November 2023

This document summarizes the process and principles to be used by the Doctors of BC members of the 2022 Allocation Committee to inform their negotiations with the government over 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 $31.2 million over the three-year term of the 2022 PMA to make adjustments to the payment ranges for service contracted and salaried physicians. The Doctors of BC Board of Directors appoints the Doctors of BC members. The government appointees are typically drawn from the Physician Compensation Branch of the Ministry of Health and Medical Affairs Departments of the Health Authorities. Doctors of BC and the government appoint three 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 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 2022 Alternative Payment Subsidiary Agreement (APSA) and Articles 1.1 b), 1.2 b) and 1.3 b) of Appendix F to the 2022 Physician Master Agreement (PMA), the mandate of the AC is to address income disparities between practice categories and to address growth in the cost of business faced by service contracted and salaried physicians. In doing so, the AC is not permitted to consider the impact of after-hours allocations from the 2019 PMA or the 2022 PMA.

Moreover, the AC's mandate does not include income comparisons between alternatively paid physicians and physicians working under the Fee for Service (FFS) Payment Modality, the new Longitudinal Family Physician Payment Modality, or with physicians working in other jurisdictions.

The members of the AC have until January 31, 2024, to reach an agreement on how to allocate the available funds. If the AC cannot reach a consensus 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. Instead, the AC is limited to making adjustments to practice categories that may encompass a broad range of service contracts and salary agreements containing 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

Standard Terms and Conditions of Employment for salaried physicians and 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 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 the government and Doctors of BC joint committees 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 particular 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 contain multiple disciplines (e.g. Subspecialty Internal Medicine that are represented by separate Sections and have different 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 committee decisions.

The current practice categories and their corresponding 2021/22 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 physicians provide regardless of the time or day of the 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, Doctors of BC and the government began focusing on increasing compensation for services delivered 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 provided on an after-hours basis. Under the 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 AC is not to consider either of these after-hours allocations when pursuing its mandate.

The payment ranges for 2021/22, 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 reflects 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 instead must be expressed as a dollar per FTE, including the following:

Salaried physicians who do not have 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 service hours 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 must negotiate the annual hours of service that will constitute an FTE within this range. Discrete hours per FTE or a range of hours per FTE may be utilized as an FTE definition. An independent third-party troubleshooter can be called on by a local contract negotiation party to provide recommendations if the parties cannot reach an agreement on the FTE definition. While available since 2007, the troubleshooter 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 physician income 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 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 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 2021/22 FTE counts in each practice category for adjustments to the payment ranges for 2022/23 and 2023/24 fiscal years and the 2022/23 FTE counts for the adjustments to the ranges for the 2024/25 fiscal year.

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 to Doctors of BC representatives on other committees such as the AC. The APPIC met on Nov 17, 2022, February 27, 2023, and June 9, 2023, to discuss issues of income disparity between the practice categories for physicians working under service contracts and salary agreements.

The APPIC provides guidance to Doctors of BC's 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 to identify income disparities between practice categories; and
- the identification of priorities for Doctors of BC's members of the AC

In the past, 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 APPICs 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 typically have received between 30 – 40 submissions in each cycle of payment range adjustments. The submissions have been made predominantly by individuals or small groups of physicians 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 several 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 exceeds 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. Doctors of BC's 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 2022 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 Doctors of BC's 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.

Doctors of BC and the government have developed the current framework of practice categories and payment ranges 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

In past years, the previous joint committees have needed to balance recruitment and retention (market comparisons) issues with disparity/equity issues. These two issues may compete and thus explain some of the differences in income between 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 exists within the payment ranges existing and longstanding relativities 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 Doctors of BC's members of the AC have identified several 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 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 merit in utilizing several factors included within the revised MANDI methodology while 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 considers 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.

ii) Lost Opportunity Costs

The APPIC recommends that the AC considers the lost opportunity cost associated with the 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 a broader selection of subspecialty practice categories where additional post Royal College of Physicians and Surgeons of Canada (RCPSC) training is required.

In application, the APPIC recommends that the adjustment be applied 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 two 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.

The application of the above factors will allow the AC to determine adjusted net hourly payment rates for the purpose of comparing income between practice categories.

b. Optimized Net Hourly Rates

The members of the APPIC and 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's 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

There are three data sets currently available to inform Doctors of BC's members of the AC:

a. Information collected as part of the 2019 AC process
b. Optimized net hourly payment rates
c. Aggregated and anonymized information from the Doctors of BC database of service contracts and salary agreements.

