Allocation Committee Advice and Guidance Document

This document summarizes the process and principles that Doctors of BC members of the 2025 Allocation Committee will use to inform their negotiations with the Government regarding the allocation of funding to adjust the Service Contract and Salary Agreement Payment Ranges.

Part A: Background

1. The Allocation Committee's structure and mandate

The Allocation Committee (AC) is a joint committee of Doctors of BC and the Government responsible for the allocation of $100.2 Million over the four-year term of the 2025 PMA to make adjustments to the Payment Ranges for Service Contracted and Salaried Physicians. The Doctors of BC members are appointed by the Doctors of BC Board of Directors. The Government appointees are typically drawn from the Physician Compensation Branch of the Ministry of Health and Medical Affairs Departments of the Health Authorities. Each of Doctors of BC and the Government appoints 3 members to the AC. Staff support for Doctors of BC members of the AC is provided by staff from the Economic, Advocacy and Negotiations Department of the Doctors of BC. The Health Employers Association of BC (HEABC) provides staff support to the Government's representatives on the AC.

As outlined in Article 4.7 of the 2025 Alternative Payment Subsidiary Agreement (APSA) and Articles 1.1 b), 1.2 b), 1.3 b) and 1.4 b) of Appendix F to the 2025 Physician Main Agreement (PMA), the mandate of the AC is to address income disparities between practice categories and to recruitment and retention challenges of physicians in practice categories.

The members of the AC have until March 15, 2027, to reach an agreement on how to allocate the available funds. If the AC is not able to reach a consensus decision on the allocation by that date, a default allocation will occur wherein the available funds will be allocated on an equal dollar per full-time equivalent (FTE) basis to all Service Contracted and Salaried Physicians regardless of Practice Category. Physicians must be within the Payment Ranges to be eligible to receive Allocation Committee increases.

The AC does not have the ability to target compensation increases to individual Service Contracts or Salary Agreements within a particular Practice Category. Rather, the AC is limited to making adjustments to Practice Categories that may encompass a broad range of Service Contracts and Salary Agreements encompassing a range of Services of varying intensity and complexity. Once the Payment Ranges have been adjusted,

Payment Rates for all affected Physicians are increased by the physicians maintaining their placement on the adjusted Payment Ranges.

The applicable PMA provisions describing the AC's mandate are attached as Appendix A.

2. Service Contracts and Salary Agreements

In BC, alternative payment arrangements are typically used when FFS is unable to sustain consistent access to Physician Services. The APSA describes three forms of time-based alternative Payment Arrangements – Service Contracts, Salary Agreements and Sessional Contracts. The APSA includes a Standard Terms and Conditions of Employment for Salaried Physicians as well as individual and Group Service Contract Templates. The AC's mandate only applies to Physicians working under Service Contracts and Salary Agreements that conform to the expectations set out in the APSA. Sessionally contracted physicians and physicians working under contractual arrangements that are outside the scope of the APSA (for example, the New to Practice Family Physician Contract and the 2018 Anesthesia Template Service Contract) are ineligible for AC increases.

3. Practice Categories

At present, the APSA describes 51 practice categories encompassing all disciplines of medicine inclusive of Family Physicians, Consulting Specialists and Surgeons. These practice categories have been established by joint committees of the Government and Doctors of BC since 2006/07. In most cases, the practice categories align with the discipline of medicine related to the services being provided. However, in some cases, the practice categories focus on specific characteristics of services rather than aligning with disciplines of medicine, including the following:

- Some practice categories are specific for certain geographic locations (e.g. VGH, BCCH or Rural Communities);
- Some practice categories are aligned with the responsibility status of physicians (e.g. physicians working under the supervision of another Physician); and,
- Some practice categories are focused on specific services within a discipline of medicine (e.g. Full Service Family Practice, Hospitalist Medicine or Student Health Services)

Placement in a practice category is not necessarily related to a physician's qualifications (e.g. FRCPC or CCFP certification). Some practice categories may encompass physicians with different qualifications (e.g. Emergency Medicine and Critical Care Medicine). Moreover, some practice categories encompass multiple disciplines (e.g. Subspecialty

Internal Medicine) that are represented by separate Sections and have separate FFS Payment Schedules.

The AC also establishes rules governing the application of the Practice Categories in addition to allocating funding to adjust the Payment Ranges in consensus decisions[1] of the Committee.

The current Practice Categories and their corresponding estimated 2024/25 FTE counts of physicians working within them are attached as Appendix B.

4. Payment Ranges

The APSA sets out Payment Ranges for Service Contracted and Salaried physicians by practice category. Each Payment Range sets out a minimum and a maximum payment amount per FTE. Since 2002, when the first Provincial Service and Salary Subsidiary Agreements were established, the range between minimum and maximum has been 20% for all practice categories (i.e. the minimum of 0.8 of the Maximum amount). In addition, since 2002, the Salary Agreement Payment Ranges are 12% less than Service Contract Payment Ranges to account in part for the value of benefits received by Salaried physicians.

The APSA also provides that the Payment Ranges for Service Contracted physicians may be exceeded to account for office overhead. Several dozen Service Contracted Physicians have negotiated payments over the range to account for, at least in part, office overhead costs. Fewer still Service Contracted physicians work under contracts where they are responsible for office overhead expenses without exceeding the payment ranges.

The Payment Ranges apply to all hours of service provided by physicians, regardless of the time of day or day of week. In accordance with Article 12.8 of the APSA, physicians working under Group Service Contracts may, within the total financial value of the Service Contract, determine rates of compensation for the individual Physicians in the group that the group deems appropriate (e.g. establishing different rates for time of day or day of week).

