9.5 million of extra funding, the Panel agreed to a process whereby it would: invite initial submissions from relevant parties (Physicians, Sections, the Government and the Doctors of BC); provide an opportunity for all submitting parties to comment on those initial submissions; and, undertake our evaluation and assessment of all submissions based on a thorough analysis.

The Panel sent, by email, an initial request for submissions on October 18, 2019. It advised affected physicians, groups and sections paid under Service Contracts or Salary Agreements to complete a standardized After Hours Adjudication Panel Submission template (Appendix A) and remit the completed form to the Panel by November 30, 2019.

The template requested the following information from each submitter:

- i. Specific data on the distribution of the total and after-hours service provided under the existing Service Contract or Salary Agreement
- ii. A recommendation for an increase to the payment range to recognize the burden of after-hours work
- iii. An explanation of the recommended payment range increase
- iv. An outline of the on-site after-hours service provided

The Panel also invited the Doctors of BC and the Government to make submissions if they so wished.

The Panel received 37 submissions from physician groups representing 24 Practice Categories, including two groups of physicians not on Service Contracts or Salary Arrangements (Appendix B). It then met twice – on November 26, 2019 and December 4, 2019 – to review all primary submissions and determine what criteria it considered relevant to its evaluation process.

On December 12, 2019, the Panel responded to all submitters in an email that thanked them for their submissions and shared the Panel's initial assessment of what considerations were germane to its decision-making process. Submitters were also directed to the online posting of the received submissions, and invited to make further comments to their original submissions by January 31, 2020.

Eleven physician groups as well as the Government responded to this call for additional comments.

The Doctors of BC also reached out to specific groups for clarification of their submissions and/or additional information that the Panel required in its review.

The Panel met on February 12 and 25, 2020 to consider all additional comments. Its determinations upon review of the original submissions and the additional comments follow.

ALLOCATION PRINCIPLES

After reviewing the totality of submissions, the Panel established some principles in order to create a fair and effective process for evaluating how to allocate the extra funding for on-site after-hours work. These are outlined below.

1. Criteria

The Panel determined the following criteria to be relevant to its decision-making process:

Relevant Criteria

- i. The proportion of all on-site after hours worked vs. total contract hours worked per FTE
- ii. The average number of on-site after hours worked per FTE
- iii. The proportion of on-site night hours worked vs. total contract hours worked per FTE
- iv. The proportion of scheduled vs. unscheduled on-site, after hours worked per FTE
- v. Other factors identified by physician groups that contribute to increased burden of work performed on-site after hours as compared to work performed by those physicians during regular hours
- vi. The extent to which a submitters' on-site after hours work experience was reflective of other physician FTE's in the same Practice Category

The panel determined that the following criteria, which were advanced by some physician groups, were not relevant to its decision-making process:

Criteria Deemed Irrelevant (based on the Panel's Terms of Reference)

- i. Addressing compensation inequities with other Practice Categories or fee for service (FFS) physicians both within and outside BC
- ii. Addressing issues of retention or recruitment
- iii. Addressing workload during time spent working after hours
- iv. Allocating funding for any hours that are not currently compensated under the contract
- v. Allocating funding to compensate for inadequate Medical On-Call Availability Program (MOCAP) payments
- vi. Allocating funding to compensate for the comparative acuity of care provided by the physician group
- vii. Recognizing funding for other services – e.g. MOCAP, Rural Emergency Enhancement Funding or ability to obtain other types of contracts
- viii. Recognizing historical compensation relativities between Practice Categories

2. Eligibility

The Panel only considered submissions advanced by physician groups that are paid under Service Contracts or Salary Agreements. Accordingly, the following submissions were excluded from consideration:

- i. Surgical Assists – paid FFS
- ii. Emergency Medicine Area A (Shuswap ER) – already paid late-night guarantees
- iii. Anesthesia VGH – paid on Clinical Administrative Service Contract

The Panel further determined not to make any allocations to Practice Categories where the submitters on-site after hours work experience was not reflective of at least 50% of FTE's working in the Practice Category. As a result, the following Practice Categories were excluded from consideration:

- i. Internal Medicine
- ii. General Practice Defined Scope A
- iii. Sub-specialty Internal Medicine

For submitter groups that in combination represent 50% or more of the total number of FTE physicians within a Practice Category, consistent with its terms of reference in the Physician Master Agreement the Panel determined that any allocation will be made to the entirety of that Practice Category, and not prorated for certain physician groups within the category.

