

# Consensus Decision of the Allocation Committee (AC) for Fiscal Years 2022/23 to 2024/25

Effective Date April 1, 2022

## 1.0 Purpose and Effect

- 1.1 This document records the consensus decision of the AC to adjust the Service Contract Ranges and Salary Agreement Ranges (the “**Ranges**”) pursuant to section 4.1 of the 2022 Alternative Payments Subsidiary Agreement (the “**2022 APSA**”).
- 1.2 This Consensus Decision is binding upon satisfaction of the requirements for a consensus decision set out in section 1.2 of the 2022 Physician Master Agreement (the “**2022 PMA**”). The Government and the Doctors of BC agree to execute and deliver any and all required documents and take any and all steps that may reasonably be required to carry out the Consensus Decision.
- 1.3 This document is subject to the terms of the 2022 PMA and the 2022 APSA. If there is any conflict or inconsistency between any terms of this document and any terms of the 2022 PMA or the 2022 APSA, the terms of those Agreements will prevail.

## 2.0 Funding

- 2.1 In accordance with section 4.1 of the 2022 APSA, the AC allocates the funding available (the “**Funding**”) for adjustments to the Ranges, which is identified in subsections 1.1(b), 1.2(b) and 1.3(b) of Appendix F to the 2022 PMA as follows:
  - 1.1(b) 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.
  - 1.2(b) 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.

1.3(b) 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.

2.2 In addition to the Funding above, Government will make an amount available so as to further increase the Ranges for the following three practice categories: Radiation Oncology, Hematology Oncology, Medical Oncology as per 4.1.2 below.

### **3.0 Cost of Increases**

3.1 In accordance with section 4.5 of the 2022 APSA, the costs of the increases to the Ranges and Rates for each of the 2022/23, 2023/24 and 2024/25 fiscal years is 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.

### **4.0 Adjustments to the Ranges**

#### **4.1 Adjustments to the Ranges Effective April 1, 2022, April 1, 2023 and April 1, 2024**

4.1.1 The Ranges are adjusted by the AC effective April 1, 2022, April 1, 2023 and April 1, 2024 as set out in Appendix A.

4.1.2 In addition, effective April 1, 2023 the Service Contract Range Maximum for the following three practice categories - Radiation Oncology, Medical Oncology, Hematology Oncology - will increase by a further \$28,000 and this Maximum, along with the proportional Service Contract Range Minimum and Salary Agreement Range, will be reflected in Schedule A and Schedule B of the APSA.

4.1.3 In addition, effective April 1, 2024, the Cardiac Surgery Service Contract Range Maximum will increase to \$690,589, inclusive of increases described in the 2022 PMA. This Range Maximum, along with the proportional Service Contract Range Minimum and Salary Agreement Range, will be reflected in Schedule A and Schedule B of the APSA.

## 4.2 Finalizing Range Adjustments

**4.2.1** In accordance with section 4.8 of the 2022 APSA, the Government and the Doctors of BC will revise and publish Schedule A and Schedule B of the APSA to reflect the 2022/23, 2023/24 and 2024/25 Ranges by factoring in this Consensus Decision of the AC, the general increases found at 1.1(a)(v), 1.2(a)(iv) and 1.3(a)(iv) of Appendix F to the 2022 PMA and any applicable Cost of Living Adjustment for April 1, 2023 and April 1, 2024 as found at Appendix J to the 2022 PMA.

## 5.0 Assignment to Practice Categories

**5.1 General Practice - Full Scope (Non-Joint Standing Committee (JSC) Community):** General Practitioners who provide a Full Service Family Practice (as the term is used by the Family Practice Service Committee) in the community are assigned to the practice category “General Practice – Full Scope (Non-JSC Community)”.

**5.2 General Practice - Full Scope (Rural):** General Practitioners who provide a Full Service Family Practice (as the term is used by the Family Practice Service Committee) in a rural community, as defined in the Rural Practice Subsidiary Agreement and provide one or more of anaesthesia, obstetrics, general surgery and emergency services in a hospital or designated D & T Centre, are assigned to the practice category “General Practice - Full Scope (Rural)” which shall have three associated Ranges.