Beginning in the 2019 PMA, the Doctors of BC and Government began a focus of increasing compensation for services delivered while on-site on an after-hours basis. Under the 2019 PMA, an After Hours Adjudication Panel adjusted the Payment Ranges to address the burden of on-site services delivered on an after-hours basis. Under the

[1] https://www.doctorsofbc.ca/sites/default/files/2019-2022_consensus_decision_of_the_allocation_committee.pdf
https://www.doctorsofbc.ca/sites/default/files/practice_category_settlement_ac_apc_consensus_decision.pdf

2022 PMA, the parties established After-Hours Premiums for on-site after-hours services of $25 per hour for evenings/weekends/holidays and $35 for nights.

The Payment Ranges for 2024/25, net of the allocation from the 2019 APSA's After Hours Adjudication Award, are found in Appendix C.

5. Payment Rates

During Local Contract negotiations, physicians and contracting agencies (e.g. Health Authorities) are required to negotiate a Payment Rate that is reflective of both the placement on the Payment Range and the number of hours of service per FTE. In most cases, a Payment Rate can be expressed as a dollar-per-hour rate. However, there are several circumstances where the Payment Rate cannot be expressed as a dollar-per-hour but rather must be expressed as a dollar per FTE, including the following:

- Salaried Physicians, who do not have a fixed hours of service per FTE;
- Service Contracts where the parties have agreed to a range of hours of service per FTE (e.g. 1,680 hours to 1,850 hours per FTE);
- Service Contracts where the parties have agreed to express the FTE as a minimum number of hours of service (e.g. minimum of 1680 hours); and
- Service Contracts where the parties have agreed to express the FTE in non-hourly terms (e.g. equivalent days of service or number of procedures/consultations).

For Salaried physicians, the FTE is defined as 1,957.5 paid hours of employment. The 1957.5 hours are inclusive of time spent on vacation and Continuing Medical Education (CME) leaves. However, the annual salary includes payment for time spent providing ongoing responsibility for patients and any necessary referred emergency and non-elective services. Time spent providing such ongoing responsibility and emergency services is typically in addition to the 1,957.5 hours.

For Service Contracted physicians, the APSA sets out a range of hours of service that can constitute an FTE. With the exception of emergency physicians whose FTE is described as a maximum of 1,680 hours, the minimum hours of service are 1,680, and the maximum hours of service are 2,400. The parties to the local contract are required to negotiate the annual hours of service that will constitute an FTE within this range. Either discrete hours per FTE or a range of hours per FTE may be utilized as an FTE definition. An independent third-party Trouble Shooter can be called on by a party of the local contract negotiation to provide recommendations in the event that the parties

are unable to reach an agreement on the FTE definition. While available since 2007, the Trouble Shooter has only been utilized on a single occasion.

As noted above, many Service Contracts do not utilize FTE definitions that conform to the requirements of the APSA. In some contracts, physicians and agencies have agreed to FTE definitions expressed as:

- Days of service or equivalent days of service;
- A minimum number of hours of service;
- An hourly range that encompasses the entirety of the range set out in the APSA; or
- A count of activities (e.g. procedures/consults) performed under the contract.

Consequentially, reporting on hours of service in these contracts may present a difficulty for physicians. Under the 2022 APSA, the Template Service Contracts include enhanced reporting responsibilities for all Service Contracted Physicians.

In some contracts, physicians and agencies have agreed to maximize the payment rate by utilizing the maximum point on the Payment Range and the minimum hours per FTE permissible under the APSA (e.g. Hospitalists' Contracts). In most other contracts, either Payment Range placement or hours per FTE have not been "optimized," thus leaving the physicians and the agency with the potential to increase income for physicians through local contract negotiations.

As Payment Rates are the outcome of local contract negotiations, there may be rate variability between different Service Contracts within a Practice Category that is driven by various negotiation outcomes on range placement and/or FTE definitions, as well as variability related to workload, complexity and intensity of Services.

6. Costing issues

The AC is responsible for adjusting the Payment Ranges with corresponding increases occurring to physicians' Payment Rates. Physicians working under Service Contracts and Salary Agreements will have their placement on the adjusted Payment Ranges maintained. For example, if the physician was paid at the maximum of the range prior to the adjustments to the Payment Range, the physician will maintain their placement at the maximum of the adjusted Payment Range.

The costs of the AC's adjustments are based on the 2024/25 FTE counts in each Practice Category for adjustments to the Payment Ranges for each fiscal year under the 2025 PMA.

In addition to the costs of increasing the Payment Rates, the AC is responsible for the incremental costs of Salaried Physicians' Benefits and the Rural Retention Premiums for Physicians practicing in rural communities associated with the Payment Range increases.

7. APPIC/Allocation Committee relationship

The Alternative Payment Physicians Issues Committee (APPIC) is a Doctors of BC Standing Committee with a mandate to represent the interests of physicians working under Service Contracts, Salary Agreements, and Sessional Contracts within Doctors of BC. As part of its mandate, the APPIC offers guidance or advice to Doctors of BC representatives on other committees. The APPIC met on November 17, 2022, February 27, 2023, June 9, 2023, December 12, 2025, March 6, 2026, and May 27, 2026, to discuss issues of income disparity between the practice categories and recruitment and retention challenges for physicians working under Service Contract and Salary Agreements

The APPIC provides guidance to the Doctors of BC members of the AC in the conduct of the AC's mandate. In this regard, the APPIC's role has historically included:

- The call for and collection of submissions from Service Contracted and Salaried physicians, as well as Sections;
- The review and evaluation of submissions in order to identify income disparities between practice categories and recruitment and retention challenges; and
- The identification of priorities for Doctors of BC's members of the AC.

The submissions allowed proponents to provide a recommendation to the APPIC and AC for the size of the increase and to provide reasons to justify the increase for the APPIC's consideration. The submissions also called for proponents to provide information regarding:

- Payments received from a variety of sources;
- Hours of service provided under the contract;
- The cost of office overhead responsibilities, if any; and
- Information regarding physician-identified comparator groups.