3. Empty Practice Categories

The Panel considered a submission from the Government proposing it should not make any allocation to a Practice Category in which all of the physicians in the Category are paid above the range set out in the PMA (“empty” Practice Categories). These include:

- i. Urology
- ii. Anesthesia

The government made the following arguments in support of its position:

- An increase to an “empty” Practice Category would not result in any actual increases to physicians.
- The responsibility of the Panel is to limit its allocation to the PMA funding. Increases to an empty category are initially “free” and therefore do not require the panel to choose between that Practice Category and another, notwithstanding that, at some point there would be a cost to government as physicians may be hired into the Practice Category in the future.

The Doctors of BC opposed the Government’s position on “empty” Practice Categories and made the following arguments:

- The reason that some Practice Categories are “empty” is because they do not provide sufficient compensation to attract physicians at the ranges listed in the PMA. Allocating after-hours funding to “empty” categories should be acceptable to the Panel as it represents a reasonable way to begin to address this problem in a manner that is consistent with the PMA objective for the Panel.
- While the PMA includes a specific provision that prevents the Chair of the Allocation Committee to allocate funding to an “empty” Practice Category (PMA Appendix D, Article 4.2), it includes no such restriction on the jurisdiction of the Chair of the After Hours Adjudication Panel.

The Panel members could not reach a consensus on this matter. As a result, as authorized under PMA Appendix D, Article 4.3, the Chair determined the matter.

In making her decision, the Chair relied on PMA Appendix D, Article 4.2 which, in part, expressly directs the Allocation Committee (a wholly different committee with different terms of reference and funding amounts) as follows:

...A binding decision of the Chair cannot result in adjustments to a Practice Category that has no Physicians who are paid within either Service Contract Range or the Salary Agreement Range for that practice category (i.e. no salaried Physician and no contracted Physician in that practice category is paid within the range).

Given the PMA is silent on any such limitation with respect to the After Hours Adjudication Panel, the Chair concluded it was not the intention of the Government and the Doctors of BC to impose any such limit on providing after-hours funding allocations. Based on this, the Panel will not do so, and will provide after-hours funding allocations to the affected eligible “empty” practice categories for the purpose of updating these ranges accordingly.

4. Costing Factors

In accordance with Article 4.7 of Appendix D (above), the Panel reviewed and included incremental costs associated with benefits and the Rural Retention Program (RRP) in developing its calculations.

The Panel recognizes that Government provides salary agreements with benefits that are funded by an additional 12%. Consistent with this, the costing of any changes to Salary Agreement ranges determined by the Panel will accordingly be inclusive of the additional 12% benefit cost.

The Panel is in agreement with the Government and the Doctors of BC calculations that associated RRP cost increases over the three years will total \$140,000 of the after-hours funding.

5. Evaluation

The Panel determined that it would use the reported after-hours service (evenings, nights, weekends and holidays – as defined in Appendix D, Article 4.11, above) from the submissions to develop Award Groups for Practice Categories based on natural groupings. It should be noted that in making these evaluations and groupings, the Panel was cognizant that the process was tempered by the fact that objective data on unscheduled after-hours work is not readily available, and that collection and reporting of such data varies significantly between sites, Practice Categories, and over time.

For each submission, the Panel reviewed the proportion of on-site after-hours worked as a percentage of all hours worked per FTE for each Practice Category (Relevant Criteria 1(i) noted earlier in this report). This review revealed four distinct groupings, as follows:

- i. Those groups whose reported on-site after hours work represents about 67% to 69% of all contract hours worked

- ii. Those groups whose reported on-site after hours work represents from 25% to 52% of all contract hours worked
- iii. Those groups whose reported on-site after hours work represents from 11% to 18% of all contract hours worked
- iv. Those groups whose reported on-site after hours work represents less than 8% of all contract hours worked

The Panel used these findings to establish four Award Groups, defined by their on-site after-hours worked as a percentage of all hours worked as follows:

- i. Award Group A – 55% or more
- ii. Award Group B – 20% to 54.9%
- iii. Award Group C – 10% to 19.9%
- iv. Award Group D – less than 10%

The Panel determined that none of the considerations in the Panel's other Relevant Criteria (listed earlier in this document at 1 (ii – iv)) were sufficient to either promote or demote any Practice Category from its natural Award Grouping as defined above.

