



2025 Report to Members

# Charting our path forward



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**Charlene Lui**  
MD, President

## Report of the President

If I had to choose one defining takeaway from my year as President, it is this: the strength of Doctors of BC lies in its connections—with members, with communities across the province, and with the people and institutions that shape health care in British Columbia.

Throughout 2025, I had the privilege of visiting more than 60 communities across BC and connecting with hundreds of physicians. From large urban centres to small rural, remote, and Indigenous communities, I saw physicians working in very different circumstances, yet united by a shared and unwavering commitment to their patients and to the communities they call home. Everywhere I went, I saw and heard pride in their work and deep appreciation from physicians, team members, patients, and community members alike.

My visits across the province underscored the resilience and dedication of my fellow physicians. Particularly in rural and remote communities, where physicians often practise with fewer resources, broader scopes, and

significant on-call demands, I saw physicians adapt, step up, and continue to deliver high-quality care under pressure. What stood out most was that they spoke not just about providing care, but about their broader role in supporting community health, environmental stewardship, and long-term sustainability. Physicians are deeply connected to the well-being of their communities and play a vital role in their strength and sustainability.

At the Union of BC Municipalities annual convention, we engaged with local leaders from across the province on key issues such as recruitment and retention, emergency department closures, and the broader impacts of health care shortages. We also heard about innovative, community-driven efforts to support physicians and their families. These conversations reinforced the importance of meaningful collaboration in strengthening health care in BC.

System pressures remain significant and have shaped our advocacy over the past year. I had the privilege of bringing the physician perspective to discussions with government and health system leaders, as well as through numerous media engagements. The long-overdue elimination of routine sick notes is one example of what sustained, unified advocacy can achieve.

I want to express my sincere gratitude to physicians across British Columbia. Thank you for the trust you placed in me this past year as your president. Most of all, thank you for your resilience, hard work, and unwavering dedication—often in the face of extraordinary demands. You are the foundation of our health care system. Your efforts matter, and they make a profound difference every day.

It feels like medicine and health care are at a crossroads. Know that Doctors of BC is here to support each one of you, and together, we will continue to strengthen our profession and build a health care system that reflects our shared values and meets the needs of physicians and patients across the province.



The strength of Doctors of BC lies in its connections.

– Dr Charlene Lui





John Hwang  
MD, Chair

## Report of the Chair of the Board of Directors

This past year was shaped by significant change and complexity across the health care landscape. In a dynamic environment marked by political transitions and system pressures, the Board remained focused on providing steady governance, amplifying the physician voice, and supporting the association in meeting members' needs across BC.

Externally, the consequences of elections in BC, Canada, and the United States brought shifts in policy direction and priorities. Within BC, the appointment of a new minister and deputy minister of health, along with changes in ministerial portfolios, resulted in limited institutional memory at a time when continuity and collaboration are especially important. These transitions unfolded as the province underwent emergency department closures, ongoing impacts of the toxic drug crisis, long-term care capacity shortfalls, and acute pressures in communities such as Kelowna and Kamloops. Together, these challenges

reinforced the need for clear advocacy and a unified physician voice.

Against this backdrop, the Board guided the organization's work on several critical priorities in 2025. These included advancing Doctors of BC's engagement and response plan related to the Health Professions and Occupations Act, pursuing fairness and equity through Physician Master Agreement negotiations, and responding to the ongoing health authority reviews. Each of these files carries long-term implications for physicians and the delivery of care in BC.

I would like to thank my fellow Board members for their courage and commitment throughout the year. Their willingness to engage deeply with complex issues and remain focused on member needs was central to the Board's work.

Fiscal sustainability was a key focus. The Board approved a three-year budget designed to maintain a balanced financial position, implement inflationary increases to dues, and build organizational reserves consistent with Canada Revenue Agency guidelines. We also approved an organizational review to ensure Doctors of BC is well positioned to meet current and future demands.

Our commitment to truth and reconciliation continued to guide our work. The Board supported the formation of an Indigenous Guiding Circle and the delivery of multiple Indigenous-specific anti-racism and equity, diversity, and inclusion events, reflecting our ongoing commitment to advancing cultural safety within the profession.

Promoting physician health, wellness, and safety remained a priority. The Board supported the expansion of Physician Health Program services, which saw increased program usage across the province, and co-hosted the Canadian Conference on Physician Health in October alongside the Canadian Medical Association.

We also highlighted the important work of the

Administrative Burdens Working Group, recognizing the impact of administrative load on physician well-being and patient care.

There was also substantial ongoing work in governance and advocacy. This included continued governance renewal, demonstrating the value of the Joint Collaborative Committees, advancing a multi-pronged approach to specialist issues, strengthening relationships with sections and societies, and building on the successes of the Longitudinal Family Physician Payment Model. Attention to the needs of remote and rural physicians remained integral throughout the year.

At the May 2025 Board retreat, we focused on increasing the influence of the physician voice and engaging members on the future of the profession and the culture of medicine. In line with this commitment, we continue to strengthen the impact of members' voices through many avenues, including the Representative Assembly, where special effort is made to ensure the Board regularly reports on financial and strategic issues. Discussions from the retreat have informed our priorities moving forward, including improving how we hear and understand member perspectives, increasing transparency, strengthening physician leadership experiences, and clearly demonstrating the value of Doctors of BC.

Looking ahead to 2026, significant work remains, including the implementation of the Health Professions and Occupations Act, ongoing negotiations of the Physician Master Agreement, and the implications of health authority reviews and system transformation initiatives.

It has been an honour to serve on the Board this year. We live in interesting and challenging times, and I look ahead to the opportunities the coming year will bring with optimism.



Lloyd Oppel  
MD, Speaker

## Report of the Speaker of the Representative Assembly

The Doctors of BC Representative Assembly (RA) provides a unique place where a diverse cross-section of the membership can act as both a bellwether and a barometer for issues of interest or impact to the profession. With positions for over 100 physician members, the RA plays a role in the oversight of the Board and is the body that elects the directors of the association. Further, the RA supports the Board by adding its diversity of perspectives to the key strategic questions facing the association.

Along with the above, the RA offers a space where physicians can meet, learn about the workings of Doctors of BC, and develop leadership skills. The RA has become somewhat of a “town square,” where members

from all corners of the profession can gather in a welcoming and collegial environment.

In 2025, the RA weighed in on a number of important topics, including the association’s response to the Health Professions and Occupations Act and the associated changes to the bylaws of the College of Physicians and Surgeons of British Columbia; the health care human resource crisis; the health authority reviews; physical and psychological safety for physicians; RA members’ vision for the future state of the RA; and approval of a modest membership dues increase supported by increased financial transparency and longer-term planning.

From the inception of the RA in 2017, its role within Doctors of BC’s governance framework has continued to evolve. Over the past year, commitments to further define the RA’s Board oversight function through regular financial and strategic updates, enhancements to the voice of RA members within the RA, and a more intentional and strategic use of the RA have come to fruition.

For example, every meeting now starts with an earmarked financial and strategic update so that RA members can assess how the Board is progressing as stewards of the association. The RA now has clearer rules of procedure to support more effective meetings. The agenda planning group was expanded for 2025 to include more RA members. There are clearer and more transparent mechanisms for RA members to bring motions forward for discussion or consideration. There are enhanced background materials, and we now have an onboarding process for new members.

Ongoing strengthening of the voice of RA members and further development of the circle of accountability between the RA and the Board will allow the RA to step further into its advisory, strategic, and oversight roles.

Adding to the evolving role of the RA is the governance review currently underway to examine how the RA can best be used in the Doctors of BC ecosystem. The ad hoc RA Future State Committee (on which RA members

had a prominent role) has reported on its deliberations to the Governance Committee. Further action will include input from the Board and the broader membership.

In closing, I would like to express my thanks to the RA’s deputy speaker, Dr Alicia Pawluk, and the Doctors of BC staff who support the RA. Special thanks goes to the RA members themselves, whose diverse insights and commitment to our members allow us to lead the way forward.



The RA has become somewhat of a 'town square,' where members from all corners of the profession can gather in a welcoming and collegial environment.

– Dr Lloyd Oppel



Anthony Knight  
MBA, CEO

## Report of the CEO

This was a milestone year for Doctors of BC, marking our 125th anniversary. It was an opportunity to reflect on more than a century of advocating for and supporting physicians across BC, while charting our path forward in an ever-evolving, challenging health care landscape.

In 2025, we focused on supporting physician health and well-being and advocating strongly on key issues, including specialist waitlists, the new Health Professions and Occupations Act, and administrative burdens. We also strengthened relationships with municipal partners to support recruitment and retention efforts. Significantly, membership grew to nearly 20,000 physicians, marking an important milestone for the association.

Specialist care and patient access remained a key focus. In January, we released the results of the 2024 Specialist Waitlist Survey, accompanied by a media campaign that highlighted the growing waitlist crisis. Approximately 1.2 million patients are waiting for specialist consultations, a number that will be further compounded by additional delays in diagnostic procedures, treatments, and surgeries. We continue to advocate with the Ministry of Health to fund a long-awaited specialist waitlist data project to accurately capture and address this ongoing issue.

We also launched a new website, shaped by valuable member feedback. This marked a major advancement

in usability, performance, and security, enhancing members' online experience and providing better access to important resources and information. The site recorded nearly 1 million interactions in its first year, with further improvements already planned.

Physician health and safety remained a priority, with two key events: the Physician Health and Safety Summit in April and the Canadian Conference on Physician Health in October, in partnership with the Canadian Medical Association. They brought together hundreds of physicians to share valuable insights, engage in inspiring discussions, and participate in practical workshops focused on fostering a safer, more efficient work environment. I am very proud of this important work and the ongoing support our Physician Health Program provides to members in need.

Across the province, the Advocacy Team and our Regional Advisors and Advocates supported members through challenging circumstances, such as the pediatrician shortage in Kelowna, emergency department closures in many communities, and recruitment and retention challenges at West Coast General Hospital. These examples only scratch the surface of our involvement in these issues, and, as always, we encourage members to contact our advocacy and negotiations teams if they face challenges in this difficult health care environment.

Our truth and reconciliation work continued with the establishment of a 10-member Indigenous Guiding Circle, approved by the Board in March, to advise on the association's truth and reconciliation commitments and Indigenous-specific anti-racism initiatives. We also welcomed our first chief medical advisor for Indigenous health care, Dr Kelsey Louie, to our leadership team. While we are encouraged by our progress, we humbly acknowledge that there is still much work to do to reconcile the historical role of our association and the profession's negative impact on the health of Indigenous people in our province.

In October, the JCC Conference and the JCC Showcase brought together hundreds of family and

specialist physicians to share insights, strengthen connections, and inspire meaningful progress. It was a powerful reminder of what physicians can achieve when they collaborate to improve care for patients and communities across BC. The next JCC Showcase will take place in January 2027.

This year also brought significant changes at the Ministry of Health and across the provincial government, affecting our relationships and setting a new course that we are successfully navigating. Combined with government fiscal pressures, this created a new atmosphere for our work. In response, we renewed our focus on government and municipal relations, including attending the Union of BC Municipalities annual convention, supporting municipal leaders in addressing critical health care challenges in their communities, and meeting with communities such as Surrey to better understand local recruitment and retention measures. We are collaboratively developing a guide to help municipalities pursue these efforts effectively.

Internally, we advanced operational efficiencies with a new integrated planning process, while our member services team handled over 37,000 inquiries, answering most phone calls in under 23 seconds. We also provided over 60,000 Club MD discounts and generated more than \$4 million in insurance revenue.

This was yet another incredibly busy year, and this Report to Members provides only a snapshot of all the work led by our Board, the Representative Assembly, our committees, and our physician leaders. I am proud to serve as CEO during this challenging time in BC health care, and I am deeply grateful to staff, members, and physician leaders for their dedication. Your work and advocacy are driving meaningful change for patients and colleagues across the province. Thank you for all your efforts, and I look forward to what we will accomplish together in the year ahead.

## Feature story

# Advocacy in action: Response to the pediatric unit closure at Kelowna General Hospital



In May 2025, the Interior Health Authority announced a temporary closure of the 10-bed pediatric unit at Kelowna General Hospital (KGH), which brought a swift reaction full of concern from both physicians and area parents, as well as criticism from opposition Members of the Legislative Assembly. Doctors of BC moved quickly and was deeply involved in supporting and advocating for Kelowna physicians in response to the closure. The association immediately engaged with the KGH Medical Staff Association, affected departments, and Interior Health senior leadership to ensure that affected physicians' concerns about the impact of the closure were addressed.