Given the general stability of service contracts and salary agreement terms reflecting position on the payment range, FTE definitions and overhead responsibilities the APPIC and AC will not be seeking new submissions from Physicians and Sections to inform the 2022 AC process. Rather, the APPIC and Doctors of BC members of the AC will review information submitted as part of the 2019 AC process. Where issues related to the quality of information are identified, 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, Doctors of BC's 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 two years are found in Appendix E.

5. Principles to Inform Decision Making

Doctors of BC's 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;
- 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

4.1 By February 1, 2023 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 adjust the Salary Agreement Ranges and the Service Contract Ranges by allocating the funding identified in sections 1.1(b), 1.2(b) and 1.3(b) of Appendix F to the 2022 Physician Master Agreement effective April 1, 2022, April 1, 2023 and April 1, 2024, 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 2022 Physician Master 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) and 1.3(b) of Appendix F to the 2022 Physician Master Agreement by January 31, 2024, 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 2022/23, 2023/24 and 2024/25 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 2022/23, 2023/24 and 2024/25 Fiscal Years will be based on the FTE distribution of Physicians on Service Contracts and Salary Agreements in Fiscal Year 2022/23 and will include the associated incremental RRP cost increases and the associated incremental benefit cost increases for salaried Physicians in Fiscal Year 2022/23.

4.6 The Government will provide the Allocation Committee with the 2022/23 FTE distribution information by June 1, 2023.

4.7 The Allocation Committee will consider income disparity between practice categories and will not consider any allocations made in the 2019 Physician Master Agreement or in subsequent Physician Master Agreements to address After-Hours work, when allocating the funding in sections 1.1(b), 1.2(b) and 1.3(b) of Appendix F to the 2022 Physician Master Agreement among the Service Contract Ranges and among the Salary Agreement Ranges.

4.8 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. 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)(v), 1.2(a)(iv) and 1.3(a)(iv) of Appendix F to the 2022 Physician Master 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) and 1.3(b) of Appendix F to the 2022 Physician Master 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
Effective April 1, 2022, $9.2 million will be made available to fund increases to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address the issue of income disparity between the practice categories 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
Effective April 1, 2023, $8.1 million will be made available to fund increases to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address the issue of income disparity between the practice categories among physicians providing services under a Service Contract or a Salary Agreement. This includes up to $1.1 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
Effective April 1, 2024, $13.9 million will be made available to fund increases to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address the issue of income disparity between the practice categories among physicians providing services under a Service Contract or a Salary Agreement. This includes up to $0.1 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).

APPENDIX B
2021/22 FTE COUNTS BY PRACTICE CATEGORY*

Practice Category	FTE		Practice Category	FTE
Anesthesia	51.8		Internal Medicine	25.87
Cardiac Surgery	26.57		Laboratory Medicine	294.64
Community Medicine/Public Health Area A	0		Maternal Fetal Medicine	20.62
Community Medicine/Public Health Area B	1.8		Medical Genetics	11.1
Community Medicine/Public Health Area C	33.42		Medical Oncology	103.96
Community Medicine/Public Health Area D	9.6		Neurology	21.87
Critical Care	77.84		Neurosurgery	19.01
Critical Care (Pediatrics) at BCCH/BCWH	17.1		Nuclear Medicine	7.1
Dermatology	4.75		Obstetrics/Gynecology	13.62
Emergency Medicine (Non-Hospital Based)	10.95		Ophthalmology	2.46
Emergency Medicine Area A	29.09		Orthopaedic Surgery	0.75
Emergency Medicine Area B	327.91		Orthopedic Surgery (Enhanced Scope)	13.01
Forensic Psychiatry	0		Otolaryngology	5.04
General Paediatrics	25.5		Pediatric Radiology	17.5
General Paediatrics (Defined Scope)	24.57		Physical Medicine	8.86
GP - Defined Scope A	237.14		Plastic Surgery	4.3
GP - Defined Scope B	26.17		Plastic Surgery at VGH/SPH	16
GP - Full Scope. (Non-JSC Community)	86.74		Psychiatry	23.15
GP - Full Scope (Rural)- Area A	9.97		Radiation Oncology	75.75
GP - Full Scope (Rural)- Area B	8.74		Radiology	9.12
GP - Full Scope (Rural)- Area C	70.85		Sub-specialty Internal Medicine	74.15
General Surgery	15.54		Sub-specialty Paediatrics	70.51
General Surgical Oncology	3.16		Thoracic Surgery	16.97
Gynecological Oncology	3.71		Urology	9.52
Haematology/Oncology	36.5		Vascular Surgery	9.01
Hospitalists	452.82		Total	2466.13