Therefore, the eligible Practice Categories were assigned to Award Groups as follows:

Award Group A

- Emergency Medicine Area A and Area B
- General Paediatrics – Defined Scope

Award Group B

- Critical Care
- Cardiac Surgery
- Hospitalists
- Neurology
- Obstetrics/Gynecology
- Critical Care (Pediatrics) at BCCH/BCWH

Award Group C

- Urology
- Maternal Fetal Medicine
- General Paediatrics

- Radiology
- General Practice – Full Scope (Rural) – Area A

Award Group D

- Anaesthesia
- Medical Oncology
- Radiation Oncology
- Laboratory Medicine
- Pediatric Radiology
- Haematology/Oncology
- General Practice – Defined Scope B
- Sub-specialty Paediatrics

DECISION

The Panel determined that no allocation be made to Award Group D – i.e. Practice Categories that work fewer than 10% of their hours outside 0800–1800 on weekdays -- due to the relatively lesser proportion of on-site after-hours work performed compared to the other award groups.

The Panel reviewed allocation scenarios for the qualifying Practice Categories and determined that it would allocate its funding to reflect the relative burden of on-site after-hours work for each qualifying Award Group. Reflecting this principle, it determined that the monetary allocation should approximate the average proportion of on-site after hours worked for each qualifying Award Group. This equates to a 4:2:1 funding ratio, with Award Group A receiving the highest ratio of the allocated funding and Award Group C the least.

The Panel determined that the dollar increase will be allocated proportionally across the payment range (100% at the top of the range and 80% at the bottom of the range). Given that a large proportion of physicians are paid at the top of their range, the Panel will allocate costs for range increases assuming all physicians are paid at 100% of the range for each Practice Category.

Based on these principles, the Award Groups are entitled to the following range increases and funding allocations:

Award Group		Annual increase to top of the range	Total PMA funding required
Award Group A - Emergency Medicine Area A - Emergency Medicine Area B - General Paediatrics – Defined Scope	Service Contract	\$14,975.52	\$4,988,795.24
	Salary Agreement	\$13,371.00	
Award Group B - Critical Care - Cardiac Surgery - Hospitalists - Neurology - Obstetrics/Gynecology - Critical Care (Pediatrics) at BCCH/BCWH	Service Contract	\$7,487.76	\$3,957,056.73
	Salary Agreement	\$6,685.50	
Award Group C - Urology - Maternal Fetal Medicine - General Paediatrics - Radiology - General Practice – Full Scope (Rural) – Area A	Service Contract	\$3,743.88	\$414,148.03
	Salary Agreement	\$3,342.75	
Rural Costs			\$140,000
		Total:	\$9,500,000

In determining the timing of funding for the Award Groups, the Panel was constrained by the compensation structure outlined and mandated in the PMA Appendix F, 1.2(e)(ii), 1.3(b)(ii), and 1.4(b)(ii) which stipulates how much new funding is to be allocated in each funding year (\$3.25 million in 2019/20; \$3.25 million in 2020/21; \$3 million in 2021/22). Therefore, the Panel had to apportion the funding to match the yearly allocations. The Panel chose to prioritize Award Group A in recognition of the significant (55%+) proportion of after-hours work these Practice Categories perform. For that reason, the Panel determined that Award Group A would receive the entirety of the 2019/20 funding available. However, despite being funded first, the \$3.25 million 2019/20 funding does not fully cover Award Group A's entitled funding ratio under the

Panel's calculations and, as such, the remainder of its allocation will come from the year 3 funding.

The Panel had hoped to provide Award Group B the entirety of its allocation in the second year. However, in making its calculations, it became apparent that the only way to reconcile the stipulated yearly amounts from the PMA's Appendix F with the Panel's allocations in each year was to fund all of Award Group C's allocation in 2020/21, with all remaining funds for year 2 designated to Award Group B. The remainder of Award Group A and B's funding will be allocated in year 3.

The Panel noted that because these allocations will actually be implemented in year 2 – 2020/21 – each Award Group will receive at least a portion of increased funding to its range in the initial implementation.