These advocacy efforts resulted in the establishment of a joint working group comprising senior staff from Interior Health; physician representatives from the pediatric, emergency medicine, and surgical departments at KGH; members of the KGH Medical Staff Association; and Doctors of BC.

The working group addressed challenges involved in recruitment and retention efforts, training programs to facilitate care for young patients, support for patient transfers, and long-term planning. Doctors of BC's president and members of the Doctors of BC Advocacy department actively participated in discussions, and staff provided communication support to help physicians manage ongoing media relations.

As a result of the advocacy work done by local physicians and Doctors of BC with Interior Health, the KGH pediatric unit reopened in August. The working group has achieved tangible progress in several key areas identified as priorities by local physicians, including recruitment and retention, equipment and resources, training programs for allied professionals, support for patient transfers, and improved long-term planning.

Interior Health and the KGH Medical Staff Association will continue collaborating on progress and outstanding issues, including seeking input from other hospital departments to help shape priorities moving forward. Doctors of BC continues to be available to support this and other issues at KGH. The KGH Medical Staff Association will continue to provide regular updates to medical staff. Interior Health, through its collaborative efforts with members of the working group, should be commended for taking a proactive approach to resolving complex multi-faceted challenges to the health system through increased transparency and communication with physician members.

Learn more about the [recruitment successes](#) achieved by Doctors of BC's collaboration with Interior Health.

### Photo:

Kelowna General Hospital Centennial Building entrance.  
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**Pictured:**

Dr Rupa Patel speaks at the 2025 Canadian Conference on Physician Health.

# Annual Reports of Committees and Councils

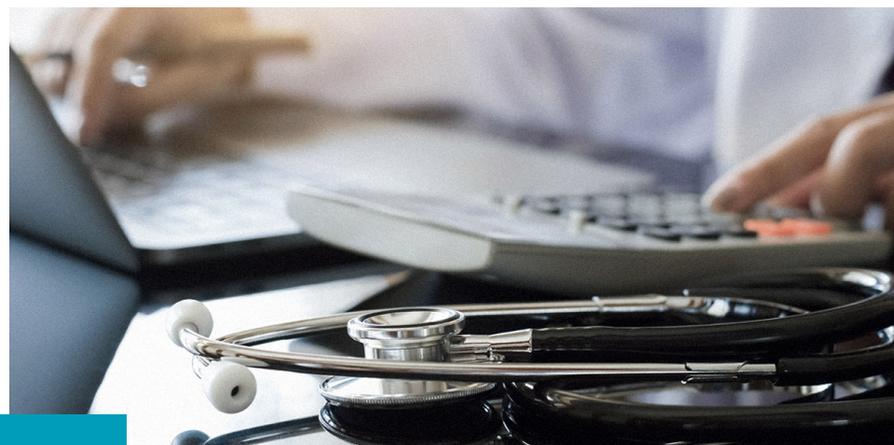
## ALTERNATIVE PAYMENT PHYSICIANS ISSUES COMMITTEE

The Alternative Payment Physicians Issues Committee (APPIC) is a standing committee of the Doctors of BC Board that engages with Alternative Payment (AP) physicians and advises on issues affecting physicians who receive a portion of their remuneration through salaries, service and sessional contracts, and/or other AP arrangements for physician services. The APPIC provides input on and recommendations for the mandate for negotiations and the activities of the Joint Collaborative Committees.

In 2025, the APPIC met twice. The APPIC also had the opportunity to provide advice and recommendations to Doctors of BC's Statutory Negotiating Committee on proposals tabled by the government as they relate to AP-contracted physicians. The APPIC also discussed and provided feedback on matters related to clinical teaching and on the College of Physicians and Surgeons of BC bylaw changes stemming from the Health Professions and Occupations Act. In addition, the APPIC focused on preparing processes to support the committees it anticipates will be renewed under the 2025 Physician Master Agreement (PMA).

In 2026, the APPIC members look forward to continuing to provide advice and recommendations to PMA committees and processes established upon the successful conclusion of the 2025–26 PMA negotiations.

**Gaurav Bahl, MD, Chair**



## AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee advises the Board of Directors on financial reporting, information systems, risk management, and the internal controls of the association. Doctors of BC continues to maintain a strong and secure financial position with adequate reserves.

**The committee met five times during the year and fulfilled its duties and responsibilities by:**

- Reviewing a three-year operating budget (2026–2028) and recommending approval of the 2026 budget to the Board of Directors.
- Reviewing the financial reports and monitoring the expenditures of various departments, committees, and projects.
- Reviewing the honoraria policy and rates and recommending the elimination of the per diem accommodation honorarium in 2026, due to the volatility of hotel rates. Actual expenses will be reimbursed with room rate guidelines still in effect.
- Supervising Doctors of BC's annual audit conducted by KPMG LLP. The committee normally meets with the auditors twice a year, first to review and approve the audit planning report, then to receive the audited financial statements and review recommendations from the auditors.
- Reviewing and recommending approval of Doctors of BC's financial statements and annual report to the Board of Directors.
- Evaluating and recommending the association's auditors at the annual general meeting.
- Recommending a 6.5%, or \$150, increase to 2026 annual dues (full membership) to the Representative Assembly, allowing the association to continue offering a high level of support and services to physicians.
- Undertaking a request for proposal for investment managers and evaluating five well-known firms, including the association's current investment manager. A new firm, Leith Wheeler Investment Counsel Ltd., was recommended to the Board of Directors as of 2026.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects.
- Overseeing the management of the building at 1665 West Broadway in Vancouver.
- Monitoring risks to the association by reviewing its cybersecurity.

I would like to extend my thanks and appreciation to the committee members for their energy, insight, and time, and to the staff of Doctors of BC for their excellent work and support.

**Sanjay Khandelwal, MD, Chair**

## AUDIT AND INSPECTION COMMITTEE

The Audit and Inspection Committee (AIC) is responsible for the audit and inspection of the practices of medical practitioners and has been delegated the powers and duties of the Medical Services Commission (MSC) under section 36(1) to (12) of the Medicare Protection Act (MPA). The AIC reports to the MSC.

The AIC is composed of four members appointed by the MSC: a physician chair representing government; a physician representative nominated by Doctors of BC; and two public representatives, one of whom is a physician nominated by the College of Physicians and Surgeons of BC.

The AIC meets approximately four times per year, either at the Ministry of Health in Victoria or by virtual or combined means.

The AIC has responsibility for overseeing two types of audits. Audits for patterns of practice are done to ensure that services billed to the Medical Services Plan (MSP) have been delivered and billed accurately, and audits for extra billing focus on whether beneficiaries are being charged for services in contravention of the MPA. The AIC decides whether on-site audits are appropriate and outlines the nature and extent of the audits.

The AIC considers all proposed audits of physicians' services and billing practices; approves which audits may proceed; reviews all resulting audit reports; and, from those reports, makes recommendations to the MSC regarding whether to pursue the recovery of funds and/or de-enrolment under the MPA.

The vast majority of Doctors of BC members bill appropriately and responsibly. Billing audits are a critical component of any effective trust-based payment system. The profession is best served by our active participation in these essential functions.

Both the AIC and Doctors of BC would like to express our gratitude to Dr Brian Gregory, the physician representative nominated by Doctors of BC, for his years of dedicated service on the AIC. We eagerly anticipate welcoming a new physician representative, to be nominated by Doctors of BC in 2026, once the position has been successfully filled.

**V. Davis, MD, Chair**

## BC MEDICAL JOURNAL

It is a pleasure to report to members on another year of steady growth, reflection, and engagement for the *BC Medical Journal*. The *BCMJ* continues to serve as the official publication of Doctors of BC, where BC physicians can learn from one another, stay informed about issues shaping medicine in our province, and feel connected beyond their individual practice settings.

In 2025, we marked the retirement of two long-serving and valued members of the Editorial Board: Dr David Chapman of Langley and Dr Jeevyn Chahal of Kamloops, who both contributed more than a decade of thoughtful, collegial service to the *BCMJ*. We are grateful for their contributions and extend our warmest thanks and best wishes as they move into the next chapters of their professional lives.

We were equally pleased to welcome two new members to the Editorial Board: Dr Inderveer Mahal, a family physician practising in Vancouver, and Dr Denise Jaworsky, an internist based in Cranbrook, who bring complementary perspectives and diverse expertise to the board.

The *BCMJ* published our usual 10 issues in 2025, maintaining a balance of clinical articles, research, commentary, and stories that reflect the diversity of medical practice in BC. The Editorial Board met regularly, primarily by videoconference, along with two in-person meetings, engaging in strategic planning and collegial connection.

In June 2025, Doctors of BC members—approximately 24,700 active and retired physicians—were invited to complete a *BCMJ* reader survey. We received 795 responses, comparable to current response rates. Respondents included specialists (40%), family physicians (39%), retired physicians (17%), and students (4%), with the majority between 35 and 64 years of age.

The survey results were encouraging and informative. In every survey since 2002, respondents have identified the *BCMJ* as an important forum for understanding what is happening in medicine in British Columbia. In 2025, this role emerged as the journal's most valued feature by a wide margin. Reader loyalty has also increased markedly: 67% of respondents reported reading between 50% and 100% of each issue, up from 48% of respondents in 2022, and 62% said they “always” or “usually” read the *BCMJ*, compared with 40% in 2022.

Print remains a core strength. This year, 83% of respondents said they prefer to read the *BCMJ* in print, a finding consistent across age groups and unchanged from 2022. Print supports browsing, serendipitous discovery, and a shared professional experience—features that readers clearly value.

Respondents also shared feedback about what they appreciate most, including the journal's BC focus, local and regional content, practice updates, clinical articles, and sense of physician community. Constructive suggestions for improvement—ranging

from clinical depth and peer review to indexing, digital accessibility, and format—are being considered as part of the journal’s ongoing development.

I am deeply grateful to our authors, reviewers, Editorial Board members, and readers for their engagement and trust, and to the *BCMJ* staff—Ms Tara Lyon, Ms Joanne Jablkowski, and Mr Jay Draper—for their exceptional work behind the scenes.

We are thankful to BC physicians for their ongoing support, and we encourage members to continue contributing their voices, ideas, and scholarship.

**Caitlin Dunne, MD, FRCSC, Editor-in-chief**

## COUNCIL ON HEALTH ECONOMICS AND POLICY

The Council on Health Economics and Policy (CHEP) develops policy positions that enable Doctors of BC to meaningfully engage on issues that matter to members and advocate on our membership’s behalf. CHEP’s work establishes high-level guiding principles and recommendations that allow our association to be proactive in shaping the design and funding of health care in our province. Our policies also empower Doctors of BC to respond thoughtfully and effectively to urgent and emerging issues.

CHEP had another productive year of policy development and physician engagement in 2025. In April, CHEP published its Artificial Intelligence in Health Care policy statement. This policy statement was developed with extensive member engagement and highlights the opportunities and challenges with integrating artificial intelligence (AI) tools into health care. It also identifies high-level principles to guide the responsible and effective adoption of AI in BC’s health care system.

I would also like to highlight a major policy win for CHEP and the association. In November, new regulations were brought into effect to prohibit sick notes for short-term work absences. Earlier in the year, the provincial government sought doctors’ feedback to help shape the regulations. Doctors of BC has long advocated for restricting sick notes. This includes a policy resolution developed by CHEP calling for the provincial government to restrict public and private sector employers’ ability to require sick notes. These important changes will help free up doctors’ time to better focus on patient care and help reduce administrative burdens.

CHEP’s focus areas for 2026 include updating our 2012 policy statement Wait Times and Patient Care Guarantees to speak to the current wait time challenges. Building on our 2011 policy on physician workforce planning, CHEP is also developing a policy paper on the health care human resource crisis, which will provide physician-led solutions to help address the current crisis and modernize BC’s health care system to meet future needs.

I would like to extend my sincere thanks to the Doctors of BC staff who support CHEP and to our physician committee members, whose commitment to innovation, physician advocacy, and depth of understanding has helped build an incredibly

strong committee. The landscape of health care is rapidly changing. From the Health Professions and Occupations Act to AI, our committee members have helped ensure that physician voices are well represented in our policy development. Balancing their work at CHEP along with their clinical practices and other leadership responsibilities ensures that Doctors of BC remains responsive and effective in building policy that supports an innovative, patient-centred health care system.