In past years, the APPIC and AC have typically received between 30–40 submissions in each cycle of Payment Range adjustments. The submissions have been made predominantly by individual physicians or small groups acting in their own interests. A minority of past submissions are made by Sections that have large portions of their

membership working under alternative payment arrangements (e.g. Hospitalist Medicine, Laboratory Medicine, and Emergency Medicine).

While the submissions contain valuable information that has informed decision-making, the APPIC and AC have identified a number of issues with past submission processes, including:

- A single physician's submission outlining that physician's unique circumstances may be all that the APPIC received for a particular practice category in response to its call for submissions;
- The need to rely on Physicians and Sections, including accurate and honest information in their submissions, given the APPIC and AC's limited ability to validate the information;
- A lack of comprehensive submissions covering all Practice Categories;
- Contradictory or poorly aligned submissions both between and within Practice Categories; and
- The cost of the recommended increases vastly exceeding the funding available to the AC.

Under the 2019 PMA, the APPIC received 39 submissions seeking adjustments to the Payment Ranges for 30 practice categories on the basis of equity between the ranges and interprovincial comparisons. As was the case in all past submission processes, the cost of the recommended increases vastly exceeded the funding available to the AC. Following a review process, the APPIC identified 11 practice categories as priorities for adjustment by the AC. The Doctors of BC members of the AC treated the APPIC-identified priorities as core objectives to achieve in their negotiations with the Government members of the AC. Following many months of negotiations, the 2019 AC adjusted 33 practice categories. The adjustments maintained decade-long groupings of similar practice categories (e.g. Medical Oncology/Radiation Oncology or Subspecialty Internal Medicine/Subspecialty Pediatrics).

Part B: Principles to inform decision making

1. Disparity definition

Under the 2025 PMA, the word "disparities" is not defined.

In the 2015 FFS Specialist Disparity Adjudication decision, Adjudicator Toope described disparity as follows:

"It is worth considering at the outset what is meant by the term "disparity." According to the Oxford English Dictionary, a disparity is "a great difference." Miriam-Webster defines disparity as "the quality or state of being different." Difference in and of itself is morally neutral, but as soon as one considers concrete examples of "disparity," moral evaluations tend to creep in. We often hear references to "regional economic disparities" in Canada or to "disparities between ethnic groups in educational attainment or income." The implication arises that a "disparity" is somehow unjustified or unfair.

Both the Doctors of BC members of the AC and members of the APPIC agree with the notion of attempting to identify and correct unjustified or unfair differences in income between physicians working in different practice categories.

2. Historical adjustment to the Payment Ranges

The current framework of Practice Categories and Payment Ranges have been developed by the Doctors of BC and Government through joint committee processes since 2006. The Table below outlines the joint committee mandates and funding available to adjust the ranges:

Committee	Mandate	Funding/Years
Alternative Payments Committee	Address market comparisons and income disparities	2006/07 - $4 million 2007/08 - $4 million
Alternative Payments Committee	Physician Recruitment and retention needs	2010/11 - $ 7 million 2011/12 - $10 million
Alternative Payments Committee	Physician Recruitment and retention challenges	2012/13 - $4 million 2013/14 - $10 million
Allocation Committee	Physician recruitment and retention challenges and to address issues of equity	2016/17 - $9 million 2017/18 - $8 million 2018/19 - $11 million
Allocation Committee	Address issues of equity and inter-provincial disparity	2019/20 - $6.5 million 2020/21 - $7.5 million 2021/22 - $6 million
Allocation Committee	Address inter-practice category disparities and business costs	2022/23 - $9.2 million 2023/24 - $8.1 million 2024/25 - $13.9 million

The previous joint committees have, in past years, needed to balance recruitment and retention (market comparisons) issues with disparity/equity issues. These two issues may compete with each other and thus serve to explain some of the existing differences

in income among practice categories. Over time, these differences can be reconciled as part of an iterative process to review and adjust the ranges.

As a result of the work of previous joint committees, there are existing and longstanding relatives within the Payment Ranges between certain practice categories (e.g. Radiation Oncology, Medical Oncology and Hematology/Oncology). The existing relativity groupings are identified by shading in Appendix C.

The amounts that the previous joint committees have allocated to each of the Practice Categories since 2010/11 are found in Appendix D.

3. Income comparison considerations

The APPIC and the Doctors of BC members of the AC have identified a number of considerations relevant to income comparisons as described below.

a. Factors derived from the MANDI Model

The APPIC has reviewed the Consulting Specialists of BC's revised Modified Average Net Daily Income (MANDI) model[2] for identifying disparities amongst BC's FFS specialty sections, to determine whether the factors outlined by the MANDI model could be adapted in the Alternative Payments (AP) context. The APPIC found that there was merit to utilizing several of the factors included within the revised MANDI methodology, while also recognizing significant limitations resulting from key differences in the compensation mechanisms and information available to Doctors of BC.

The following factors were found to be applicable in the AP context:

i) Net Income

The APPIC recommends that the AC consider income that is net of office overhead. The APPIC recognizes that all Service Contracted physicians will bear practice-related overhead such as costs incurred for licensure, accounting/billing, CME and Canadian Medical Protective Association (CMPA) fees. However, while the vast majority of Service Contracted and Salaried physicians do not bear the costs of office-related overhead such as lease, Medical Office Assistant salaries and Electronic Medical Records, there is a small minority (est. <100 FTE's or <5%) of Service Contracted physicians who are responsible for office overhead.

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[2] https://www.doctorsofbc.ca/sites/default/files/epac_chair_reports_with_executive_summary_appendices_id_2661600.pdf

ii) Lost Opportunity Costs

The APPIC recommends that the AC consider the lost opportunity cost associated with length of training. The APPIC supports the 2.5% adjustment factor identified in the revised MANDI model. However, given the breadth of practice categories described in the APSA, the APPIC recommends that the lost opportunity adjustment approach apply to Family Physician practice categories as well as to a broader selection of subspecialty practice categories that require additional post-Royal College of Physicians and Surgeons of Canada (RCPSC) training.