* Ministry of Health Estimate of FTE Counts by Practice Category

Appendix C

2021/22 Service Contract Payment Ranges Excl. After Hours Allocations

	Min	Max
Community Medicine/Public Health Area A	$198,952	$248,691
General Practice - Defined Scope B	$209,088	$261,361
Community Medicine/Public Health Area B	$215,704	$269,630
Emergency Medicine (Non-Hospital Based)	$220,633	$275,791
Hospitalists	$228,092	$285,115
General Practice - Defined Scope A	$231,972	$289,965
General Practice - Full Scope (Non-JSC Community)	$244,184	$305,230
General Practice - Full Scope (Rural) - Area C	$248,485	$310,606
Emergency Medicine Area A	$250,872	$313,589
General Paediatrics (Defined Scope)	$251,178	$313,972
Community Medicine/Public Health Area C	$252,987	$316,234
General Practice - Full Scope (Rural) - Area B	$255,531	$319,414
General Practice - Full Scope (Rural) - Area A	$263,542	$329,427
Physical Medicine	$266,241	$332,801
Community Medicine/Public Health Area D	$268,036	$335,045
General Paediatrics	$271,723	$339,654
Internal Medicine	$271,723	$339,654
Psychiatry	$271,723	$339,654
Forensic Psychiatry	$280,261	$350,327
Emergency Medicine Area B	$280,304	$350,380
Dermatology	$286,878	$358,597
Medical Genetics	$286,878	$358,597
Sub-specialty Internal Medicine	$286,878	$358,597
Sub-specialty Paediatrics	$286,878	$358,597
Neurology	$292,699	$365,874
Urology	$301,000	$376,250
Anesthesia	$301,000	$376,250
General Surgery	$301,000	$376,250
Ophthalmology	$301,000	$376,250
Ortho Surgery	$301,000	$376,250
Otolaryngology	$301,000	$376,250
Plastic Surgery	$301,000	$376,250
Obstetrics/Gynecology	$305,983	$382,478
Lab Medicine	$307,582	$384,477
Critical Care	$313,040	$391,300
Radiology	$326,341	$407,926
Haematology/Oncology	$329,351	$411,689
Medical Oncology	$329,351	$411,689
Radiation Oncology	$329,351	$411,689
Nuclear Medicine	$337,294	$421,618
Critical Care (Pediatrics) at C&W	$346,102	$432,628
General Surgical Oncology	$349,216	$436,520
Gynecological Oncology	$349,216	$436,520
Maternal Fetal Medicine	$349,216	$436,520
Pediatric Radiology	$367,504	$459,380
Cardiac Surgery	$397,788	$497,235
Neurosurgery	$397,788	$497,235
Ortho Surgery - Enhanced Scope	$397,788	$497,235
Vascular Surgery	$409,430	$511,788
Plastic Surgery at VGH	$435,944	$544,930
Thoracic Surgery	$528,862	$661,078