Implementing these considerations, the Panel determined the range increases and funding for each Award Group in each year of the agreement as follows:

Award Group	Year 1 Annual increase to top of the range	Year 1 PMA funding	Year 2 Annual increase to top of the range	Year 2 PMA funding	Year 3 Annual increase to top of the range	Year 3 PMA funding
Group A						
Service Contract Ranges	\$9,612.18	\$3,202,105.26	--	--	\$5,363.34	\$1,786,689.98
Salary Agreement Ranges	\$8,582.30		--		\$4,788.70	
Group B						
Service Contract Ranges	--	--	\$5,275.53	\$2,787,957.24	\$2,212.23	\$1,169,099.50
Salary Agreement Ranges	--		\$4,710.29		\$1,975.21	
Group C						
Service Contract Ranges	--	--	\$3,743.88	\$414,148.03	--	--
Salary Agreement Ranges	--		\$3,342.75		--	
Rural Costs		\$47,895		\$47,895		\$44,210
Total:		\$3,250,000	Total:	\$3,250,000	Total:	\$3,000,000
		2019-2020			2020-2021	2021-2022

For clarity as to the application of these changes to physicians, the Panel agreed that physicians on Service Contracts or Salary Agreements amended by this decision 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).

CONSIDERATIONS

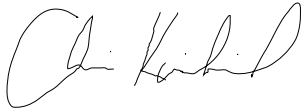
The Panel identified the following areas for improvement to assist the Parties in future PMA negotiations so they may better understand the limitations of the current fund allocation process to address the burden of after-hours work for affected physicians:

1. The PMA requirement to allocate funding by Practice Categories resulted in counterproductive allocations, as follows:
 - i. Over-allocation to physicians who provide fewer after hours services, but belong to a Practice Category dominated by physicians who provide more after hours services.
 - ii. Under allocation, or no allocation to physicians who provide more after hours services, but belong to a Practice Category dominated by physicians who provide fewer, or no after-hours services. In this case, this precise situation affected at least four submitters.
 - iii. A general increase to the PMA payment ranges (which applies to all hours worked) will benefit some physicians who do not perform after-hours work.
2. The data on unscheduled hours provided by some physician groups was challenged by other physician groups who contested it based on their own knowledge and experience. As there is presently no verifiable source of information on unscheduled hours, the Panel had to rely on unverified data in making its decisions. Future allocations would be more effective if they could be based on verifiable data sources to validate submissions.

Respectfully submitted to the Government and the Doctors of BC on this 31st day of August, 2020.



Judi Korbin, Chair
Arbitrator/Mediator



Chris Kinkaid
Director of Research & Analysis, Physician Services, HEABC
Government Nominee



Lyne Filiatrault, MD
Doctors of BC Nominee

APPENDIX A**AFTER HOURS ADJUDICATION PANEL SUBMISSION**

Please keep submissions within the space provided in this template

Anything beyond this will not be reviewed

PART I: CONTACT INFORMATION					
Physician/Group/Section				Contact Person	
Work Address					
Work Telephone		Fax		E-mail	

PART II: INFORMATION ABOUT THE CURRENT PAYMENT ARRANGEMENT			
Primary Payment Method	☐ Service Contract	☐ Salary	☐ Other
Health Authority/Agency:			
Program/Contract Name			
Is this an individual or a group contract?	☐ Individual	How many FTE's are funded?	
	☐ Group	If group, how many physicians are parties to the contract?	
Specialty/Practice Category: (For the 2019/2020 Practice Categories and Payment Ranges please see Appendix 1)			
Please describe the FTE definition included under your Service Contract.			
Please describe the payment rate (\$/FTE) included under your Service Contract or Salary Agreement.			
Please describe details of MOCAP Contract, if any?	☐ On-Site On-Call	What is the average on-call ratio per physician in your group?	in days
	☐ Level 1		
	☐ Level 2		
	☐ Level 3		
	☐ N/A		

PART III: HOURS OF WORK

The following two questions seek information related to annual hours of service covered by your or your group's contract or employment agreement. Question 1 seeks information related to total hours of service provided **both on-site and off-site**. Question 2 seeks information related to total hours of service provided **on-site (i.e. services provided away from home)**.