In application, the APPIC recommends that the adjustment be applied as a factor to reported Payment Rates net of office overhead to reduce the Payment Rates in order to account for lost opportunity costs for those practice categories where physicians are required to have more than 2 years of post-MD training.

iii) Daytime Income

The APPIC is supportive of the revised MANDI model's focus on the use of daytime income for the purposes of comparisons between the practice categories. However, the APPIC recognizes that the Payment Ranges and hourly Payment Rates under contracts apply to all hours of the day. The APPIC also recognizes that the 2022 APSA has established after-hours premiums for on-site clinical services provided by Service Contracted and Salaried Physicians effective April 1, 2023.

b. Complexity

The APPIC is supportive of considering complexity in the provision of services. When doing so, the APPIC recognizes that evidence to quantify complexity may be difficult for physicians to collect and share. The APPIC also recognizes there is a hierarchy of evidence that physicians or Sections may submit, ranging from expert opinions to quantifiable objective data of complexity differences between practice categories.

The APPIC understands that income adjustments associated with complexity are currently used in BC under other Payment Modalities (MSP FFS, Longitudinal Family Practice Payment Model, and Population Based Funding). Proxies for patient complexity currently used in BC and other Canadian jurisdictions include measures of health system utilization such as the John Hopkins ACG model and the Canadian Institute of Health Information's Population Grouper methodology. In addition to patient complexity, the location of service (e.g. Corrections Facilities, Remote Health

facilities) may also represent a relevant consideration related to the complexity of services.

The application of the above factors will allow the AC to determine adjusted net hourly Payment Rates for the purposes of comparing income between practice categories.

c. Optimized net hourly rates

The members of the APPIC and the Doctors of BC's members of the AC recognize that the disparity correction exercise should be mindful to identify differences in income between practice categories resulting from the outcome of local negotiations. Such differences can have a profound impact on Payment Rates between practice categories and, if not accounted for, can confound the disparity correction exercise.

As an illustration of the confounding effect of local negotiations, consider the scenario of two Service Contracted physicians working under different Practice Categories with Payment Ranges separated by $10,000 as described below:

Practice Category	Min	Max
A	$232,000	$290,000
B	$240,000	$300,000

If the physician working under Practice Category A negotiates placement on the range at 100% of the maximum with an FTE definition of 1680 hours, while the physician working under Practice Category B negotiates placement on the range at 95% of the maximum of the range with an FTE definition of 1680 hours, the resulting Payment Rates for the two physicians would show an income difference of in favour of the physician working under the Practice Category with the lessor valued Payment Range ($172.62/hr vs $169.64/hr).

Given the confounding impact of local negotiations on income comparisons, the APPIC and Doctors of BC members of AC recommend that consideration also be given to an analysis of the Physician Income resulting from optimized Service Contract Negotiations wherein Payment Rates reflect the maximum position on the range, 1680 hours per FTE and no responsibility for office overhead.

4. Data sets for income comparison purposes

The following data sets will be available to inform the Doctors of BC members of the AC:

a) Information collected as part of the 2025 AC Process

b) Optimized net hourly Payment Rates

The APPIC last collected data reflecting positions on the payment ranges, hours of services and overhead responsibilities from Physicians and Sections to inform the 2019 AC process. Given the passage of time and expansion in the number of AP arrangements, the APPIC supports seeking new submissions from Physicians and Sections to inform the 2025 AC process. Where issues related to the quality of information submitted are identified, the Doctors of BC members of the AC will follow up with the submission authors.

In contrast to reported information on Payment Rates and overhead responsibilities found in submissions, the APPIC and Doctors of BC members of the AC recognize that income arising from the outcome of optimized local negotiations offers compelling and clear information that can be used to identify unfair or unjustified income differences between practice categories. When assessing optimized net hourly rates for disparity correction purposes, the Doctors of BC members of the AC are mindful that:

- Salaried Physicians are not able to optimize their hours per FTE in a similar way to Service Contracted Physicians and thus will have a lower net hourly rate than the Service Contract-based hourly rate within the same practice category; and,
- Optimized net hourly rates do not reflect actual payment rates for many Service Contracted and Salaried Physicians.

Optimized net hourly Service Contract rates adjusted for length of post-MD training beyond 2 years are found in Appendix E.

5. Recruitment and retention considerations

Under the 2025 PMA, the words "Recruitment" and "Retention" are undefined.

In the 2012 Specialists Recruitment and Retention Adjudication Award, Arbitrator Harris described the challenge of addressing Recruitment and Retention Challenges for physicians as follows:

> *The issue of recruitment and retention in the employment settings, both in the public and private sector, is a much simpler exercise than it is in the provision of physician services. In employment situation, it is usually well-defined how many*

employees are required for an organization to work efficiently within its budget. In medicine, there is no theoretical or organizational system which clearly defined of the number of physicians who are required to protect the health of citizens in the Province.

In fact, the number and distribution of physician in the province relies on the funding levels provided by Government, the organization decisions made by Health Authorities and the decisions of individual physician as to where to locate their practice. Therefore, the number and location of physicians is determined indirectly and changes with circumstances.