Shading identifies Practice Categories within existing relativity groupings

Appendix D

Allocation Committee Increases 2010 - 2021

Practice Category	2010	2011	2012	2013	2016	2017	2018	2019	2020	2021	Total
GP - Full Sc. A - Area A	$10,506	$8,085	$8,817	$22,041	$5,000	$12,731	$3,000	$4,062	$4,255	$3,749	$82,246
Forensic Psychiatry	$30,936	$13,643	$6,428	$16,072	$0	$1,839	$0	$4,062	$4,255	$3,749	$80,984
GP - Full Sc. A - Area B	$10,506	$8,085	$6,405	$16,014	$4,232	$6,799	$8,701	$4,062	$4,255	$3,749	$72,807
General Paediatrics	$9,999	$10,000	$7,323	$18,350	$0	$0	$13,878	$4,062	$4,255	$3,749	$71,616
Psychiatry	$12,749	$12,750	$5,739	$14,372	$0	$0	$13,878	$4,062	$4,255	$3,749	$71,555
Neurology	$3,697	$3,697	$7,762	$19,504	$7,055	$0	$10,479	$6,499	$6,808	$5,998	$71,500
Critical Care (BCCH)	$0	$0	$23,060	$25,125	$9,448	$10,742	$0	$0	$0	$0	$68,375
Physical Medicine	$9,999	$10,000	$7,323	$18,350	$7,055	$0	$0	$4,062	$4,255	$3,749	$64,792
GP - Full Sc. A - Area C	$10,506	$8,085	$3,393	$8,483	$4,232	$4,808	$12,999	$4,062	$4,255	$3,749	$64,571
Dermatology	$3,697	$3,697	$7,762	$19,504	$0	$7,114	$10,479	$4,062	$4,255	$3,749	$64,320
Gen Ped. (Defined Sc.)	$0	$0	$7,142	$17,858	$0	$10,000	$8,993	$6,499	$6,808	$5,998	$63,297
MHO Area C	$0	$11,158	$8,762	$21,967	$0	$0	$6,575	$4,874	$5,106	$4,499	$62,940
GP - Defined Scope A	$9,080	$9,110	$3,357	$8,393	$4,233	$3,899	$5,450	$6,499	$6,808	$5,998	$62,828
MHO Area D	$0	$7,500	$8,761	$21,967	$0	$0	$7,000	$4,874	$5,106	$4,499	$59,708
GP - Full Scope B	$2,999	$3,000	$3,357	$8,393	$4,232	$15,174	$0	$6,499	$6,808	$5,998	$56,460
Medical Genetics	$2,500	$2,500	$5,756	$14,466	$0	$7,114	$10,479	$4,062	$4,255	$3,749	$54,882
Subspecialty Paed.	$2,500	$2,500	$5,756	$14,466	$0	$7,114	$10,479	$4,062	$4,255	$3,749	$54,882
Subspecialty Int Med	$2,500	$2,500	$5,756	$14,466	$9,406	$0	$8,087	$4,062	$4,255	$3,749	$54,782
Emerg Med – Area B	$11,157	$7,566	$1,908	$4,773	$5,000	$3,233	$6,012	$4,874	$5,106	$4,499	$54,129
Emerg Med – Area A	$10,972	$7,576	$1,896	$4,741	$4,999	$3,233	$5,950	$4,874	$5,106	$4,499	$53,847
MHO Area A	$7,499	$11,383	$3,357	$8,393	$0	$0	$5,104	$4,874	$5,106	$4,499	$50,216
Mat Fetal Medicine	$0	$0	$7,197	$18,081	$0	$6,543	$0	$5,687	$5,957	$5,249	$48,713
Gyn Oncology	$12,499	$12,500	$0	$0	$0	$6,543	$0	$5,687	$5,957	$5,249	$48,435
Gen Surgical Oncology	$12,499	$12,500	$0	$0	$0	$6,543	$0	$5,687	$5,957	$5,249	$48,435
Plastic Surgery (VGH)	$0	$0	$7,143	$17,858	$0	$23,000	$0	$0	$0	$0	$48,001
Hospitalists	$2,999	$3,000	$3,357	$8,393	$4,232	$3,900	$5,450	$4,874	$5,106	$4,499	$45,810
Internal Medicine	$2,500	$2,501	$3,714	$9,286	$7,054	$0	$6,701	$4,062	$4,255	$3,749	$43,821
MHO Area B	$0	$10,973	$3,357	$8,393	$0	$0	$5,560	$4,874	$5,106	$4,499	$42,763
Thoracic Surgery	$2,508	$0	$11,428	$28,572	$0	$0	$0	$0	$0	$0	$42,508
Haematology/Oncology	$18,400	$7,100	$0	$0	$7,086	$0	$4,246	$0	$3,744	$0	$40,576
Medical Oncology	$18,400	$7,100	$0	$0	$7,086	$0	$4,246	$0	$3,744	$0	$40,576
Radiation Oncology	$18,400	$7,100	$0	$0	$7,086	$0	$4,246	$0	$3,744	$0	$40,576
Radiology	$0	$0	$7,143	$17,858	$4,724	$6,503	$4,246	$0	$0	$0	$40,473
GP - Defined Scope B	$0	$0	$0	$0	$0	$16,736	$0	$6,499	$6,808	$5,998	$36,041
Laboratory Medicine	$5,000	$5,000	$718	$1,796	$7,087	$5,433	$9,642	$0	$0	$0	$34,676
Emerg Med (Non-Hosp)	$11,383	$0	$0	$0	$0	$0	$5,887	$4,874	$5,106	$4,499	$31,749
Pediatric Radiology	$0	$0	$12,500	$12,501	$0	$0	$6,219	$0	$0	$0	$31,220
Critical Care	$0	$0	$0	$0	$7,086	$10,742	$0	$4,062	$4,255	$3,749	$29,895
Nuclear Medicine	$0	$0	$0	$0	$24,415	$0	$0	$0	$0	$0	$24,415
Anesthesia	$6,893	$6,894	$0	$0	$0	$4,707	$0	$0	$0	$0	$18,494
Vascular Surgery	$0	$0	$0	$0	$0	$0	$0	$4,874	$5,106	$4,499	$14,479
Obstetrics/Gynecology	$0	$0	$0	$0	$0	$0	$6,089	$0	$0	$0	$6,089
Neurosurgery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Urology	$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
Cardiac Surgery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Otolaryngology	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Orthopaedic Surgery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Ophthalmology	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Plastic Surgery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
General Surgery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Appendix E