**Inderveer Mahal, MD, Chair**

## COUNCIL ON HEALTH PROMOTION

The Council on Health Promotion (COHP) is a physician-led committee that develops policy positions that form the foundation of Doctors of BC’s advocacy work related to health promotion and illness and injury prevention.

In early 2025, COHP released its policy statement Improving Child and Youth Mental Health Care. This new policy builds on our 2014 paper Reaching Out: Supporting Youth Mental Health in British Columbia and calls on the provincial government to re-evaluate the current structure of the mental health care system and develop concrete and tangible steps to improve care and access for children and youth. Thank you to all the committee members for their hard work on this topic.

Throughout 2025, COHP members continued to write BC Medical Journal articles on a variety of health promotion topics, including electric micromobility devices, school avoidance and improving child and youth mental health, climate change and mental health, and the ethical considerations of artificial intelligence in health care.

I would also like to highlight a policy win for COHP and the association. As a result of ongoing advocacy by students, civil society groups, and Doctors of BC, the provincial government announced policy changes to the secondary core curriculum, which will now provide CPR and AED training to grade 10 students as of September 2025. COHP has also supported community-based programs that offer naloxone and called for improved substance use care and prevention initiatives at the school level. We were pleased to learn that, as a result, naloxone kits will now be available in schools across the province.

COHP’s focus areas for 2026 include finalizing our policy paper on clinical prevention, building on Doctors of BC’s 2010 policy paper Partners in Prevention: Implementing a Lifetime Prevention Plan. COHP will also be developing a policy resolution on pediatric screen time to promote healthy child development in a digital world.

I would like to sincerely thank all the members of COHP and staff for their enthusiastic and ambitious work. Your dedication and collaborative efforts have been instrumental in advancing meaningful health promotion and prevention initiatives in British Columbia.

**Katharine McKeen, MD, Chair**

## DIGITAL HEALTH CAUCUS

The Digital Health Caucus is a forum for physicians who have been appointed as Doctors of BC representatives to share their work with other providers to solicit input and feedback, as well as to gain visibility for the ongoing and complex digital health environment they operate within.

Much of this work was paused during the 2025 health authority review, including electronic medical records governance initiatives and the Digital Referrals and Orders program. Despite these pauses, caucus members continued to meet and engage with the Doctors of BC Board to advocate for the meaningful inclusion of physician perspectives in the review process and to ensure that members' needs remained visible and continued to be addressed.

The caucus remains committed to supporting innovation that reduces physicians' administrative burden, improves patient safety, and modernizes care delivery. Members look forward to resuming and advancing this work as provincial digital health programs restart.

**Birinder Narang, MD, Co-chair**

## DIGITAL HEALTH LEADERSHIP COMMITTEE

In 2025, the Digital Health Leadership Committee met several times to advance key provincial digital health priorities, despite significant uncertainty created by the Ministry of Health's ongoing review of digital health initiatives. Over the year, the committee received updates and provided input on several major workstreams, including the Patient Access Strategy and the broader Patient Empowerment Program, provincial clinical information systems modernization, cybersecurity preparedness, the Digital Referrals and Orders program, the Health Human Resource Strategy, virtual care initiatives such as hybrid models of care, and the transition from Zoom to Microsoft Teams for clinical use. The committee also reviewed progress on artificial intelligence clinical documentation efforts and emphasized the importance of coordinated provincial governance, privacy and security safeguards, and a consistent approach to integrating clinical workflows. Throughout these discussions, committee members underscored the need for alignment across health authorities and the community, highlighting the operational challenges associated with concurrent system pressures and paused workstreams. Doctors of BC contributed physician perspectives across all meetings, ensuring that the clinical impacts of community providers were not lost in health authority plans and that member concerns remained central to provincial planning during a year of transition.

**Ahmer Karimuddin, MD, Physician representative**

## DIGITAL REFERRALS AND ORDERS STEERING COMMITTEE

The Doctors of BC–appointed physicians on the Digital Referrals and Orders Steering Committee continue to provide strategic guidance and oversight to the provincial Digital Referrals and Orders (DRO) program, which aims to improve the efficiency of referrals and orders in BC's health care system. The steering committee was paused in the spring of 2025, as the project has been included in the ministerial review; however, members remain committed to continually improving the service delivery of digital referrals, electronic consultations, and orders by aligning efforts with provincial strategic mandates, providing input into provincial digital policies, promoting clinical best practices, enabling patient safety, establishing effective project delivery, and resolving escalated issues in a timely manner.

Throughout 2025, the DRO program continued to demonstrate operational performance and physician adoption despite facing administrative uncertainties during the pause on provincial implementations. Building on the successful 2024 launch, the program has processed thousands of digital referrals, replacing inefficient fax-based workflows with standardized, integrated forms that improve care coordination and reduce administrative burden. The number of specialty forms has expanded beyond the initial 32, with more work ahead to consolidate hundreds of disparate forms across multiple specialties. Integration efforts have also been progressing, with continued expansion of electronic medical record (EMR) system connectivity to ensure that broader accessibility across BC's diverse practice environments. Work has advanced on connecting with community-based EMR systems, including MOIS [Medical Office Information System] and Plexia. Community imaging clinic integration will also add needed support to community diagnostic ordering.

Significant progress has been made on eOrders, particularly the integrated standardized outpatient lab requisition supporting secure submission to LifeLabs. Once this service is launched, it will represent a major step forward in reducing the administrative burden physicians face daily. Work on Special Authority form development has also advanced, with ongoing efforts to modernize and consolidate over 370 existing forms. These initiatives, supported by dedicated specialty working groups, aim to streamline the more than 100,000 Special Authority requests submitted to the Ministry of Health annually.

The DRO program continues to demonstrate its value in reducing administrative burden, improving care coordination, and positioning BC as a leader in digital health transformation. The steering committee looks forward to supporting the program's continued growth and impact on patient care across the province.

**Birinder Narang, MD, Co-Chair**

## EMR GOVERNANCE COMMITTEE

The EMR Governance Committee supports collaboration on provincial digital health initiatives impacting electronic medical records (EMRs). The committee brings together leadership from the Ministry of Health and Doctors of BC to align priorities, reduce administrative burden for physicians, and support effective engagement with EMR system vendors. Doctors of BC representatives on the committee are informed by input from the Digital Health Caucus, helping ensure that broader physician perspectives are reflected in discussions.

Current discussions focus on aligning digital health initiatives with broader provincial priorities and ensuring that physician perspectives are reflected early in planning and design. There has been an emphasis on the importance of physician-centred digital tools, interoperability, and improved access to care, while recognizing the need to coordinate initiatives given physician and vendor capacity constraints.

The committee continues to identify priority areas related to EMR standards adoption, vendor engagement, and long-term digital health planning; however, ongoing provincial reviews within the Ministry of Health and the Provincial Health Services Authority have meant that the committee has not yet been able to engage in meaningful conversations or advance this work. It is anticipated that these discussions will recommence as the review process concludes.

**Elizabeth Swiggum, MD**, Doctors of BC Board Representative and Co-Chair  
**Jaron Easterbrook, MD**, Joint Collaborative Committees Representative

## GOVERNANCE COMMITTEE

The Governance Committee is a statutory committee established to advise the Board of Directors on matters related to the association's governance. As part of our multi-year strategic commitment to strengthen physician leadership and voice, the committee dedicated 2025 to three core pillars.

### Reimagining the Representative Assembly

Our primary focus this year was reimagining the Representative Assembly (RA) to ensure that it serves as a robust forum for diverse physician voices. Guided by the Representative Assembly Future State subcommittee, chaired by Dr Curt Smecher, we began defining a new vision for the RA's role and its partnership with the Board. Key improvements include updating RA rules and procedures and ensuring that a wider range of physician perspectives are included in the Representative Assembly Planning Group. We look forward to continuing this evolution into 2026 to ensure that every member's view is heard and valued.

### Modernizing our foundations

To support our strategic goals, we completed a comprehensive set of administrative bylaw amendments. These updates modernize our language and ensure that our governing documents reflect our current strategic principles. This initiative received overwhelming support, with 95% of voting members casting ballots in favour of the changes.

### Cultivating future leaders

We believe that strong leadership requires clear pathways and consistent support. To that end, the committee prepared a statutory committee chair and vice chair appointments policy, which will be used in 2026 to select statutory committee leaders. The focus was to standardize how leadership roles can be filled effectively and transparently while emphasizing succession planning and business continuity.

Looking ahead, the work in 2025 also laid the groundwork for a more engaged membership in the years to come. This includes administrative improvements for current elections, with further refinements to be explored in 2026. We also began refreshing the Doctors of BC Awards Panel and awards program to better recognize the incredible contributions of our peers—a project we are excited to continue into the new year.

**Casey Chan, MD**, Chair



## GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

The Guidelines and Protocols Advisory Committee (GPAC) is an advisory committee to the Medical Services Commission (MSC). As a collaboration between Doctors of BC and the Ministry of Health, the GPAC has the mandate to support both the effective utilization of medical services and the provision of high-quality, appropriate patient care through the development of clinical practice guidelines. BC Guidelines are developed by BC practitioners for BC practitioners. They present evidence-informed recommendations for common medical scenarios encountered in primary care settings.

The following BC Guidelines were adopted by the MSC in 2025:

- *Cervical Cancer Prevention and Screening*
- *Chronic Kidney Disease – Diagnosis and Management*

The following BC Guidelines were in development or being updated in 2025:

- *Adults with Obesity and Overweight: Diagnosis and Management*
- *Major Depressive Disorder in Adults: Diagnosis and Management*
- *Helicobacter pylori*
- *Rheumatoid Arthritis: Primary Care Management*
- *Ischemic Stroke and Transient Ischemic Attack*

Other GPAC updates:

- [BCGuidelines.ca had over 593,644 unique website sessions in 2025, an 11% decrease from 2024.](#)
- Six BC Guidelines e-newsletter editions were shared with more than 1,500 subscribers.
- BC Guidelines were promoted at three conferences and medical student/nurse practitioner student presentations.
- *The Concussion/Mild Traumatic Brain Injury (mTBI)* BC Guideline was published on September 24, 2025, and featured as a This Changed My Practice article.
- A new publication style was developed for BC Guidelines. It has a streamlined look, with an emphasis on user experience. The guideline template has also undergone a refresh process, with defined headings and an updated flow.
- The GPAC continued to strengthen its relationships with UBC Continuing Professional Development (UBC CPD), the UBC CPD Practice Improvement Hub, the Patterns of Practice Committee, Pathways, Provincial Laboratory Medicine Services, the First Nations Health Authority, and the Medical Imaging Advisory Committee.

**Kate Puckett** and **Julia Stewart**, MD, Co-Chairs

## INCLUSION, DIVERSITY, AND EQUITY ADVISORY COMMITTEE

The Inclusion, Diversity, and Equity Advisory (IDEA) Committee is a Board committee of Doctors of BC. Its mandate is to provide advice and guidance on equity, diversity, and inclusion (EDI) as they relate to physicians, the medical profession, and the association's work. The committee's goal is to support meaningful, evidence-informed, physician-centred approaches to advancing EDI across policy, culture, and practice.

In 2025, the IDEA Committee focused on supporting the implementation of the Physician Equity, Diversity, and Inclusion Engagement Plan, a multi-phase approach that progresses from listening and learning to broader validation through data gathering, culminating in analysis, priority setting, and action.

The plan was structured to ensure that future EDI priorities and actions are grounded in physicians' voices and translated into meaningful change. This approach matters, because sustainable system change requires a clear understanding of how policies, structures, and professional norms are experienced by physicians across diverse identities, practice settings, and communities.

A key achievement this year was the successful delivery of the first phase of the engagement plan, which involved deep listening through facilitated listening sessions and one-on-one interviews. Engagement focused on physicians from equity-deserving and historically underrepresented groups, including Indigenous physicians, physicians with disabilities, woman physicians, 2SLGBTQIA+ physicians, non-binary and gender-diverse physicians, racialized physicians, physicians from diverse faith and religious backgrounds, physicians with caregiving responsibilities, international medical graduates, and rural and remote physicians.