Within this environment, both the Doctors of BC members of the AC and members of the APPIC agree with the notion of attempting to identify physician recruitment and retention issues that are impacted by the payment ranges set out in the APSA. In doing so, the AC and APPIC members will consider indicators of recruitment and retention challenges, including the following.:

- Evidence of the number of vacant FTEs within a practice category, such as:
    - The number of vacant FTEs within a practice category
    - The percentage of vacant FTEs relative to the total FTEs within a practice category
- Information about physician-identified physician staffing shortages related to unaddressed workload growth
- Evidence of the loss of Service Contracted and Salaried Physician FTE, such as:
    - The number of departures of physicians since January 2024 to work elsewhere (e.g. to BC FFS, work in other practice categories or to work in other Canadian jurisdictions).
    - The percentage of departed FTE's relative to the total FTEs within a practice category
- Information about the recent growth of new Physician FTEs within a practice category
- Evidence of the payments being made in market comparators (e.g. BC FFS or other jurisdictions in Canada and abroad) for whom Agencies are competing for physicians
- Information about labour market competitiveness, including:

    - The duration of vacant positions,
    - The source of successful recruits,
    - The number of qualified applicants,
    - Failed recruitment efforts; and,
    - The extent to which positions require extraordinary recruitment mechanisms (e.g. sponsorship of work permits, sponsorship of provisional/academic licenses) by a Health Authority to achieve staffing targets
- Information about the supply and demographics of physicians by discipline, including:
    - The number of actively practicing physicians;
    - The number of Residents graduating in BC and across Canada; and
    - The age of actively practicing physicians
- Information about the Cost of Living in communities where Service Contracts and Salary Agreements are in use.

6. Principles to inform decision making

The Doctors of BC members of the AC developed the following set of principles to inform their negotiations with the Government at the AC:

- In general, higher increases should be applied to the practice categories with the greatest disparities;
- Respect existing relationships between practice categories, where appropriate;
- Ensure some gap between general and subspecialty practice categories;
- Consider inter-practice category disparities when making allocations to address recruitment and retention issues
- Balance making meaningful increases with breadth of adjustments; and,
- Consider disparity correction is an iterative process occurring over multiple PMAs.

Appendix A
Applicable PMA provisions regarding AC mandate

Alternative Payments Subsidiary Agreement Provisions

ARTICLE 4 - ALLOCATION COMMITTEE

4.1 By September 1, 2026, the Government and the Doctors of BC shall appoint a temporary committee ("**Allocation Committee**") in accordance with the provisions of this Article 4, whose role it will be to increase the Salary Agreement Ranges and the Service Contract Ranges by allocating the funding identified in sections 1.1(b), 1.2 (b), 1.3(b) and 1.4(b) of Appendix F to the 2025 Physician Main Agreement effective April 1, 2025, April 1, 2026, April 1, 2027, and April 1, 2028, respectively.

4.2 The Allocation Committee will be composed of an equal number of members appointed by each of the Government and the Doctors of BC. Decisions of the Allocation Committee will be by consensus decision and must be consistent with the provisions of this Agreement and the 2025 Physician Main Agreement. If the Allocation Committee is unable to reach a decision on the distribution of the funding identified in sections 1.1(b), 1.2 (b), 1.3(b), and 1.4(b) of Appendix F to the 2025 Physician Main Agreement by March 15, 2027, the applicable funding will be allocated, subject to the eligibility provisions of this Agreement, on the basis of an equal annual dollar increase per FTE to all Service Contract and Salary Agreement Rates and Ranges effective April 1 of the Fiscal Year for which the funding is allocated.

4.3 The Government and the Doctors of BC will each bear the costs of their own respective participation on the Allocation Committee.

4.4 The Allocation Committee will make a single decision that will apply to the 2025/26, 2026/27, 2027/28, and 2028/29 Fiscal Years.

4.5 The cost of the increases to the Salary Agreement Ranges and Rates and Service Contract Ranges and Rates for each of the 2025/26, 2026/27, 2027/28, and 2028/29 Fiscal Years will be based on the FTE distribution of Physicians on Service Contracts and Salary Agreements in Fiscal Year 22024/2325 and will include the associated incremental RRP cost increases and the associated incremental benefit cost increases for salaried Physicians in Fiscal Year 2024/2325.

4.6 The Government will provide the Allocation Committee with the 2024/25 FTE distribution information by September 1, 2026.

4.7 The Allocation Committee will consider the following when allocating the funding in sections 1.1(b), 1.2 (b), 1.3(b), and 1.4(b) of Appendix F to the 2025 Physician Main Agreement among the Service Contract Ranges and among the Salary Agreement Ranges:

a) Addressing challenges with retention and recruitment of Physicians in practice categories;

b) Reducing income disparity between practice categories, paying particular attention to:

    i. The new practice category, GP-Maternity, introduced in section 1.12 of Appendix F to the 2025 Physician Main Agreement, and

    ii. Practice categories with significant range increases applied in section 1.12 of Appendix F to the 2025 Physician Main Agreement; and

c) Taking into account total compensation within the Service Contract or Salary Agreement

4.8 In reaching a consensus decision, the Allocation Committee will update and modernize the assignment description for General Practice – Full Scope (Rural).

4.9 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. 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).

7.3 Physicians who are currently being paid under a Salary Agreement or a Service Contract at an annual rate that is above the range maximum on the Salary Agreement Range or Service Contract Range for their practice category will receive the applicable compensation increases described at sections 1.1(a)(iii), 1.2(a)(iv),1.3(a)(iv) and 1.4(a)(iv) of Appendix F to the 2025 Physician Main Agreement. Physicians who are currently being paid under a Salary Agreement or a Service Contract at an annual rate that is above the range maximum on the Salary Agreement Range or Service Contract Range for their practice category will not have their annual rate decreased as a result of the application of Schedule A or Schedule B, whichever is applicable, and will only receive compensation increases that are identified in sections 1.1(b), 1.2(b), 1.3(b) and 1.4(b) of Appendix F to the 2025 Physician Main Agreement to the extent that their resulting compensation is within the then current applicable Salary Agreement Range or Service Contract Range.

Section 1.1b) of Appendix F

(b) Effective April 1, 2025, $5.2 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 to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. 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).

Section 1.2 b) of Appendix F

(b) Effective April 1, 2026, $21.0 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 to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. This includes up to $0.5

million to address the growing costs of business. 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).

Section 1.3 b) of Appendix F

(b) Effective April 1, 2027, $32.0 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 those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing

services under a Service Contract or a Salary Agreement. 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).