For both questions, please **estimate** the annual hours of clinical services covered by **your or your group's contract or employment agreement**? Please also **estimate** the proportion of hours that are provided on a scheduled basis and the proportion that are provided on an unscheduled basis (e.g. services arising from being on-call).

- Include all clinical services, such as direct patient care, indirect patient care, bedside teaching, clinical research, administrative services and services provided when called.
- Do not include non-clinical services such as didactic teaching, non-clinical administration services or on-call/availability services.
- Do not include services provided by others not compensated under your service contract or employment agreement.
- Do not include services provided on a FFS basis.

Question1. What are the annual hours of work for your group or for you under your service contract or employment agreement?

	Annual Hours Per Year	Percentage of Annual Hours That are Scheduled Hours	Percentage of Annual Hours That are Unscheduled Hours
Hours worked during weekdays (0800 hrs to 1800 hrs)?			
Hours worked during evenings (1800 hrs to 2300 hrs)?			
Hours worked during nights (2300 hrs to 0800 hrs)?			
Hours worked on weekends/stat holidays (0800 hrs to 2300 hrs)?			
Total			

Question 2. What are the annual hours of work your group or for you **providing clinical services on-site** under your service contract or your employment agreement?

	Annual Hours Per Year	Percentage of Annual Hours That are Scheduled Hours	Percentage of Annual Hours That are Unscheduled Hours
Hours worked on-site during weekdays (0800 hrs to 1800 hrs)?			
Hours worked on-site during evenings (1800 hrs to 2300 hrs)?			
Hours worked on-site during nights (2300 hrs to 0800 hrs)?			
Hours worked on-site during weekends/stat holidays (0800 hrs to 2300 hrs)?			
Total			

PART IV: RECOMMENDED RANGE INCREASE

Recommended Payment Range Increase by 2021/22

\$

Please explain how you arrived at the recommended range increase:

DO NOT EXCEED THIS TEXT BOX
(Any additional information will not be considered)

PART V: AFTER HOURS SERVICES DESCRIPTION

Please describe your after hours service delivery and issues that you think the that the Adjudication Panel should consider to inform the decision to increase the Payment Range:

DO NOT EXCEED THIS TEXT BOX
(Any additional information will not be considered)

Appendix 1 (of Appendix A - After Hours Adjudication Panel Submission)
2019/2020 Service Contract and Salary Agreement Payment Ranges (Effective April 1, 2019)

Practice Category	SALARY			SERVICE	
	LOW	HIGH		LOW	HIGH
General Practice - Defined Scope B	171,110	213,888		191,644	239,555
General Practice - Defined Scope A	191,340	239,175		214,301	267,876
General Practice - Full Scope (Non-JSC Community)	202,135	252,669		226,391	282,989
General Practice - Full Scope (Rural) – Area A	224,393	280,491		251,320	314,150
General Practice - Full Scope (Rural) – Area B	217,311	271,639		243,389	304,236
General Practice - Full Scope (Rural) – Area C	211,082	263,853		236,412	295,515
Hospitalists	191,340	239,175		214,301	267,876
Community Medicine/Public Health Area A	165,581	206,976		185,450	231,813
Community Medicine/Public Health Area B	180,389	225,486		202,035	252,544
Community Medicine/Public Health Area C	213,347	266,684		238,949	298,686
Community Medicine/Public Health Area D	226,650	283,313		253,849	317,311
General Paediatrics (Defined Scope)	208,317	260,396		233,315	291,644
General Paediatrics	231,625	289,531		259,420	324,275
Psychiatry	231,625	289,531		259,420	324,275
Forensic Psychiatry	239,173	298,966		267,874	334,842
Physical Medicine	226,779	283,474		253,993	317,491
Neurology	245,022	306,278		274,425	343,031
Dermatology	245,022	306,278		274,425	343,031
Internal Medicine	231,625	289,531		259,420	324,275
Medical Genetics	245,022	306,278		274,425	343,031
Sub-specialty Paediatrics	245,022	306,278		274,425	343,031
Sub-specialty Internal Medicine	245,022	306,278		274,425	343,031
Anaesthesia	266,082	332,603		298,012	372,515
Critical Care	268,150	335,187		300,327	375,409
Critical Care (Pediatrics) at BCCH/BCWH	305,953	382,441		342,667	428,334
Haematology/Oncology	288,483	360,604		323,102	403,877
Medical Oncology	288,483	360,604		323,102	403,877
Radiation Oncology	288,483	360,604		323,102	403,877
Laboratory Medicine	271,901	339,876		304,529	380,661
Radiology	288,483	360,604		323,102	403,877
Pediatric Radiology	324,872	406,090		363,857	454,821
Nuclear Medicine	298,166	372,708		333,946	417,433
Otolaryngology	266,082	332,603		298,012	372,515
Orthopaedic Surgery	266,082	332,603		298,012	372,515
Urology	266,082	332,603		298,012	372,515
Ophthalmology	266,082	332,603		298,012	372,515
Plastic Surgery	266,082	332,603		298,012	372,515
Plastic Surgery at VGH/SPH	385,372	481,715		431,617	539,521
Obstetrics/Gynecology	270,487	338,109		302,946	378,682
General Surgery	266,082	332,603		298,012	372,515
Gynecological Oncology	296,698	370,872		332,302	415,377
Maternal Fetal Medicine	296,698	370,872		332,302	415,377
General Surgical Oncology	296,698	370,872		332,302	415,377
Orthopaedic Surgery (Enhanced Scope)	351,642	439,553		393,839	492,299
Neurosurgery	351,642	439,553		393,839	492,299
Vascular Surgery	351,642	439,553		393,839	492,299
Cardiac Surgery	351,642	439,553		393,839	492,299
Thoracic Surgery	467,511	584,389		523,613	654,516
Emergency Medicine (Non-Hospital Based)	184,746	230,933		206,916	258,645
Emergency Medicine Area A	237,495	264,346		265,994	296,068
Emergency Medicine Area B	264,346	296,869		296,068	332,493

