

September 29, 2022  
Dr. Dermot Kelleher  
Dean, Faculty of Medicine 317 - 2194 Health Sciences Mall  
Vancouver, BC Canada V6T 1Z3

**Re: Separate Recommendations of Doctors of BC Members on the Clinical Faculty Working Group – Compensation Increases**

Dear Dean Kelleher,

We are writing on behalf of the Doctors of BC members of the Clinical Faculty Working Group pursuant to the Letter of Intent (LOI) signed in 2011 between Doctors of BC and the Faculty of Medicine (FoM).

The Working Group completed its review of a survey of Clinical Faculty (CF) conducted in December 2021 and has agreed on many joint recommendations which were forwarded to you by letter dated September 27, 2022.

The 2011 LOI also permits separate recommendations to the FoM based on the results of the Survey. This letter outlines a separate recommendation by the Doctors of BC representatives of the Working Group regarding compensation for teaching activities as set out in the Clinical Faculty Compensation Terms.

The Survey this year is consistent with previous years, including 2018, related to the issue of Clinical Faculty compensation which should be of significant concern to the FoM. In particular, the Survey indicates:

- 58% of CF respondents identified insufficient compensation as one of the most important challenges they face.

The Survey also continues to demonstrate that pressures in the clinical environment are leading to greater challenges in providing clinical teaching services:

- 69% of CF report that balancing seeing patients quickly, interferes with quality teaching.
- 59% say that they have difficulty balancing quality patient care with quality teaching.

This year a new question was added to the survey asking how physicians would like clinical teaching services to be treated under an Alternative Payment (AP) contract, which reinforces that compensation is a significant concern for contracted physicians:

- 73% of physicians want their current AP contractual arrangement to accommodate teaching by maintaining the time for medical services and teaching but increasing compensation by the applicable UBC premium.

- 27% of physicians want their current AP contractual arrangement to accommodate teaching by reducing medical services to free up the additional time to teach.

The survey illustrates a high number of physicians under AP contracts are dissatisfied with compensation:

- 64% of Service Contracted physicians are dissatisfied with current compensation in the MD Postgraduate Program (up from 57% in 2018), and 62% of Salary Contracted physicians (up from 47% in 2018).
- 62% of Service Contracted physicians are dissatisfied with current compensation in the MD Undergraduate Program (up from 59% in 2018), and 52% of Salary Contracted physicians (up from 45% in 2018).

Contracted Physicians are dissatisfied with the current arrangement of not being compensated by UBC for their teaching, indicating that they do not feel appreciated, or respected for their efforts. Contracted physicians are often paid a daily rate under their contract for clinical services, including teaching. However, when teaching, they often are required to provide additional unpaid hours to complete their clinical workload for the day, to make up for the time it took to teach.

These challenges have not been addressed for all CF members and have led to an environment in which CF have strengthened their signal that they are prepared to reduce their commitment to teaching:

- 66% of respondents (up from 57% in 2018, and up from 46% in 2017) indicated that, if their concerns about compensation are not addressed over the next year, they are likely to take at least one of the following actions:
  - 48% to reduce overall commitment to the FoM (up from 42% in 2018)
  - 44% to spend less time on preparation (up from 41% in 2018)
  - 44% to do fewer lectures (up from 39% in 2018)
  - 39% to do less bedside teaching (up from 35% in 2018)
  - 20% to recommend that Doctors of BC organize job action (up from 19% in 2018)
  - 12% to resign their clinical faculty appointment (up from 8% in 2018)

We believe that these concerns pose a material risk to the FoM, and with the current inflation of 2022, these risks are increasing.

Adding to these risks is the proposed Simon Fraser University (SFU) Medical School, which will add pressure on UBC, as there will be an alternative for clinical faculty members. We encourage a compensation increase now to reduce the risk of physicians taking action and to reduce the risk of physicians moving to SFU once that medical school is open.

The survey indicates that physicians are required to work additional hours to make up for teaching time. The workload of physicians related to teaching has increased without any additional compensation in recognition. For example, the introduction of Competency by Design (CBD), part of the Royal College of

Physicians and Surgeons of Canada (RCPSC) accreditation has significantly increased workload related to teaching assessments, without any additional compensation. While there are recognized benefits to teaching, and it is generally recognized as a professional responsibility, the frustration levels over inadequate compensation are high, and signals are showing that more physicians are willing to take action than in previous years.

The lack of adequate adjustment to teaching rates is viewed by the Clinical Faculty as a significant factor contributing to a sense that the FoM does not appreciate the value of their work.

The lack of compensation by UBC for teaching under AP arrangements has also led to a sense of frustration from contracted physicians, in particular those under Service Contract and Salary Contract.

With only one compensation increase per teaching unit provided in the past 14 years, we are proposing an increase to bring compensation levels back on track from the 2020 increase. To make up for the lack of an increase in 2021, and with extremely high inflationary pressures in 2022, we propose that, at a minimum, the unit rate be increased by the 2% shortfall from 2021, and then on top of that, an increase at the BC Consumer Price Index (BC CPI) for 2022. The current unit rate is \$91.80 per unit, and with an increase of 2% for 2021, and an increase reflective of a BC CPI of 7.3% as of August 2022 we are proposing an immediate increase to \$100.47 per unit for 2022. Furthermore, we recommend that, for each year following the 2022 increase, the FoM further adjust the unit rate and other fees by the annual rate of increase to the BC CPI for the calendar year immediately preceding the academic year in question, for the duration of Clinical Faculty Compensation Terms.

The Doctors of BC would be pleased to support UBC in their approach with the Ministry to advocate for increased funding to address compensation increases for clinical teaching.

Additionally, we are proposing that UBC advocates with the Ministry of Health to provide the UBC teaching compensation for those physicians with AP arrangements.

We are grateful for the compensation increase implemented by UBC in response to our separate recommendation in 2020. However, as you have acknowledged in your response letter, it did fall short of what we were requesting. We recognize the funding challenges of UBC and the impacts that COVID has had over the past two years. Our view, however, is that not addressing the pressure for at least maintaining after-inflation compensation for teaching by clinical faculty poses a significant risk to the sustainability of the UBC program. In addition, the Doctors of BC feels that it must act to support the clear priority of our members who provide invaluable teaching services to the next generation of physicians.

If you accept our recommendations on compensation, then the Doctors of BC will support a 3 year extension to the terms of compensation. If there is an inadequate compensation increase provided, then the Doctors of BC supports repeating the Clinical Faculty Working Group consultation process annually.

We close by thanking you for supporting the joint Clinical Faculty Working Group consultation process. We have found the FoM representatives on the Working Group to be professional and collaborative and committed to identifying and acting on opportunities to improve the program.

We look forward to your response to our recommendation.

Sincerely,  
DoBC members of the CFWG



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Dr. David Wensley  
CFWG Co-Chair, Doctors of BC



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Dr. Karin Blouw  
CFWG Representative, Doctors of BC



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