Section 1.4 b) of Appendix F

(b) Effective April 1, 2028, $42.0 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 to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. 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).

Section 1.12 of Appendix F

Targeted Funding for Increases to Existing Practice Categories and Creation of New Practice Categories

(a) The Government and Doctors of BC agree to increase the Service Contract and Salary Agreement Rates and Ranges for certain existing practice categories and to create a new practice category for the purposes of supporting rural service delivery, reducing gender inequity, and targeting known disparities causing service instability;

(i) Effective April 1, 2026, establish a new practice category for General Practice – Maternity with a Service Contract Range maximum of $415,295. The Service Contract Range minimum and Salary Agreement Range will be set proportionally. This new practice category requires comprehensive care within a Health Authority program that includes all three phases of maternity care: prenatal, intrapartum, and postnatal. Practice category description to be further defined by the Allocation Committee. These increases will be applied to the Ranges, such that

Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

(ii) Effective April 1, 2026, the Obstetrics/Gynecology Service Contract Range Maximum will increase by $66,345 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

(iii) Effective April 1, 2027, the General Pediatrics Service Contract Range Maximum will increase by $52,227 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be

applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

(iv) Effective April 1, 2027, the Psychiatry Service Contract Range Maximum will increase by $57,245 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

(v) Effective April 1, 2027, the Forensic Psychiatry Service Contract Range Maximum will increase by $158,479 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be

applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

(vi) For clarity and notwithstanding section 1.16 of Appendix F, the increases set out at sections 1.2(a)(iv) and 1.3(a)(iv) of Appendix F will apply to the new and increased Rates and Ranges set out at 1.12(a)(i) to (v) above.

Appendix B
Estimated 2024/25 FTE counts by Practice Category

Practice Category	FTE		Practice Category	FTE
Anesthesia	4.69		Internal Medicine	77.92
Cardiac Surgery	42.35		Laboratory Medicine	312.27
Community Medicine/Public Health Area A	0.00		Maternal Fetal Medicine	21.99
Community Medicine/Public Health Area B	1.00		Medical Genetics	17.45
Community Medicine/Public Health Area C	44.48		Medical Oncology	130.98
Community Medicine/Public Health Area D	9.10		Neurology	33.54
Critical Care	117.46		Neurosurgery	18.65
Critical Care Pediatrics	19.64		Nuclear Medicine	12.10
Dermatology	6.40		Obstetrics Gynecology	30.42
Emergency Non Hosp	19.81		Ophthalmology	2.46
Emergency A	115.01		Orthopedic Surgery	12.52
Emergency B	444.27		Orthopedic Surgery Enh. Scope	24.50
Forensic Psychiatry	0.00		Otolaryngology	5.54
General Pediatrics	39.42		Pediatric Radiology	17.52
General Pediatrics Def Scope	28.65		Physical Medicine	10.38
General Practice - Defined Scope A	508.04		Plastic Surgery	4.80
General Practice - Defined Scope B	26.04		Plastic Surgery VGH/SPH	18.55
General Practice - Full Sc.(Non-JSC Comm.)	148.93		Psychiatry	23.30
General Practice - Full Scope (Rural) - Area A	106.10		Radiation Oncology)	102.80
General Practice - Full Scope (Rural) - Area B	14.80		Radiology	14.98
General Practice - Full Scope (Rural) - Area C	18.65		Subspecialty Internal Medicine	129.36
General Surgery	28.74		Subspecialty Pediatrics	80.98
General Surgical Oncology	3.53		Thoracic Surgery	19.47
Gynecological Oncology	13.02		Urology	11.60
Hematology Oncology)	54.75		Vascular Surgery	9.01
Hospitalist	695.28		Total	3653.25

Appendix C

2024/25 Service Contract Payment Ranges Excl. After Hours Allocations

	Min	Max
Community Medicine/Public Health Area A	$238,201	$297,752
General Practice - Defined Scope B	$248,567	$310,708
Emergency Medicine (Non-Hospital Based)	$249,585	$311,981
Community Medicine/Public Health Area B	$255,331	$319,164
Hospitalists	$262,782	$328,478
General Practice - Defined Scope A	$266,751	$333,439
General Practice - Full Scope (Non-JSC Community)	$279,238	$349,048
Emergency Medicine Area A	$280,507	$350,634
General Practice - Full Scope (Rural) - Area C	$283,637	$354,546
General Paediatrics (Defined Scope)	$283,968	$354,960
General Practice - Full Scope (Rural) - Area B	$290,842	$363,552
Community Medicine/Public Health Area C	$293,459	$366,824
General Practice - Full Scope (Rural) - Area A	$299,034	$373,793
Physical Medicine	$301,795	$377,244
Internal Medicine	$304,978	$381,222
Psychiatry	$304,978	$381,222
General Paediatrics	$304,978	$381,222
Community Medicine/Public Health Area D	$308,849	$386,061
Emergency Medicine Area B	$310,605	$388,256
Forensic Psychiatry	$313,709	$392,137
Anaesthesia	$319,471	$399,339
Dermatology	$320,475	$400,594
Medical Genetics	$320,475	$400,594
Sub-specialty Internal Medicine	$320,475	$400,594
Sub-specialty Paediatrics	$320,475	$400,594
Neurology	$323,281	$404,102
General Surgery	$331,770	$414,712
Ophthalmology	$331,770	$414,712
Orthopaedic Surgery	$331,770	$414,712
Otolaryngology	$331,770	$414,712
Plastic Surgery	$331,770	$414,712
Urology	$331,770	$414,712
Laboratory Medicine	$338,500	$423,125
Obstetrics/Gynecology	$340,904	$426,130
Critical Care	$344,082	$430,102
Radiology	$360,761	$450,952
Haematology/Oncology	$363,909	$454,886
Medical Oncology	$363,909	$454,886
Radiation Oncology	$363,909	$454,886
Critical Care (Pediatrics) at BCCH/BCWH	$371,742	$464,678
Nuclear Medicine	$372,032	$465,041
General Surgical Oncology	$378,967	$473,708
Gynecological Oncology	$378,967	$473,708
Maternal Fetal Medicine	$384,224	$480,280
Pediatric Radiology	$399,778	$499,723
Neurosurgery	$424,596	$530,745
Orthopedic Surgery (Enhanced Scope)	$424,596	$530,745
Vascular Surgery	$440,542	$550,678
Plastic Surgery at VGH/SPH	$467,656	$584,570
Cardiac Surgery	$552,471	$690,589
Thoracic Surgery	$562,677	$703,346