2021/22 Optimized Net Hourly Service Contract Rate Exc. 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	$148.03	2	Y	$148.03
General Practice - Defined Scope B	$155.57	2		$155.57
Emergency Medicine (Non-Hospital Based)	$164.16	3		$160.06
Community Medicine/Public Health Area B	$160.49	2	Y	$160.49
Hospitalists	$169.71	2		$169.71
General Practice - Defined Scope A	$172.60	2		$172.60
Community Medicine/Public Health Area C	$188.23	5	Y	$174.12
General Paediatrics (Defined Scope)	$186.89	4		$177.54
General Practice - Full Scope (Non-JSC Community)	$181.68	2		$181.68
Physical Medicine	$198.10	5		$183.24
Community Medicine/Public Health Area D	$199.43	5	Y	$184.47
General Practice - Full Scope (Rural) - Area C	$184.88	2		$184.88
Emergency Medicine Area A	$186.66	2		$186.66
Psychiatry	$202.18	5		$187.01
Forensic Psychiatry	$208.53	6		$187.68
General Practice - Full Scope (Rural) - Area B	$190.13	2		$190.13
Internal Medicine	$202.18	4		$192.07
General Paediatrics	$202.18	4		$192.07
Emergency Medicine Area B	$208.56	5		$192.92
General Practice - Full Scope (Rural) - Area A	$196.09	2		$196.09
Dermatology	$213.45	5		$197.44
Medical Genetics	$213.45	5		$197.44
Sub-specialty Internal Medicine	$213.45	5		$197.44
Sub-specialty Paediatrics	$213.45	5	Y	$197.44
Neurology	$217.78	5		$201.45
Anesthesia	$219.49	5		$203.02
General Surgery	$223.96	5		$207.16
Ophthalmology	$223.96	5		$207.16
Orthopaedic Surgery	$223.96	5		$207.16
Otolaryngology	$223.96	5		$207.16
Plastic Surgery	$223.96	5		$207.16
Urology	$226.20	5		$209.23
Obstetrics/Gynecology	$227.67	5		$210.59
Laboratory Medicine	$228.86	5		$211.69
Critical Care	$232.92	5		$215.45
Haematology/Oncology	$245.05	5		$226.67
Medical Oncology	$245.05	5		$226.67
Radiation Oncology	$245.05	5		$226.67
Radiology	$245.05	5	Y	$226.67
Maternal Fetal Medicine	$259.83	7	Y	$227.35
General Surgical Oncology	$259.83	7		$227.35
Gynecological Oncology	$259.83	7		$227.35
Critical Care (Pediatrics) at BCCH/BCWH	$257.52	6		$231.77
Nuclear Medicine	$250.96	5		$232.14
Pediatric Radiology	$273.44	6	Y	$246.10
Neurosurgery	$295.97	6		$266.38
Orthopedic Surgery (Enhanced Scope)	$295.97	6		$266.38
Vascular Surgery	$304.64	7		$266.56
Cardiac Surgery	$300.45	6		$270.40
Plastic Surgery at VGH/SPH	$324.36	6		$291.93
Thoracic Surgery	$393.50	7		$344.31