APPENDIX B

List of Submissions and Replies

Sub #	Physician Group	Practice Category	Reply
1	Society of Surgical Assists		
2	General Pediatrics - Defined Scope, Clinical Associate, PHSA	General Paediatrics (Defined Scope)	
3	Richmond Palliative Medicine, VCHA	General Practice - Defined Scope A	
4	Hem/Onc Internal Medicine, PHSA/BCCA	Internal Medicine	
5	Critical Care, SPH ICU/HAU/Outreach, NHA	Critical Care	Yes
6	VGH Neonatology, VIHA	Critical Care	
7	Pediatric Hem/Onc/BMT, PHSA	Haematology/Oncology	Yes
8	GP, Sparwood	General Practice - Full Scope (Rural) Area A	
9	Obstetric Internal Medicine, PHSA/BCW	Sub-specialty Internal Medicine	
10	Urology, Pediatric Surgical Clinical Service Contracts, PHSA	Urology	
11	Emergency Medicine, PHSA	Emergency Medicine	Yes
12	Pediatric Radiology BCCH, PHSA	Pediatric Radiology	
13	Division Adolescent Medicine, BCCH, PHSA	Sub-specialty Pediatrics	
14	UBC Student Health Service, VCHA	General Practice - Defined Scope B	
15	Emergency Medicine - VCHA	Emergency Medicine - Areas A and B	Yes
16	VGH Infectious Diseases, VCHA	Sub-specialty Internal Medicine	
17	Section of Hospital Medicine	Hospitalists	
18	Section of Emergency Medicine, All HA's	Emergency Medicine - Areas A and B	Yes
19	Pediatrics, EKRH, IHA	General Paediatrics	Yes
20	Anatomic Pathology, PHC/VCHA	Laboratory Medicine	
21	OB/GYNS, KBHSA, IHA	Obstetrics/Gynecology	
22	ER Overnight Services, SLGH		
23	Hospitalists, Vernon Jubilee	Hospitalists	
24	Emergency Medicine, FHA	Emergency Medicine	Yes
25	Anesthesiology, VGH/UBC, VCHA		