Shading identifies Practice Categories within existing relativity groupings

Appendix D

2010 to 2024 Allocation Committee increases ($'000)

Practice Category	2010	2011	2012	2013	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
GP - Full Sc. A - Area A	$10.5	$8.1	$8.8	$22.0	$5.0	$12.7	$3.0	$4.1	$4.3	$3.7	$4.3	$3.6	$6.5	$96.8
Forensic Psychiatry	$30.9	$13.6	$6.4	$16.1	$0.0	$1.8	$0.0	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$92.5
GP - Full Sc. A - Area B	$10.5	$8.1	$6.4	$16.0	$4.2	$6.8	$8.7	$4.1	$4.3	$3.7	$4.3	$3.6	$6.5	$87.3
Comm Med/Public Hth Area C	$0.0	$11.2	$8.8	$22.0	$0.0	$0.0	$6.6	$4.9	$5.1	$4.5	$6.4	$5.2	$9.4	$83.9
General Paediatrics	$10.0	$10.0	$7.3	$18.4	$0.0	$0.0	$13.9	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$83.1
Psychiatry	$12.7	$12.8	$5.7	$14.4	$0.0	$0.0	$13.9	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$83.1
Comm Med/Public Hth Area D	$0.0	$7.5	$8.8	$22.0	$0.0	$0.0	$7.0	$4.9	$5.1	$4.5	$6.4	$5.2	$9.4	$80.7
Physical Medicine	$10.0	$10.0	$7.3	$18.4	$7.1	$0.0	$0.0	$4.1	$4.3	$3.7	$4.3	$3.6	$6.5	$79.3
Neurology	$3.7	$3.7	$7.8	$19.5	$7.1	$0.0	$10.5	$6.5	$6.8	$6.0	$2.3	$1.9	$3.4	$79.1
GP - Full Sc. A - Area C	$10.5	$8.1	$3.4	$8.5	$4.2	$4.8	$13.0	$4.1	$4.3	$3.7	$4.3	$3.6	$6.5	$79.1
GP - Defined Scope A	$9.1	$9.1	$3.4	$8.4	$4.2	$3.9	$5.5	$6.5	$6.8	$6.0	$4.3	$3.6	$6.5	$77.3
Dermatology	$3.7	$3.7	$7.8	$19.5	$0.0	$7.1	$10.5	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$75.8
Gen Ped. (Defined Sc.)	$0.0	$0.0	$7.1	$17.9	$0.0	$10.0	$9.0	$6.5	$6.8	$6.0	$3.4	$2.9	$5.2	$74.8
Comm Med/Public Hth Area A	$7.5	$11.4	$3.4	$8.4	$0.0	$0.0	$5.1	$4.9	$5.1	$4.5	$6.4	$5.2	$9.4	$71.2
GP - Full Scope B	$3.0	$3.0	$3.4	$8.4	$4.2	$15.2	$0.0	$6.5	$6.8	$6.0	$4.3	$3.6	$6.5	$71.0
Critical Care (BCCH)	$0.0	$0.0	$23.1	$25.1	$9.4	$10.7	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$68.4
Medical Genetics	$2.5	$2.5	$5.8	$14.5	$0.0	$7.1	$10.5	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$66.4
Subspecialty Paed.	$2.5	$2.5	$5.8	$14.5	$0.0	$7.1	$10.5	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$66.4
Subspecialty Int Med	$2.5	$2.5	$5.8	$14.5	$9.4	$0.0	$8.1	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$66.3
Comm Med/Public Hth Area B	$0.0	$11.0	$3.4	$8.4	$0.0	$0.0	$5.6	$4.9	$5.1	$4.5	$6.4	$5.2	$9.4	$63.7
Emerg Med – Area B	$11.2	$7.6	$1.9	$4.8	$5.0	$3.2	$6.0	$4.9	$5.1	$4.5	$2.3	$1.9	$3.4	$61.7
Emerg Med – Area A	$11.0	$7.6	$1.9	$4.7	$5.0	$3.2	$6.0	$4.9	$5.1	$4.5	$2.3	$1.9	$3.4	$61.5
Hospitalists	$3.0	$3.0	$3.4	$8.4	$4.2	$3.9	$5.5	$4.9	$5.1	$4.5	$4.3	$3.6	$6.5	$60.3
Mat Fetal Medicine	$0.0	$0.0	$7.2	$18.1	$0.0	$6.5	$0.0	$5.7	$6.0	$5.2	$3.4	$2.9	$5.2	$60.2
GP - Defined Scope B	$0.0	$0.0	$0.0	$0.0	$0.0	$16.7	$0.0	$6.5	$6.8	$6.0	$6.4	$5.2	$9.4	$57.0
Internal Medicine	$2.5	$2.5	$3.7	$9.3	$7.1	$0.0	$6.7	$4.1	$4.3	$3.7	$3.4	$2.9	$5.2	$55.3
Gen Surgical Oncology	$12.5	$12.5	$0.0	$0.0	$0.0	$6.5	$0.0	$5.7	$6.0	$5.2	$0.0	$5.0	$0.0	$53.4
Gyn Oncology	$12.5	$12.5	$0.0	$0.0	$0.0	$6.5	$0.0	$5.7	$6.0	$5.2	$0.0	$5.0	$0.0	$53.4
Plastic Surgery (VGH)	$0.0	$0.0	$7.1	$17.9	$0.0	$23.0	$0.0	$0.0	$0.0	$0.0	$0.0	$5.0	$0.0	$53.0
Haematology/Oncology	$18.4	$7.1	$0.0	$0.0	$7.1	$0.0	$4.2	$0.0	$3.7	$0.0	$3.4	$2.9	$5.2	$52.1
Medical Oncology	$18.4	$7.1	$0.0	$0.0	$7.1	$0.0	$4.2	$0.0	$3.7	$0.0	$3.4	$2.9	$5.2	$52.1
Radiation Oncology	$18.4	$7.1	$0.0	$0.0	$7.1	$0.0	$4.2	$0.0	$3.7	$0.0	$3.4	$2.9	$5.2	$52.1
Radiology	$0.0	$0.0	$7.1	$17.9	$4.7	$6.5	$4.2	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$48.1
Thoracic Surgery	$2.5	$0.0	$11.4	$28.6	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$5.0	$0.0	$47.5
Laboratory Medicine	$5.0	$5.0	$0.7	$1.8	$7.1	$5.4	$9.6	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$42.3
Emerg Med (Non-Hosp)	$11.4	$0.0	$0.0	$0.0	$0.0	$0.0	$5.9	$4.9	$5.1	$4.5	$2.3	$1.9	$3.4	$39.4
Pediatric Radiology	$0.0	$0.0	$12.5	$12.5	$0.0	$0.0	$6.2	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$38.8
Critical Care	$0.0	$0.0	$0.0	$0.0	$7.1	$10.7	$0.0	$4.1	$4.3	$3.7	$2.3	$1.9	$3.4	$37.5
Nuclear Medicine	$0.0	$0.0	$0.0	$0.0	$24.4	$0.0	$0.0	$0.0	$0.0	$0.0	$3.4	$2.9	$5.2	$35.9
Vascular Surgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$4.9	$5.1	$4.5	$0.0	$5.0	$0.0	$19.5
Obstetrics/Gynecology	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$6.1	$0.0	$0.0	$0.0	$2.3	$6.9	$3.4	$18.7
Anaesthesia	$6.9	$6.9	$0.0	$0.0	$0.0	$4.7	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$18.5
General Surgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Ophthalmology	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Orthopaedic Surgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Otolaryngology	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Plastic Surgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Urology	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$2.3	$1.9	$3.4	$7.6
Cardiac Surgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Neurosurgery	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Sub-spec Ortho	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0