With the completion of the listening sessions, the engagement plan is now moving into its next phase: a province-wide physician survey in spring 2026. Building on themes emerging from the listening sessions and interviews, the survey aims to broaden participation across the physician community and establish the most comprehensive demographic data foundation on physicians in British Columbia to date. Subsequent phases will integrate qualitative and quantitative insights to develop informed recommendations.

Overall, 2025 marked a significant step forward in advancing physician-centred EDI work. The completion of the listening sessions and the transition to the survey phase reflect a deliberate, phased approach that prioritizes listening, learning, and accountability. This work has laid an important foundation for informed decision making and will continue to drive progress in the year ahead.

**Faisal Khosa**, MD, FRCPC, Chair

## INSURANCE COMMITTEE

### Mandate

The Insurance Committee's mandate is to oversee policy for the provision of insurance programs for Doctors of BC members and recommend changes and new programs to the Board. The committee provides recommendations to the Health Benefits Trust Fund (HBTF) board of trustees regarding coverage provided under the HBTF. It works in cooperation with the Benefits Advisory Committee (BAC) to review the operation of the Physicians' Disability Insurance benefit and recommends plan changes to the BAC for presentation to the Joint Benefits Committee.

### Plans

- Physicians' Disability Insurance (PDI), with premiums sponsored by the Medical Services Commission
- INCOMEprotect disability insurance (supplemental to the PDI plan)
- Life insurance (term life plan shared with the Alberta Medical Association and the Saskatchewan Medical Association)
- Professional expense insurance
- Critical illness insurance
- Accidental death and dismemberment insurance
- HBTF (health and dental plans for physicians, families, and medical staff)
- Property, casualty, and liability insurance (brokered through Westland Insurance)
- Travel insurance (brokered through Belair)
- Specialty insurance (individual coverage sought by Doctors of BC insurance advisors to meet unique member needs)

### Updates

In 2025, the committee held regular meetings throughout the year to monitor the plans and ensure financial stability and value for members. It oversaw the negotiation of a new disability insurance plan, which was implemented in mid-2025. The plan introduced new risk mitigation features designed to help manage future premium stability. Furthermore, the committee partnered with the HBTF board of trustees to conduct a market survey on health and dental coverage, which led to negotiations for enhancements to the existing HBTF plan that are set to be implemented in 2026.

### Insurance advisory services

BCMA Agencies Ltd., a wholly owned subsidiary of Doctors of BC, offers members access to complimentary insurance reviews and the planning services of licensed,

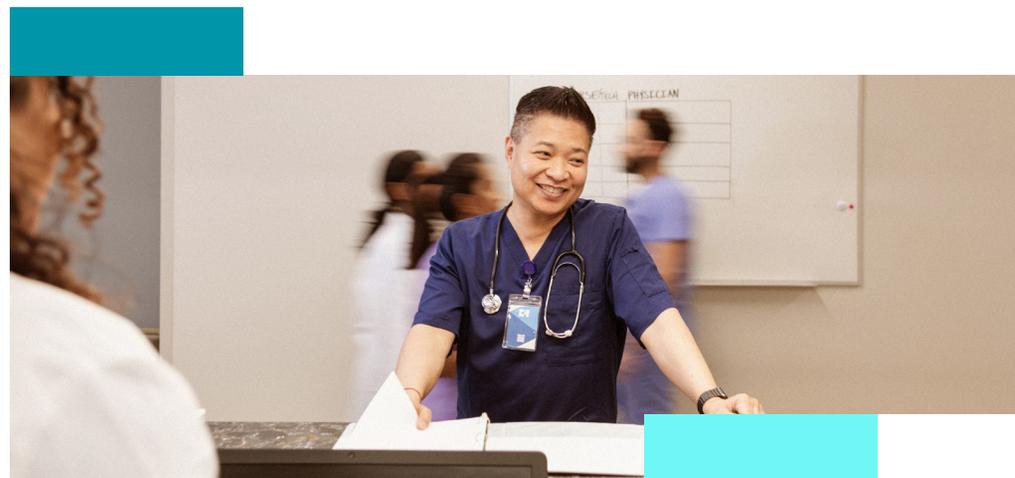
non-commissioned insurance advisors. The goal of the advisors is to provide members with objective advice regarding their Doctors of BC and other third-party insurance programs. This service continues to be extremely well received by members.

### Premiums

For the 2025 calendar year, total premiums of \$80 million were generated, broken down as follows:

- Physicians' Disability Insurance: 10,169 enrollees, \$20 million in premiums
- INCOMEprotect disability insurance: 5,901 enrollees, \$10.6 million in premiums
- Life insurance: 8,516 enrollees, \$6.6 million in premiums
- Professional expense insurance: 1,600 enrollees, \$1.2 million in premiums
- Critical illness insurance: 4,882 enrollees, \$2.6 million in premiums
- Accidental death and dismemberment insurance: 1,666 enrollees, \$390,000 in premiums
- HBTF health and dental coverage: 5,253 enrollees, \$21.4 million in premiums
- Property, casualty, and liability insurance: \$12 million in premiums
- Travel insurance: \$1.9 million in premiums
- Specialty individual policies: \$3.6 million in premiums

**Bradley Fritz, MD, Chair**



## JOINT BENEFITS COMMITTEE

The Joint Benefits Committee is responsible for overseeing and allocating funds as specified in the Benefits Subsidiary Agreement between the negotiated benefit programs: the Physicians' Disability Insurance (PDI) plan, including the Quarantine Income Replacement (QIR) benefit; the Contributory Professional Retirement Savings Plan; the Continuing Medical Education Fund; the Parental Leave Program; and the Canadian Medical Protective Association Rebate program.

The PDI benefit has been maintained at \$6,100 per month maximum and provides a benefit to age 65 for members disabled at age 63 or before. For disabilities occurring after age 63, the maximum benefit period is two years; however, no benefit is payable beyond age 71.

The QIR compensates physicians required by the Provincial Health Officer to undergo a period of quarantine due to exposure to a communicable disease while providing insured medical services in BC.

The QIR benefit has now been formally adopted into the PDI contract for those with PDI coverage. Compensation is paid at a rate equal to the maximum benefit available under the PDI plan, for a period of up to two weeks.

For 2024–25, the Contributory Professional Retirement Savings Plan maintained its maximum basic and length-of-service benefits at \$6,900 and \$5,700, respectively. The streamlined online process has continued, allowing benefits to be immediately claimed, and a selection of physicians are randomly chosen to provide proof of contribution in the summer. To be more equitable, physicians taking parental leave will still be credited with a BC year of service, which is used when calculating the length-of-service component.

The maximum Continuing Medical Education Fund benefit for 2024–25 decreased to \$3,300 and is paid automatically to physicians who have been re-validated by the College of Physicians and Surgeons of British Columbia.

The Parental Leave Program maintained a maximum benefit of \$1,300 per week for 17 weeks. To align with the Employment Insurance program, 55% of average weekly income (up to the maximum benefit amount) is now used to calculate the entitlement, increased from 50%. The program allows physicians to claim the entitlement over a one-year period and to claim a partial benefit while working reduced hours to increase accessibility.

The Canadian Medical Protective Association Rebate program for 2024–25 provided a 100% rebate of fees to all eligible physicians by using the surplus in the program.

Payments made across all benefit programs totalled \$256 million. The table outlines benefit levels over recent years.

**Sanjay Khandelwal, MD, Co-Chair**

PROGRAM	2022–23	2023–24	2024–25	COMMENTS
Physicians' Disability Insurance plan	\$6,100/month	\$6,100/month	\$6,100/month	Benefit maximum
Quarantine Income Replacement benefit	\$3,050 every two weeks	\$3,050 every two weeks	\$3,050 every two weeks	Benefit maximum
Contributory Professional Retirement Savings Plan	\$11,100	\$12,600	\$12,600	Benefit maximum
Continuing Medical Education Fund benefit	\$2,200	\$3,500	\$3,300	Program funding
Parental Leave Program	\$1,000/week	\$1,300/week	\$1,300/week	Benefit maximum
Canadian Medical Protective Association Rebate program	\$52.9 million	\$52.9 million	\$67.1 million	Program funding

## JOINT COLLABORATIVE COMMITTEES

The Joint Collaborative Committees (JCCs)—a partnership between Doctors of BC and the Government of BC—comprise four individual committees: the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, and the Joint Standing Committee on Rural Issues. Each works collaboratively, with equal voting members appointed by Doctors of BC and the Ministry of Health. Committee membership may also include representation from health authorities, patients, families, and other partners, all working collaboratively to improve the current state and future direction of BC's health care ecosystem.

The work of the JCCs is grounded in the Institute for Healthcare Improvement's Quintuple Aim framework and follows five principles: improving patient experience, improving provider experience, reducing the per capita cost of care, advancing health equity, and improving population health.

The committees are funded through the Physician Master Agreement (PMA) and receive direction and oversight from the Physician Services Committee, which is also a collaborative committee with Doctors of BC and Ministry of Health appointees.

### **JCC alignment (all committees): Indigenous-specific anti-racism**

To better support physicians and partners on their truth and reconciliation journey, in 2025, the JCC Indigenous-Specific Anti-Racism and Cultural Safety Steering Committee continued to design and improve initiatives through a centralized work plan to proactively address Indigenous-specific anti-racism in physician service delivery, strengthen the provision of culturally safe care, and improve the experience of care for Indigenous patients.

Physicians were provided with a variety of cultural safety learning opportunities, including community-based experiential learning and webinars in partnership with UBC Continuing Professional Development. These nine sessions, co-hosted by Len Pierre Consulting and local Indigenous communities, taught participants about the impacts of colonization and ways to provide safe and respectful care to Indigenous patients.

Learning opportunities were also offered through webinars on providing culturally safe care to Inuit, allyship, and creating safe spaces for Indigenous patients in primary care.

The steering committee also worked to create community and connection by supporting physician cultural safety champions, who connect physicians to identify, coordinate, and cultivate best practices aimed at increasing Indigenous cultural safety and humility. In 2025, they established a dedicated working group, with representation from Doctors of BC, the JCCs, the First Nations Health Authority, and the Ministry of Health, to explore developing a provincial Indigenous-Specific Anti-Racism Community of Practice. Two virtual sessions were held, to support Indigenous physicians working in Indigenous health contexts.

The JCC co-chairs also partnered with the Physician Services Committee and the Physician-Specific Provincial Committee on Indigenous-Specific Anti-Racism and Cultural Safety to host two workshops. These workshops grounded participants in the Indigenous-specific anti-racism and cultural safety and humility commitments made by Doctors of BC and the Ministry of Health through the PMA and provided opportunities to deepen learning, understanding, and application of Indigenous-specific anti-racism and cultural safety and humility. They further created space for committees to consider their work plans through an Indigenous-specific anti-racism and cultural safety and humility lens and highlighted the importance of honouring “connection before content” to enable future efforts in reciprocal accountability with partners across the system.

## FAMILY PRACTICE SERVICES COMMITTEE

The purpose of the Family Practice Services Committee (FPSC) is to improve access to high-quality and comprehensive primary care services across BC by strengthening longitudinal family practice as the foundation of an integrated, networked system of care.

### **Supporting family physicians to provide facility-based services**

With emergency departments across the province facing closures and diversions and staffing challenges impacting acute care, the FPSC focused its efforts on supporting family physicians in providing hospital care. In 2025, the committee announced new, more predictable funding for physicians working in inpatient care, including increased network payments, availability funding, and support to stabilize hospital care in communities. The FPSC continues to work with Doctors of BC, BC Family Doctors, and the Ministry of Health to identify long-term, sustainable solutions for inpatient care. The FPSC also continues to provide funding to the Divisions of Family Practice to support collaborative solutions at the local level.

### **Collaborating to improve long-term care**

Supporting family physicians in providing long-term care has also been a priority for the FPSC this year. Through the Long-term Care Initiative Advisory Group, new supports have been developed to help recruit and retain family doctors by developing new billing resources, building a framework for a long-term care mentorship program, and developing orientation tools for physicians caring for patients in long-term care.

### **Reducing administrative burdens for family physicians**

The FPSC continues to develop resources and provide coaching and mentoring opportunities that help family physicians manage their practices, increase patient access, and free up time for improved work-life balance and well-being. Last year, physicians across the province participated in the Advanced Access and Office Efficiency learning series and discovered new ways to book appointments and manage

patient demand. One Surrey clinic reported that appointment wait times dropped from three to four weeks to just days after the learning series and working with a practice support coach.