26	Northern Interior Rural Division of FP, NHA	General Practice - Full Scope (Rural) Area A	
27	Critical Care (Pediatrics), BCCH, PHSA	Critical Care (Pediatrics) at BCCH/BCWH	Yes
28	Maternal Fetal Medicine, PHSA	Maternal Fetal Medicine	Yes
29	Neonatology, SMH, FHA	Critical Care	
30	Pediatric Anesthesia, BCCH, PHSA	Anesthesia	
31	Radiology, BC Cancer Agency, PHSA	Radiology	
32	Emergency Medicine, Royal Columbian, FHA	Emergency Medicine	Yes
33	Cardiac Surgery, St Paul's, PHC, VCHA	Cardiac Surgery	
34	Vancouver Stroke Program, VCH	Neurology	Yes
35	Med Onc + Rad Onc, BC Cancer Agency, PHSA	Medical Oncology + Radiation Oncology	
36	NICU Clinical Associates, SMH, FHSA	General Paediatrics (Defined Scope)	
37	Hornby Island Medical Clinic, IHA	General Practice - Full Scope (Rural) Area A	
38	Government of BC		Yes

APPENDIX C

2018-19 Final FTEs - February 25, 2020

(For definitions of column headers, see notes and definitions section, below)

PRACTICE CATEGORY	2018-19 FTE (in range)	2018-19 FTE (paid over the range)	2018-19 Total FTE
General Practice - Full Scope (Rural) - Area A	69.82	-	69.82
General Practice - Full Scope (Rural) - Area B	4.95	-	4.95
General Practice - Full Scope (Rural) - Area C	0.96	-	0.96
General Practice - Full Scope (Non-JSC Community)	42.13	-	42.13
General Practice - Defined Scope A	98.96	1.14	100.10
Hospitalists	423.99	-	423.99
General Practice - Defined Scope B	27.89	-	27.89
Community Medicine/Public Health Area D	8.18	-	8.18
Community Medicine/Public Health Area C	27.26	-	27.26
Community Medicine/Public Health Area B	1.00	-	1.00
Community Medicine/Public Health Area A	-	-	-
Critical Care (Pediatrics) at BCCH/BCWH	21.30	-	21.30
Haematology/Oncology	33.95	-	33.95
Medical Oncology	93.76	-	93.76
Radiation Oncology	70.61	-	70.61
Anaesthesia	-	45.90	45.90
Critical Care	58.53	-	58.53
Sub-specialty Internal Medicine	47.28	-	47.28
Forensic Psychiatry	-	-	-
Neurology	15.20	-	15.20
Sub-specialty Paediatrics	59.00	-	59.00
Dermatology	4.05	-	4.05
Medical Genetics	9.68	0.96	10.64
Internal Medicine	14.39	-	14.39
Physical Medicine	7.12	-	7.12
Psychiatry	14.64	-	14.64
General Paediatrics	13.60	- 0.00	13.60
General Paediatrics (Defined Scope)	25.01	-	25.01
Pediatric Radiology	9.65	-	9.65
Nuclear Medicine	3.60	-	3.60
Radiology	10.45	-	10.45
Laboratory Medicine	279.79	-	279.79
Thoracic Surgery	15.97	-	15.97
Plastic Surgery at VGH/SPH	15.00	-	15.00

Orthopedic Surgery (Enhanced Scope)	12.45	0.22	12.67
Neurosurgery	2.74	17.98	20.72
Vascular Surgery	9.00	-	9.00
Cardiac Surgery	1.03	3.43	4.46
Gynecological Oncology	4.55	-	4.55
Maternal Fetal Medicine	16.75	-	16.75
General Surgical Oncology	3.10	-	3.10
Otolaryngology	-	5.31	5.31
Orthopaedic Surgery	-	6.22	6.22
Urology	-	3.45	3.45
Ophthalmology	2.45	-	2.45
Plastic Surgery	0.30	5.31	5.61
Obstetrics/Gynecology	8.42	-	8.42
General Surgery	0.71	12.26	12.97
Emergency Medicine Area A	12.22	-	12.22
Emergency Medicine Area B	295.90	-	295.90
Emergency Medicine (Non-Hospital Based)	0.54	-	0.54
	1,897.87	102.18	2,000.05

Notes and Definitions

2018-19 FTE (in range) - Final number of FTEs within the range of Min and Max Service Rates for 2018-19, calculated using Final Health Authorities' CPRP Amounts (Budgets) for all contracted physicians funded by APP, MSP and Health Authorities

2018-19 FTE (paid over the range) - Final number of FTEs "Over the Range" (OTR) of Min and Max Service Rates for 2018-19, calculated on a per FTE bases using APP, MSP and Health Authority funding sources

2018-19 Total FTE - Sum of 2018-19 FTE (in range) and 2018-19 FTE (paid over the range)