Appendix E

2024/25 Optimized net hourly service contract rate excl. 2019 PMA After Hours increases

Practice Category	Hourly Rate	Years of Training	Majority Salaried	LOC Adjustment (2.5%/yr)
Community Medicine/Public Health Area A	$177.23	2	Y	$177.23
General Practice - Defined Scope B	$184.95	2		$184.95
Emergency Medicine (Non-Hospital Based)	$185.70	3		$181.06
Community Medicine/Public Health Area B	$189.98	2	Y	$189.98
Hospitalists	$195.52	2		$195.52
General Practice - Defined Scope A	$198.48	2		$198.48
General Practice - Full Scope (Non-JSC Community)	$207.77	2		$207.77
Emergency Medicine Area A	$208.71	2		$208.71
General Practice - Full Scope (Rural) - Area C	$211.04	2		$211.04
General Paediatrics (Defined Scope)	$211.29	4		$200.73
General Practice - Full Scope (Rural) - Area B	$216.40	2		$216.40
Community Medicine/Public Health Area C	$218.35	5	Y	$201.97
General Practice - Full Scope (Rural) - Area A	$222.50	2		$222.50
Physical Medicine	$224.55	5		$207.71
Internal Medicine	$226.92	4		$215.57
Psychiatry	$226.92	5		$209.90
General Paediatrics	$226.92	4		$215.57
Community Medicine/Public Health Area D	$229.80	5	Y	$212.57
Emergency Medicine Area B	$231.10	5		$213.77
Forensic Psychiatry	$233.41	6		$210.07
Anaesthesia	$237.70	5		$219.87
Dermatology	$238.45	5		$220.57
Medical Genetics	$238.45	5		$220.57
Sub-specialty Internal Medicine	$238.45	5		$220.57
Sub-specialty Paediatrics	$238.45	5	Y	$220.57
Neurology	$240.54	5		$222.50
General Surgery	$246.85	5		$228.34
Ophthalmology	$246.85	5		$228.34
Orthopaedic Surgery	$246.85	5		$228.34
Otolaryngology	$246.85	5		$228.34
Plastic Surgery	$246.85	5		$228.34
Urology	$246.85	5		$228.34
Laboratory Medicine	$251.86	5		$232.97
Obstetrics/Gynecology	$253.65	5	Y	$234.63
Critical Care	$256.01	5		$236.81
Radiology	$268.42	5	Y	$248.29
Haematology/Oncology	$270.77	5		$250.46
Medical Oncology	$270.77	5		$250.46
Radiation Oncology	$270.77	5		$250.46
Critical Care (Pediatrics) at BCCH/BCWH	$276.59	6		$248.93
Nuclear Medicine	$276.81	5		$256.05
General Surgical Oncology	$281.97	7		$246.72
Gynecological Oncology	$281.97	7		$246.72
Maternal Fetal Medicine	$285.88	7	Y	$250.15
Pediatric Radiology	$297.45	6	Y	$267.71
Neurosurgery	$315.92	6		$284.33
Orthopedic Surgery (Enhanced Scope)	$315.92	6		$284.33
Vascular Surgery	$327.78	7		$286.81
Plastic Surgery at VGH/SPH	$347.96	6		$313.16
Cardiac Surgery	$411.06	6		$369.95
Thoracic Surgery	$418.66	7		$366.33