### **Piloting new ways to reduce emergency room demand and improve access**

The After Hours Care program connects people to the care they need when their family physician is not available. The pilot was strongly supported by the FPSC and saw 584 family physicians and nurse practitioners sign up to use the program in its first year, meaning that an estimated 597,000 patients now have improved access to care.

**Sari Cooper, MD, Ted Patterson, Ministry of Health, Ally Butler, Ministry of Health, Miranda Mason, Ministry of Health, Co-chairs**

### **JOINT STANDING COMMITTEE ON RURAL ISSUES**

The Joint Standing Committee on Rural Issues (JSC) was the first Joint Collaborative Committee (JCC), established in 2001. The purpose of the JSC is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique and difficult circumstances faced by rural and remote physicians.

The JSC has six priorities: education and training; recruitment and retention; access to care; engagement; Indigenous populations; and quality improvement, evaluation, and research. It governs over 50 rural programs administered by four organizations: the BC Ministry of Health, the Rural Coordination Centre of BC, the Rural Education Action Plan, and Locums for Rural BC.

In 2025, the JSC continued to fund the long-standing Rural Retention Program, delivered by the Ministry of Health, which supports doctors living and working in rural and remote communities. The program provides a fee premium of up to 30% of billings to every physician who sees patients in a designated rural community. An additional incentive, up to \$55,000 per year, is provided to any doctor who permanently lives and practises in a rural or remote community.

The JSC also funds the Northern and Isolation Travel Assistance Outreach Program, which pays doctors to travel to rural, remote, and Indigenous communities and provide medical services. This important program increases access to care in underserved areas. While reporting is ongoing, over 3,000 trips were supported in 2025, with more than 61,000 patients receiving care close to home.

Exposure to rural practice is a known predictor for new physicians choosing rural practice. In 2025, the Rural Education Action Plan funded 436 rural rotations, resulting in 1,587 weeks of rural exposure for third- and fourth-year undergraduates, and supported approximately 800 physicians, residents, and students with their training needs. Education and exposure are critical for a more stable rural physician workforce,

helping reduce health care disparities in rural areas.

The JSC thanks its partners for their leadership, connection, and engagement, and all rural physicians for their commitment to their patients in BC's rural, remote, and Indigenous communities.

**James Card, MD, Doctors of BC, Kevin Brown, Ministry of Health, Co-chairs**

### **SHARED CARE COMMITTEE**

The Shared Care Committee (SCC) supports collaboration between family physicians, specialists, and partners to improve access and coordination for patients and families as they move between primary and specialist care across the health care system.

### **Innovation and spread**

In 2025, SCC supported health care improvement projects addressing key system priorities identified by the Physician Services Committee, including mental health and substance use, pregnancy and newborn care, and seniors' care, as well as access and flow. A total of 20 projects were completed, including the South Okanagan Similkameen Division of Family Practice's Mental Health and Substance Use project. A notable component of the project was the Safer Supply Pilot Program, during which 45% of participants reported reduced drug use and 92% successfully avoided overdoses, translating to better patient outcomes.

SCC also supported the spread of successful quality improvement projects through Interior Health, including the Tarmac Triage project, and through Island Health, including CanScreen, which offers publicly funded cancer screening and surveillance with a special focus on unattached patients.

### **Strategic initiatives and networks**

SCC's new cancer care portfolio engaged leaders from regional health authorities, BC Cancer, the Provincial Health Services Authority, and the Ministry of Health to enhance connections. SCC also issued a call for quality improvement project proposals, launching 15 physician-led projects aligned with BC's 10-Year Cancer Action Plan, covering priority areas of transitions in care (five), improving diagnostic pathways (four), pain and symptom management (five), and recruitment and retention of medical staff in oncology (one).

One project, the Downtown Eastside Equity Model of Care, is using a team-based model to provide equitable cancer care to Downtown Eastside populations through enhanced training and patient navigation. It aims to improve coordination between oncology and primary care teams by December 2026, targeting a 30% increase in patient satisfaction and treatment completion while reducing missed appointments.

SCC also led the work supporting the Physician Services Committee's priority of pregnancy and newborn care. The portfolio team built relationships with Perinatal Services BC and the Ministry of Health, along with other JCCs and Doctors of BC, to support physician engagement in the Maternity Services Strategy refresh. In November, SCC's Perinatal

Community of Practice hosted the 2025 Perinatal Care Forum, bringing together 107 providers and partners to share knowledge, shape strategy, and identify opportunities for system improvement.

## Physician leadership and learning

In April, the Physician Leadership Scholarship Program implemented new criteria and operational changes to improve program equity and increase access. Eligible physicians may access up to \$5,000 annually to support the development of leadership and quality improvement capabilities.

**Reena Khurana, MD, Ian Schokking, MD, Eugene Johnson,** Ministry of Health, Co-chairs

## SPECIALIST SERVICES COMMITTEE

The Specialist Services Committee (SSC) strives to improve access to quality patient-centred and culturally safe specialty care. This work in 2025 was organized under three pillars identified in the 2025–2030 strategic framework.

### Enhancing specialist practice and work environments

To optimize office efficiencies and improve both the provider experience and access to care, in 2025, SSC launched a pilot Specialist Practice Advancement program for community-based specialists. The Specialists Well-Being (SWELL) program focuses on improving the physician experience, supporting projects to establish a rheumatology mentorship, enhancing civility in medical environments, and creating sustainable solutions for pediatric offices.

To support stronger engagement and collaboration among physicians, medical staff associations, and health authorities, Facility Engagement developed and distributed an evidence-informed engagement model.

The Perioperative Clinical Action Network (PCAN) launched 21 surgical innovation projects focused on patient access, cancer care, prehabilitation, and enhanced recovery, with results expected in April 2026. The PCAN Summit in November 2025 brought together 170 physicians and partners to collaborate on solutions, partnering for the first time with the World Congress of Prehabilitation and Perioperative Medicine.

Also in 2025, the Consultant Specialist Team Care program launched its third cohort, supporting 22 physicians across 11 different specialties in implementing sustainable team-based care models in their private, community-based clinics, improving the provider and patient experience as well as access to specialty care.

### Enabling specialists to be change leaders

Physician Quality Improvement (PQI) marked 10 years of delivering advanced learning and networking opportunities, recognizing close to 2,000 physicians who have received training, including more than 800 who have completed Level 3/Gold training. A survey of alumni found that one year post-graduation, 89% of respondents agreed that PQI had positively impacted

their leadership abilities, and 62% had taken on a new or expanded leadership role.

PQI also partners with six health authorities to host the accredited PQI Alums Webinar Series. In 2025, it delivered five sessions, including Indigenous cultural safety, environmental sustainability, and a penicillin delabelling project that has spread to 25 sites.

Facility Engagement delivered governance and leadership education for medical staff association executives and spread effective, efficient solutions via eight knowledge-sharing sessions, covering physician leadership, strategic communications, data-informed approaches to recruitment and retention, quality improvement, and quick wins to support rural facilities. The Rural Specialist Access Project, a collaboration with the JSC, identified training and professional development needs for rural specialists and is developing strategies to fill gaps and support the creation of outreach clinics.

### Supporting specialist care innovation

The Spreading Quality Improvement program supported 20 quality improvement projects, including one on non-wire technology for surgical excision of non-palpable breast lesions (Fraser Health). The team also supported Interior Health in developing data dashboards for several projects, including Skin-to-Skin for Operative Births and Tarmac Triage. Additionally, the Alcohol Use Disorder Project (Interior Health) received the 2025 Solventum Health Care Innovation Team Award for helping transform care in emergency departments.

PCAN worked with the BC Children's Hospital and two Ontario hospitals to develop a surgical prehabilitation tool kit for pediatrics. PCAN also spreads awareness of opportunistic salpingectomy's success in preventing ovarian cancer by creating opportunistic salpingectomy resources for physicians and patients.

**Jason Kur, MD, Daisy Dulay, MD, Shana Ooms,** Ministry of Health, **Amanda Thompson,** Ministry of Health, Co-chairs

## NOMINATING COMMITTEE

The Nominating Committee is a statutory committee that reports directly to the Board. Its primary mandate is to nominate candidates for member, chair, and co-chair positions on committees, in accordance with the Doctors of BC bylaws. In doing so, it fulfills one of the strategic aims of Doctors of BC: membership involvement and engagement with the organization. All applications are carefully reviewed and respectfully considered before each nominee is advanced for Board consideration.

The Nominating Committee strives to identify and recommend the candidate who is the best fit for each position at that time. Decisions are based on the mandate and needs of the committee, the skills and qualifications of current members, the demographics of current members, and upcoming issues the committee will be facing. Nominating Committee members take into consideration many factors, including applicants' specialty, stage of practice, rurality, and ability to foster inclusion.

The Nominating Committee met six times in 2025, discussing 269 applications to fill 61 positions for member, chair, and co-chair roles. Meetings were a mixture of virtual and in person, with a hybrid option for the in-person meetings.

Among its accomplishments in 2025, the Nominating Committee made recommendations to the Board for co-chairs of the Family Practice Services Committee, the Specialist Services Committee, and the Physician Health Program Steering Committee. Among the many applications reviewed were several relevant to the ongoing Physician Master Agreement negotiations, helping fill vacancies on the Negotiations Forum and the WorkSafeBC Negotiating Committee. Nominating Committee members also worked with Doctors of BC staff to refine the contents of meeting packages to facilitate more efficient review of the applications before meetings. Work will continue into 2026 to ensure that the Board has adequate context about the committee's work to support the Board's role in making final appointments.

The committee is grateful for the support of the Doctors of BC staff who make this important work possible.

**Gregory Deans, MD, Chair**



## PATIENT SUMMARY STEERING COMMITTEE

The Patient Summary Steering Committee provides strategic guidance and oversight to the provincial Patient Summary Project. This project seeks to improve the efficiency and effectiveness of sharing patient information between providers in community and facility settings to support transitions in care. The project seeks to provide an integrated data-sharing solution that will enable community primary care physicians to share key contextual information about a patient's health and treatment with providers working in facilities. This will help streamline assessments, reduce the time spent gathering collateral information, and improve patient care. The solution is designed to become available provincially through integration with major electronic medical records systems and provincial platforms, and it aligns with the Pan-Canadian Patient Summary – Fast Healthcare Interoperability Resources Implementation Guide to support interoperability between systems. Aligned with provincial strategy, the project leverages significant learnings from the Shared Care Committee project work in Victoria over the past decade.

The steering committee is working to advance the functionality and design of the provincial Patient Summary to ensure that the provincial solution meets the needs of clinicians on both sides of the framework. The steering committee works to align efforts with provincial strategic mandates and support effective project implementation, while promoting clinical best practices and supporting patient safety. In 2025, the steering committee supported additional engagement and requirements validation with the Clinical Advisory Group, as well as a successful first launch of the early Patient Summary solution in clinic, with single sign-on through the Halo platform.

This project has seen delays due to the provincial reviews.

**Laura Phillips, MD, Co-chair**

## PATTERNS OF PRACTICE COMMITTEE

The Patterns of Practice Committee (POPC) acts in an advisory capacity to the Medical Services Commission (MSC). On behalf of the MSC, the POPC reviews billing patterns and informs and educates physicians regarding their patterns of practice and billings. Education may be in relation to a specific physician's billings or general based on findings from anonymized audit reports.

The POPC comprises seven physician members: four nominated by Doctors of BC, one nominated by the College of Physicians and Surgeons of BC, one appointed by the MSC, and one appointed by the Ministry of Health Compensation and Policy Branch.

In 2025, the POPC continued to prioritize its primary mandate: education. Over the past two years, the POPC conducted three educational projects: virtual care fees, vitamin B12 laboratory ordering, and Family Practice Services Committee incentives fees. A total of 1,022 individual educational letters were sent to physicians identified as outliers in these

areas. Our objective is to encourage physicians to compare their billing practices with those of their peers (comparison group). We plan to conduct post-project data analysis on all three projects to determine whether physicians who received POPC educational letters changed their billing patterns after receiving the letter or reverted to their previous patterns of practice and billing. Next steps will be determined after the post-project data analysis is reviewed, in March 2026.