Assignment to Ranges A, B and C will be on the basis of the isolation points assigned by the JSC to a particular community from time to time and when changes to isolation points result in a change in the applicable Range, implementation of such change will be determined by JSC policy. Specifically, Range A is for practice in communities assigned 20 or greater isolation points, Range B for communities assigned 15-19.99 isolation points and range C for communities assigned 1.5 - 14.99 isolation points.

**5.3 General Practice - Defined Scope A:** The “General Practice – Defined Scope A” category is applicable to General Practitioners who do not provide a Full Service Family Practice (as the term is used by the Family Practice Services Committee) but are contracted or employed by an Agency to provide Physician Services in a focussed area of practice (e.g. palliative care, geriatrics, complex pain, mental health, sexual medicine). This category includes General Practitioners who provide cancer treatment services in a hospital and in the community (commonly referred to as “GP Oncologists”) under a contract with the BC Cancer Agency.

- 5.4 General Practice - Defined Scope B:** General Practitioners who do not provide Full Service Family Practice (as the term is used by the Family Practice Services Committee), limited to those who (i) provide services in student health centres or (ii) provide clinical associate services, are assigned to the practice category “General Practice – Defined Scope B”.
- 5.5 General Paediatrics (Defined Scope):** Paediatricians who work under the supervision of other Physicians are assigned to the practice category “General Paediatrics (Defined Scope)”. This includes General Paediatricians who provide ICU, SCN, or oncology services.
- 5.6 General Paediatrics:** General Paediatricians who do not work under the supervision of other physicians are assigned to the practice category “General Paediatrics”.
- 5.7 Emergency Medicine**
- 5.7.1** The Emergency Medicine (Non-Hospital Based) practice category is reserved for physicians required to provide emergency medicine expertise in a non-hospital setting (e.g. physicians contracted by the BC Ambulance Service).
- 5.7.2** The Emergency Medicine Area A Range is reserved for General Practitioners (GPs) without CCFP (EM) qualifications
- 5.7.3** The Emergency Medicine Area B Range is reserved for:
- 5.7.3.1** Physicians with the following Emergency Medicine qualifications: CCFP (EM), FRCPC (EM or Paediatric EM), ABEM (SPs) or American subspecialty board certification in pediatric emergency medicine through the American Board of Pediatrics or American Board of Emergency Medicine.
- 5.7.3.2** Physicians holding certification in General Pediatrics who have been grandfathered on this range.
- 5.7.3.3** Physicians holding certification in General Pediatrics who begin working in the BCCH ED post May 22, 2014 and who have 5 years of continuous, full-time experience working in a pediatric emergency department within two years of the commencement of work at BCCH ED.
- 5.7.3.4** Physicians holding certification in General Pediatrics post May 22, 2014 who have less than five years continuous, full-time

experience in a pediatric emergency department will be placed at a maximum of 0.92 of the Area B Range maximum.

**5.8 Community Medicine/Public Health Areas A through D**

**5.8.1** For assignment to these Ranges, see Schedule G to the Alternative Payments Subsidiary Agreement.

**5.9 Critical Care (Pediatrics) at BCCH/BCWH**

**5.9.1** This range/practice category is not applicable to clinical associates only qualified as paediatricians or general practitioners, or to physicians receiving any other compensation for services as per the “grandfathered” arrangement, subject to their relinquishing such “grandfathered” compensation.

**5.9.2** Application of this range to existing physicians is without prejudice to the positions that may be taken by the Government or the Doctors of BC, including with respect to the application of this range to new physicians.

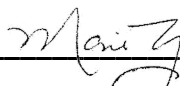
**6.0 Implementation**

**6.1** In accordance with Subsections 1.1(b), 1.2(b) and 1.3(b) of Appendix F of the 2022 PMA, 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).

**6.2** Physicians working under a Service Contract or Salary Agreement will be eligible to receive retroactive increases to April 1, 2022 consistent with the 2022/23, 2023/24 and 2024/25 Ranges.

This Consensus Decision made by the AC on the 27 day of March 2024, but effective April 1, 2022.

**For the Government:**

  
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Marie Ty

**Print Name:**

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Marie Ty

For the Doctors of BC:

A handwritten signature in blue ink, appearing to read 'R Tucker', written over a horizontal line.

Print Name:

Roderick Tucker