The Mini Practice Profile Working Group successfully completed its two-year project of redesigning an interactive Mini Practice Profile (MPP) for specialists and family physicians who bill from the MSC Payment Schedule. The new MPP represents a significant improvement over the 20-year-old PDF format. The modernized design presents data in an interactive and more easily interpretable format. The MPP assists physicians in identifying billing patterns that may increase their risk of a billing audit.

The POPC physician speakers and Doctors of BC staff have continued to collaborate with the Physician Business Services team, which hosted three accredited continuing medical education audit and billing sessions throughout the year for Doctors of BC members:

- Intro to Mini Practice Profiles for Family Physicians (June 16, 2025)
- Intro to Mini Practice Profiles for Specialists (June 18, 2025)
- Why a Billing Audit, the Process, and Common Billing Pitfalls (December 3, 2025)

All three sessions were highly attended and received positive feedback. The POPC will continue to provide educational series to physicians annually.

**Janet Evans, MD, Chair**

## PHYSICIAN BUSINESS SERVICES OVERSIGHT COMMITTEE

The Physician Business Services Oversight Committee (PBSOC) is now in its second year. The committee is composed of seven physician members: three specialists, Drs Pamela Jee, Gilbert Lam, and Noa Mallek (PBSOC co-chair); three family physicians, Drs Meera Anand, Julie Wilson, and Mandy Manak (PBSOC co-chair); and the president-elect. The committee extends its appreciation to Dr Adam Thompson for his contributions during the past year and welcomes Dr Baldev Sanghera, who will join the committee for 2026.

The Physician Business Services team was established at Doctors of BC to design, curate, and deliver business services, tools, and resources that support physicians in managing their practices. As part of Doctors of BC's five-year strategic plan, the expansion of [business supports](#) was identified as a key priority, reflecting the growing complexity of the business environment physicians operate in. In 2025, regional business advisors supported 829 physician inquiries to the program and reached out to 1,061 new members to showcase the supports that are offered through the business advisors and through Doctors of BC, and the education project coordinator hosted 15 educational webinars on best business practices, with 783 physicians in attendance.

PBSOC continues to play a critical role in working with physicians to identify emerging

trends and evolving business needs affecting the profession across BC. The committee provides guidance on gaps in business knowledge, supports, and resources and serves as a representative voice for Physician Business Services when engaging with the broader physician membership, ensuring that physician perspectives are meaningfully integrated into program development and delivery. New to the team this year is the billing advisor, who has created resources for [billing and payment models](#), [licensing and enrolment](#), and [new-to-practice technology and finance](#).

In 2025, PBSOC reviewed and supported revisions to the business planning toolkit and provided input regarding the unique challenges faced by physicians who are new to BC, particularly those entering practice through the fast-tracked licensure processes. The committee shared peer experiences and insights to inform resource development.

Looking ahead to 2026, PBSOC will continue to meet quarterly and provide strategic insight into complex business cases. Our planned priorities for 2026 include a physician retirement guide and the development of resources to support physicians as local governments implement new health care clinic models across the province.

**Noa Mallek, MD, Co-Chair**

## PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

The Physician Health Program (PHP) helps physicians and their families by providing confidential and personalized support for a variety of issues, including physical health, mental health, addiction, and navigating difficult relationships. The Physician Health Program Steering Committee is tasked with producing a multi-year strategic plan for the PHP that aligns with the priorities of the funders. It also approves an annual work plan and budget, a report of the previous year's activities, and policies that serve as decision-making guides for the PHP.

In 2025, the steering committee met three times. We provided guidance and oversight to support the PHP in meeting its four strategic priorities: enhance support provisions, grow as a culturally safe program, proactively educate and engage, and build community and partnerships.

During 2025, the PHP transitioned to a new brand and new website within the Doctors of BC site, in alignment with the Doctors of BC vision.

The PHP's core operational funding comes entirely from the Ministry of Health. Use of its services remained elevated in 2025, with 1,694 new cases. The PHP matched 847 physicians and medical learners with their own primary care practitioner, a core service that continues to ensure that our physician population has access to the longitudinal care they need. Virtual peer support and learning groups, developed in collaboration with relevant partners, were offered to all BC physicians. In 2025, ongoing support groups included the BIPOC Peer Support Group, Executive Function Skills workshops, Cognitive Behavioural Therapy

Skills groups, a Cognitive Behavioural Therapy for Insomnia group, and semi-annual Speaker Series learning sessions, serving 791 physicians in group-based environments.

The PHP also provides services to members of the Newfoundland and Labrador Medical Association, the BC Dental Association, and the Medical Society of Prince Edward Island, similar to the support provided to BC physicians, and maintains agreements with those organizations.

The PHP received its final year of funding from the Physician Wellness+ Initiative, made possible by Scotiabank, MD Financial Management Inc., and the Canadian Medical Association. With these funds, and in collaboration with the Joint Collaborative Committees, the PHP has supported 21 BC organizations in developing local peer support programs and has trained 114 physician peer supporters to deliver non-clinical peer support since 2020. So far, 743 peer support conversations (420 formal interactions and 323 informal interactions) have been facilitated through this initiative. The PHP also hosted two gatherings of the Physician Wellness Network, an initiative that brings together non-profit organizations from across the province that are leaders in physician wellness to facilitate knowledge sharing, provincial collaboration, and alignment.

We would like to thank the members and staff of the steering committee for their ongoing collaboration, care, and leadership in supporting the health of physicians in BC. The PHP will continue to focus on providing high-quality, responsive support to BC physicians by engaging in continuous quality improvement, strengthening our partnerships, and continuing physician wellness initiatives.

**Mandy Manak, MD, Leah Fernando**, Ministry of Health, Co-chairs

## PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

The mandate of the Provincial Laboratory Physician Workload Model Committee (PLPWMC) is outlined in the Alternative Payments Subsidiary Agreement: to determine how the anatomical pathology workload model will be used in or related to local laboratory physician contracts, to continue the development and validation of a clinical pathology workload model, and to determine how the clinical pathology workload model will be used in or related to local laboratory physician compensation contracts.

An updated anatomical pathology workload model continues to undergo assessment through an advisory subcommittee to determine how the model will be used in or related to local laboratory physician contracts, as well as to identify any required changes to the model. The subcommittee is currently determining what method should be used for collecting data to assess the new model.

The PLPWMC is also evaluating options for collecting data on the clinical pathology workload model to assess how the model could be used to provide data-driven future full-time-equivalent allocation on an ongoing basis.

The PLPWMC will continue to meet over the next year to track progress made on the assessments of both models.

**Tyler Smith, MD, Mike Russell**, Ministry of Health, Co-chairs

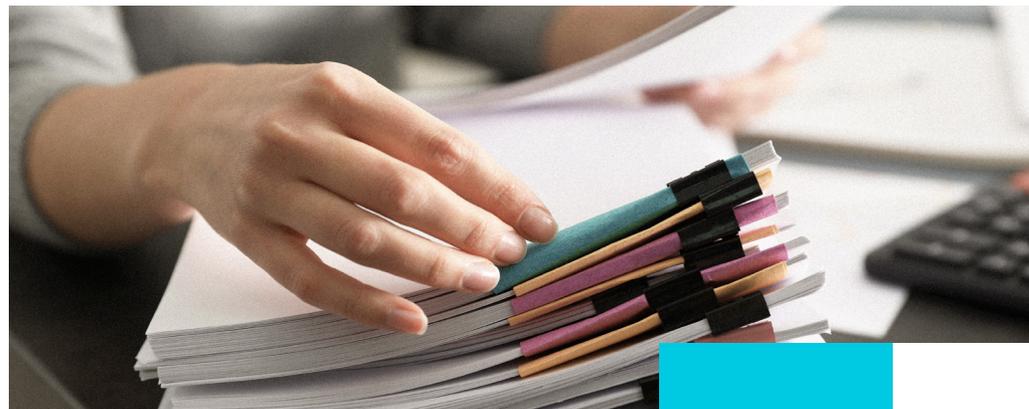
## REFERENCE COMMITTEE

The Reference Committee (RC) acts in an advisory capacity to the Medical Services Commission (MSC). As the final step in the Medical Services Plan (MSP) appeal process, it provides advice to the MSC on the adjudication of disagreements between the MSP and fee-for-service physicians regarding billing and payment for services rendered under the MSC Payment Schedule. The RC makes recommendations to resolve these disputes in accordance with interpretations of the MSC preamble and the MSC Payment Schedule. It is not the responsibility of the RC to establish a new fee or change an existing one. Therefore, any recommendations made by the RC are not precedent setting and are not binding on the MSC.

In 2025, the RC received no new cases for review, resulting in no meetings.

The membership of the RC is confidential and includes representatives from family practice and various specialties.

The RC would like to express its gratitude to our outgoing emergency medicine representative for their service on the RC over the past seven years. We eagerly anticipate welcoming our new emergency medicine representative in 2026. Additionally, we would like to thank both Doctors of BC staff, especially Ms Tara Hamilton, and MSP staff for their continued support.



The Statutory Negotiating Committee (SNC) represents physicians in negotiations with the Government of BC for the Physician Master Agreement (PMA). It pursues a mandate set by the Board of Directors, which is based on extensive consultation with members and member groups, as well as a review by the Negotiations Coordinating Group and the Negotiations Forum.

The current PMA expired on March 31, 2025, but remains in force until it is replaced with a renewal agreement. The Board approved a mandate for the PMA negotiations at its meeting on December 13, 2024, which constituted a direction to the SNC to proceed with PMA negotiations. PMA negotiations with the government began on May 14, with meetings on 11 occasions in 2025. Meetings will continue in 2026.

**Cathy Clelland, MD, Chair**

## TARIFF COMMITTEE

The Tariff Committee is a statutory body mandated to advise the Board on medical economics, with a focus on fee-for-service (FFS) physician compensation. Our primary responsibilities include reviewing and recommending approval of fee guide changes proposed by sections and societies, providing direction and clarification on Medical Services Plan (MSP) billing policies, and maintaining the processes and protocols for updating the fee guide. This work is supported by the economics team within the Economics, Negotiation, and Advocacy department.

The committee meets eight times per year, joined by MSP guests and Doctors of BC staff. In 2025, we warmly welcomed several new members and extended our gratitude to departing colleagues for their meaningful contributions.

Committee meetings often include guests from sections, societies, and other stakeholder organizations, as well as individual physicians. When complex topics arise, working groups are formed to investigate, report on, and provide recommendations to the committee.

Our ongoing work supports FFS priorities such as virtual care, consultations and referrals, the Business Cost Premium, and gender-based fee equity. In parallel, the committee advances initiatives related to general fee increases, disparity funding, and Medical Services Commission Payment Schedule updates. We also address FFS-related aspects of emerging medical economics issues, such as compensation for US-trained physicians, and respond to concerns raised by sections, societies, subsections, and individual members.

The Tariff Committee remains committed to fostering collaboration and supporting the needs of our members as we continue this important work.

**K. Hayes, MD, Chair**

## WORKSAFEBC LIAISON COMMITTEE

The WorkSafeBC Liaison Committee's mandate is to review issues and consult with physicians and applicable sections to address challenges related to fees, administrative burdens, and processes in treating injured workers covered by WorkSafeBC. The committee is also responsible for overseeing the implementation of the Doctors of BC–WorkSafeBC agreements. The role of Doctors of BC physician representatives on the committee is to represent the collective interests and voice of BC physicians on matters relating to WorkSafeBC.

In 2025, the committee continued to focus on the implementation of the 2022–25 Physician and Surgeons' WorkSafeBC Services Agreement. This includes ensuring that physicians receive fair compensation through at least \$6 million/year in new funding by the final year of the agreement, a 14.5% overall increase over the compensation base for WorkSafeBC-managed fees by the end of the contract, and another 1% increase in the third year if the BC inflation rate is high.

Under the new agreement, WorkSafeBC will continue to provide Doctors of BC with detailed quarterly reports, including information on WorkSafeBC fee codes for paid, rejected, and on hold. As a result, Doctors of BC and WorkSafeBC have worked collaboratively to produce educational billing materials to help address pain points identified in the reports where physicians have had billing challenges and/or rejections. Examples of billing materials, including expedited consultations and expedited surgical premiums, can be found on the Doctors of BC website.

Work also included increasing the influence of the physician voice by working with WorkSafeBC to better integrate billings into the Longitudinal Family Physician (LFP) Payment Model. WorkSafeBC has committed to working with Doctors of BC on this issue through the current agreement. In 2025, WorkSafeBC conducted engagement sessions with physicians to learn more about pain points associated with WorkSafeBC in relation to the LFP Payment Model. Discussions on the outcomes of those sessions will be held in early 2026.

Physician influence in the committee also led to the formation of a new image-guided injections working group. The group is set to meet and review clinically appropriate image-guided diagnostic and therapeutic injections (e.g., basic, intermediate, advanced I, and advanced II pain procedures that require image guidance) and consider applicable payment and fee code changes for the future.

In the coming year, the committee expects to continue work on agreement implementation and start preparations for the next set of negotiations. The group will also work collaboratively to develop a work plan for the committee, along with specific goals it would like to accomplish over the next year.

I would like to thank the members and staff of the committee for their collaboration and participation. Any Doctors of BC members with concerns or questions related to WorkSafeBC are invited to contact Farnaz Ferdowsi, manager of advocacy operations, at [fferdowsi@doctorsofbc.ca](mailto:fferdowsi@doctorsofbc.ca) or 604 638-6059.

**Elliott Weiss, MD, FRCPC, Co-Chair**

## WORKSAFEBC NEGOTIATING COMMITTEE

The WorkSafeBC Negotiating Committee is responsible for negotiating two agreements with WorkSafeBC based on the mandate established by the Doctors of BC Board of Directors: a Physicians and Surgeons' WorkSafeBC Services Agreement and a Salaried Physicians' Agreement. These agreements will expire on March 31, 2025.

These negotiations typically begin only after completion of the Physician Master Agreement (PMA) negotiations, which set a precedent for the WorkSafeBC agreements. As negotiations for the PMA are scheduled to begin only in the spring of 2025, the WorkSafeBC negotiations are not likely to begin prior to the fall of 2025.

**Elliott Weiss, MD, FRCPC, Chair**





## Feature story

# Changes to physician regulation prompt extraordinary member engagement

In November 2022, the BC government passed the Health Professions and Occupations Act (HPOA), which drastically changes the legislative framework within which physicians and other health professionals practise. The HPOA introduces government-appointed boards, includes concerning changes to disciplinary processes and disclosure of minor disciplinary actions, and removes appeal rights. The HPOA comes into force on April 1, 2026, replacing the current Health Professions Act.

While [Doctors of BC supports the intention of the HPOA](#) to modernize legislation and enhance cultural safety, the association has raised concerns about several aspects of the legislative framework. As well, members are concerned that the new legislation risks making BC a more difficult place to practise at a time when physician recruitment and retention are paramount.

As part of Doctors of BC's extensive advocacy work around the HPOA in 2025, the association submitted a [letter to the Minister of Health](#) in April 2025 outlining the association's key concerns and calling for an immediate pause on further implementation of the new legislation.

In compliance with the new regulatory requirements, the College of Physicians and Surgeons of BC has revised its bylaws to reflect the provisions of the HPOA. The College

published its updated bylaws and information on educational webinars about the bylaw changes on October 31, 2025. Doctors of BC reviewed and analyzed four successive batches of College bylaws during their consultation period (March to August 2025), highlighting key changes and potential areas of concern. Doctors of BC conducted a wide-reaching member engagement process to gather physician voices for a [collective response to the College](#).

**The engagement process took place via a combination of online and in-person approaches, including:**

- Five rounds of outreach through [Have Your Say](#), Doctors of BC's online engagement hub, resulting in over 400 survey submissions.
- Presentations to and engagement with members at eight physician leadership tables (division and medical staff association executives; the four Joint Collaborative Committee physician caucuses; the Inclusion, Diversity, and Equity Advisory Committee; and Doctors of BC's Representative Assembly).
- Dedicated Representative Assembly review and discussion of potential impacts of the HPOA and College bylaws, led by the chair of the Council on Health Economics and Policy (the advisory body to the Board on HPOA-related work).

**In the engagement process, Doctors of BC asked members for input on:**

- The College's new draft bylaws, which outlined how the College intended to meet the specific requirements of the HPOA.
- The HPOA and associated concerns about the implications of the coming legislative changes.
- The association's draft submission to the College on its bylaws, including whether the draft submission reflected physicians' core concerns and recommendations.

Through the engagement process, physicians stressed the need for greater physician involvement in College governance, where possible. This included opportunities to provide input on College board appointment processes and committees, as well as to help shape programs that are not mandated under the HPOA.

Doctors of BC continues to work toward ensuring the College's bylaws meet the needs of physicians as best as possible, in accordance with the requirements of the HPOA. The association will also continue to seek clarity on the details and impact of changes introduced through additional regulations announced by the government in July 2025. Read the full [What We Heard Report: Health Professions and Occupations Act and College Bylaws](#).



# Annual Reports of Coordinating Groups and Working Groups

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# Coordinating Groups and Working Groups

## ADMINISTRATIVE BURDENS WORKING GROUP

As part of the 2022 Physician Master Agreement (PMA), Doctors of BC negotiated a memorandum of agreement (MOA) on physician administrative burdens to achieve tangible reductions in the burdens physicians face within the health care system. As part of the MOA, the Administrative Burdens Working Group (ABWG) was formed to oversee this work. This joint working group has both physician and senior staff representatives from Doctors of BC and equal representatives from the Ministry of Health and the health authorities. Health Quality BC provides secretariat support and is funded through the MOA.

The mandate and resources under the ABWG are focused on reducing burdens for physicians. The three agreed-upon initial areas of focus, as specified in the MOA, are reducing burdens related to Special Authority forms, having health authorities take on responsibility for medical imaging appointment bookings made through them, and making improvements in forms and processes at the BC Cancer Agency.

In spring 2025, the Doctors of BC Board of Directors and the BC Health Leadership Council accepted the ABWG's three recommendations on medical imaging appointments. The recommendations outline the responsibility for and ownership of the process, notifications, and technical solutions. To implement the recommendations, the Ministry of Health is working with the Lower Mainland health authorities to determine the best approach for all partners involved.

By fall 2025, both the Doctors of BC Board of Directors and senior leaders from the Ministry of Health had endorsed the ABWG's recommendations related to Special Authority forms and processes. These recommendations include the Ministry of Health simplifying renewal requirements, implementing a framework and process for reassessing coverage following initial listing reviews, considering some medications for full benefit status, expediting the implementation of an eForms solution that is integrated with electronic medical record systems, and minimizing manual data entry by prescribers by enabling a case management system to verify data (e.g., automated review of the patient's PharmaNet profile). Implementation plans and timelines for these recommendations will be developed by ministry partners.

Additional achievements include presenting at the International Society for Quality in Health Care North America Community of Practice, providing feedback on Persons with Disabilities forms and processes, and starting discovery work on the processes for drug shortages and primary care network referral criteria and forms.

Progress and activities from 2025 highlight ways in which Doctors of BC contributed

to increasing the physician voice regarding the need to reduce administrative burdens and to simplify or eliminate forms and processes that reduce the time and capacity our physician members have to spend on delivering care to their patients.

Any Doctors of BC members with concerns or questions related to administrative burdens are encouraged to email [advocacy@doctorsofbc.ca](mailto:advocacy@doctorsofbc.ca).

**Rob Hulyk**, Co-chair

## CLINICAL FACULTY WORKING GROUP

The Section of Clinical Faculty works with Doctors of BC on the joint Doctors of BC– University of British Columbia (UBC) Clinical Faculty Working Group (CFWG). Through the CFWG, Doctors of BC engages in consultation with the UBC Faculty of Medicine to renew the clinical faculty compensation terms for teaching in the undergraduate and postgraduate MD programs, along with other matters of importance to clinical faculty. This engagement typically results in joint recommendations from the CFWG and separate recommendations from Doctors of BC to the dean of the Faculty of Medicine.

Doctors of BC has been meeting with UBC throughout 2025 in an effort to finalize a joint recommendation to the dean. There have been ongoing delays in concluding a joint recommendation due to UBC staff changes, including the appointment of Dr Sharmila Anandasabapathy as the new dean. A separate Doctors of BC recommendation to the dean will be finalized following the joint recommendation, highlighting those areas that have not been jointly agreed upon.

Doctors of BC representatives from the CFWG also led engagement between the Section of Clinical Faculty and the Simon Fraser University (SFU) School of Medicine, expressing an interest in developing a similar process for SFU to engage with clinical faculty. Discussions are expected to continue in 2026.

**David Wensley**, MD, Doctors of BC, and **Dean Jones**, MD, Faculty of Medicine, UBC,  
Co-chairs

## COLLABORATIVE GENDER-BASED FEE REVIEW WORKING GROUP

The Collaborative Gender-Based Fee Review Working Group was created under the 2022 Physician Master Agreement memorandum of understanding as a joint initiative between Doctors of BC and the Ministry of Health. Its mandate is to develop principles and a methodology to identify potential gender-based inequities in the fee-for-service (FFS) system, using a Gender-based Analysis Plus lens. Acting

in an advisory role, the working group focuses on inequities that can reasonably be addressed through fee code-related mechanisms.

In its first year, the working group completed an initial review that culminated in a jointly authored interim report. Its work was guided by shared responsibility, evidence-based analysis, extensive consultation with sections, and a dual focus on inequities from both physician and patient gender perspectives.

The working group's review of physician earnings revealed a clear gender gap. On average, female physicians earned 38.4% less in annual FFS payments than male physicians. Some of this difference was due to workload factors, such as fewer days worked and fewer patient visits per day. However, even among full-time physicians with similar workloads, a gap of about 10% per patient encounter persisted.

Feedback from sections highlighted two main reasons for this gap: female physicians often spend more time with patients, and referral patterns tend to direct more complex, time-intensive cases to them. An analysis of complex consultation billings supported this, showing that female physicians submitted a higher proportion of complex consultations relative to their overall consultation volume. This suggests the current fee structure may undervalue the type of work they perform. The working group suggested that adjusting fees for complex consultations or adding complexity- or time-based modifiers could help reduce these disparities.

From the patient perspective, results were mixed. Male patients had slightly higher spending per visit, while female patients had higher total spending per patient due to more frequent visits. Differences were most notable in surgical services. In several specialties, particularly cardiac-related fields, female patients had significantly lower spending per visit than male patients.

The working group unanimously agreed that this work should continue. Key recommendations include leveraging existing micro-allocation processes to address encounter-level disparities, enhancing or creating fees for complex and time-intensive consultations, improving equity in access to gender-restricted fee items, and investing in better data and methodologies to understand patient gender inequities. This work represents an important step toward a more equitable, transparent, and evidence-informed FFS system in British Columbia.

**Robert Anderson, MD, FRCSC, and Jason Wale, MD, FRCPC (EM), Co-chairs**

## COMMUNITY PHYSICIAN HEALTH AND SAFETY OVERSIGHT WORKING GROUP

The Community Physician Health and Safety Oversight Working Group (CPHSOWG) was established in 2023 under the 2022 Memorandum of Agreement on Physical and Psychological Health and Safety as part of the Physician Master Agreement. The

CPHSOWG oversees the development of supports for community physicians and their staff regarding workplace health and safety enhancements. SWITCH BC manages the program along with the CPHSOWG and has led the creation of several tools and resources that have proven to be extremely helpful to community clinics. This support is being developed to better prepare physicians for the increase in violence and other safety incidents and to support physicians in meeting existing standards as employers.

The main focus of the work continues to be supporting front-line physicians in their offices. Continuing from 2024 are the community clinic assessments. This involves consultation with community clinics and SWITCH BC's health and safety advisors on the current state, on-site health and safety assessments, and post-assessment follow-up that includes recommendations and resources. In 2025, the program completed 61 clinic assessments across BC, serving 375 physicians and 554 clinic staff.

Another major project of the group in 2025 was the development of medical office staff de-escalation tools. These tools are designed to support medical office staff in managing challenging patient encounters, while promoting safer and more inclusive clinical environments. Developed in collaboration with physicians and medical office staff, these tools aim to improve workplace safety, reduce conflicts, and reduce the risk of violence in community settings. Promoting a work environment where physicians feel physically and psychologically safe to provide patient care is a core priority in Doctors of BC's strategic plan.

In the fall of 2025, SWITCH BC served as a guest lecturer to students in medical office assistant/administrator programs at the British Columbia Institute of Technology and Langara College. Both lectures were met with great enthusiasm, and evaluation surveys from students indicated that they found the lectures extremely informative and helpful.

Another new project led by this program is an educational webinar series on the Community Physician Health and Safety online resource portal. The series is accredited through UBC Continuing Professional Development, with the support of physician representatives from the CPHSOWG. This portal is an interactive site that provides comprehensive physician-specific resources to simplify the process of building a tailored health and safety program for a clinic, reducing administrative burdens. These webinars guide community physicians and their staff through navigating the portal. Two of the three webinars in this series were held in 2025, with the last session taking place in early 2026. In 2026, the focus of the CPHSOWG is to further promote these services and encourage more community-based specialists to participate in the program.

I would like to thank the members and staff supporting this work for their dedication, collaboration, and participation. If you have any questions or concerns about this work, you are invited to contact [advocacy@doctorsofbc.ca](mailto:advocacy@doctorsofbc.ca).

**Kathy Lee, MD, Co-Chair**

## INSURANCE CORPORATION OF BC LIAISON WORKING GROUP

The Insurance Corporation of BC (ICBC) Liaison Working Group serves as the primary forum for communication and collaboration between Doctors of BC and ICBC. In accordance with the group's terms of reference, its objectives are to identify and address concerns affecting physicians who care for patients injured in motor vehicle accidents, establish long-term strategies, and explore opportunities to reduce administrative burdens. Doctors of BC physician representatives on the working group represent the profession as a whole and act as the voice of the profession on matters related to ICBC patients.

To date, the working group has made progress in its efforts with ICBC to ensure fair compensation for physician services and to enhance clinical efficiencies for patients involved in ICBC claims. In 2025, the working group continued increasing the influence of the physician voice by focusing on implementing recommendations from the 2024 Enhanced Care model review.

Efforts focused on three key areas: improving communication, streamlining administration while reducing burdens, and reviewing compensation and education to help ensure that physicians are billing and being paid for the work they do. Improving communication involves identifying and optimizing pathways for information sharing among provider groups, physician colleagues, and ICBC. ICBC has formally committed to advancing communication-related recommendations in its 2026/27 – 2028/29 Service Plan. Work has begun on developing joint education materials for billing, which will continue into the new year.

Another example where the physician voice has influenced ICBC policy is in revising the medical authorization form, resulting in both clearer language and reduced administrative burden for physicians. Specifically, the forms were revised to ensure that patient consent was for only medical information with direct relevance to injuries from the claim to be transmitted. The importance was stressed of requesting redacted records and of acknowledging compensation for the medical office's time to do these redactions. In addition, the group focused on thinking about the future of the profession and the culture of medicine by providing guidance on an artificial intelligence scribe project led by Doctors of BC in collaboration with ICBC. This project is expected to launch next year, with the ICBC Liaison Working Group serving as a key sounding board as it evolves.

Finally, the working group has also been supporting the implementation of Bill 21, which pertains to Insurance (Vehicle) Act amendments to ensure that the provincial government retains reimbursements made by ICBC over time for health care-related services arising out of vehicle accidents. In the year ahead, the group will continue to work with ICBC to implement Enhanced Care model review recommendations. Communication and education will remain priority areas as we

develop a multi-pronged strategic plan to improve information flow and support physicians in navigating ICBC-related processes.

The working group remains committed to supporting physician members by improving workflow processes and enhancing members' capacity to manage the care and recovery of patients injured in motor vehicle accidents.

**Liz Zubek, MD, Co-Chair**

## NEGOTIATIONS COORDINATING GROUP

The Negotiations Coordinating Group (NCG) is responsible for making a recommendation on the mandate, including strategic plan, core objective, and proposals, for all provincial negotiations and for supporting communication between the Statutory Negotiating Committee and the subsidiary negotiating committees during provincial negotiations.

The current Physician Master Agreement (PMA) expired on March 31, 2025, and negotiations are ongoing. The NCG is also responsible for reviewing and adapting recommendations for new PMAs during the negotiations process. The NCG met once, on November 26, 2025, to review the opening monetary offer for the current PMA negotiations.

**Cathy Clelland, MD, Chair**

## NEGOTIATIONS FORUM

The Negotiations Forum is responsible for making recommendations to the Doctors of BC Board of Directors on mandates for negotiations between Doctors of BC and any external organization, including the provincial government and WorkSafeBC.

The Negotiations Forum did not meet during 2025. It is expected to meet next in early 2026 to make recommendations to the Board on a negotiating mandate for the Salaried Physicians' Agreement and the Physicians and Surgeons' WorkSafeBC Services Agreement. Once Physician Master Agreement (PMA) negotiations are concluded, it will also meet to review the processes by which PMA negotiations were conducted to make recommendations to the Board on improvements for future negotiations.

**Karen E. Forgie, MD, Chair**

## PROVINCIAL PHYSICIAN HEALTH AND SAFETY WORKING GROUP

The Provincial Physician Health and Safety Working Group (PPHSWG) connects the Ministry of Health, the health authorities, the Health Employers Association of BC, and Doctors of BC to enhance the physical and psychological safety of physicians in the workplace. Its primary purpose is to address the unique occupational health and safety challenges physicians across the province face and to provide actionable recommendations to the Ministry of Health, the Physician Medical Services Executive Council, and the health authorities. Established as part of the Physician Master Agreement (PMA) through the 2019 Memorandum of Agreement (MOA) on Physical and Psychological Health and Safety, it was renewed in the 2022 MOA. PPHSWG is composed of an equal number of Doctors of BC physicians and Ministry of Health or health authority representatives.

Under PPHSWG, there are also six regional working groups established, one for each health authority. Each regional working group consists of members from medical affairs and occupational health and safety, as well as local physician representatives appointed by Doctors of BC. These groups develop projects with funding from the MOA to support physician health and safety in each region across the province.

Additionally, the PPHSWG, in partnership with SWITCH BC, co-developed a UBC Continuing Professional Development–certified and Committee on Accreditation of Continuing Medical Education–accredited Provincial Violence Prevention Curriculum (PVPC) e-learning course for physicians to improve their safety by equipping them with strategies to protect themselves, their colleagues, and their patients from workplace violence. This course covers the same competencies as the standard PVPC e-learning modules for medical staff, but from the physician's perspective. It also meets the certification criteria of the College of Family Physicians of Canada, allowing physicians to earn up to 1.5 Mainpro+ certified activity credits.

Furthermore, PPHSWG hosted the third annual Physician Health and Safety Summit in April, bringing together 104 attendees, including physicians, health authority leaders, Ministry of Health representatives, and other regional working group members from across the province. The intent of the summit is to share best practices and profile projects and other work across regions that have helped improve physician health and safety. Based on a post-summit evaluation survey completed by 41% of attendees, 92% of respondents were satisfied with the event and found it a valuable use of their time. Attendees identified violence prevention, incident reporting and follow-up, physician onboarding, destigmatization of burnout, and enhanced locum coverage as key provincial priorities. Regional working groups also prepared posters outlining their visions, goals, and challenges. This allowed for the exchanging of ideas and strengthened relationships between regions.

We would like to sincerely thank our outgoing member, Ms A. Israel, for their time and commitment. We welcome and look forward to hearing the perspectives of our new representative, Mr Q. Danyluk. Other current members include Drs A. Wilmer, C. Kim, and T. Wong, Ms E. Janel, and Ms B. Baird.

**Erin Fukushima, MD, Christopher Clemence**, Ministry of Health, Co-chairs

## WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

The WorkSafeBC Negotiations Coordinating Group (WSBC NCG) is responsible for making a recommendation to the Negotiations Forum on a mandate for negotiations on two agreements: the Physicians and Surgeons' WorkSafeBC Services Agreement and the Salaried Physicians' Agreement.

These agreements expired on March 31, 2025, but continue in full force until replaced with a renewal agreement.

The process for preparing for these negotiations began in February 2025, with the objective of obtaining a mandate by the Board in winter 2026. The WSBC NCG began meeting in 2025 to develop a mandate.

The Board appointed a new WSBC NCG in 2025 to negotiate the agreement with WorkSafeBC in 2026.

**Karen Forgie, MD**, Chair



Feature story

# Indigenous Guiding Circle supports Doctors of BC's truth and reconciliation plan



On September 18, 2025, a Coast Salish blanketing ceremony was held with the Doctors of BC Board of Directors and the Doctors of BC Indigenous Guiding Circle to mark the formation of the Indigenous Guiding Circle. The ceremony was led by Coast Salish Knowledge Keeper Siem Te'ta-in (Shane Pointe) and supported by k'wunəməŋ (Joe Gallagher) from the ʔəʔəməŋ (Tla'amin Nation). It honoured the leadership and wisdom of the Guiding Circle and recognized the Board's dedication to advancing Doctors of BC's commitment to reconciliation and strengthening partnerships with Indigenous leaders.

The formation of the Indigenous Guiding Circle was approved by the Board in March 2025 to advise Doctors of BC on matters pertaining to the association's commitment to truth and reconciliation and Indigenous-specific anti-racism. The Indigenous Guiding Circle comprises 10 members: four First Nations and Métis physicians (two specialists and two family physicians), five First Nations and Métis community members from across the province, and the president of Doctors of BC.

The First Nations and Métis members of the Indigenous Guiding Circle share a deep knowledge of the impacts of colonization on Indigenous Peoples in health care contexts, as well as an

understanding of Indigenous cultural safety, Indigenous cultural humility, and Indigenous-specific racism and anti-racism. They also bring an understanding of First Nations and Métis ways of knowing, cultural traditions, ceremonies, protocols, and traditional wellness practices. Their collective wisdom is supporting the development of Doctors of BC's truth and reconciliation plan, which considers the historical role of the association and the profession in the health care experiences of Indigenous Peoples.

Doctors of BC recognizes that the blanketing ceremony took place on the traditional, ancestral, and unceded territory of the səliłwətaʔ (Tseil-Waututh Nation) and expresses gratitude to the səliłwətaʔ community members who joined the ceremony and took time away from their families and jobs to support this work.

Learn more about Doctors of BC's commitment to [truth and reconciliation](#).

**Pictured:**

Blanket ceremony with the 2025 Board and Guiding Circle members held on Tseil-Waututh Territory (at the Wild Bird Trust BC).



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# Reports of Sections and Societies

## ALLERGY/IMMUNOLOGY (BC SOCIETY OF ALLERGY AND IMMUNOLOGY)

The BC Society of Allergy and Immunology (BCSAI) is committed to building a strong and engaged community that advocates for allergists and immunologists across British Columbia, while supporting excellence in the delivery of compassionate, high-quality patient care province-wide.

### Executive Committee update

The BCSAI Executive Committee continues to be led by Dr Angeliki Barlas as president, with Dr Kevin Lee serving as treasurer and Dr Kavya Yatham as resident representative. This year, Dr Ryan Lo transitioned into the role of economics representative, while Dr Raymond Mak assumed the newly appointed role of secretary. We are also pleased to welcome Dr Peter Stepaniuk as vice president and Dr Arun Dhir as our IT representative, further strengthening the leadership and expertise of the Executive Committee.

### Professional initiatives

The BCSAI has maintained a strong focus on the implementation of two new temporary fee codes for delegated and non-delegated allergy provocation testing. These codes are intended to improve compensation for the prolonged patient monitoring required during allergy challenges. Member uptake has been encouraging, and we are optimistic that the Tariff Committee will approve these codes as permanent in the year ahead.

Looking ahead, the BCSAI hopes to develop a complex care fee code specific to allergists and immunologists to better reflect the complexity and time required to manage patients with multi-faceted allergic and immunologic conditions.

### Membership engagement and health policy

The BCSAI annual meeting was held May 2–4, 2025. The program featured educational updates on hereditary angioedema, a practical approach to dermatologic conditions for the allergist, and an interactive immunodeficiency workshop. The BCSAI also co-sponsored the first-ever CME-accredited FAIT [Food Allergy Immunotherapy] Symposium on food oral immunotherapy, providing a valuable educational workshop that helped allergists gain confidence and practical experience in prescribing oral immunotherapy.

The BCSAI has launched a province-wide initiative to standardize subcutaneous immunotherapy practices, with the goal of simplifying and harmonizing administration across British Columbia. This initiative is intended to support all health care providers involved in subcutaneous immunotherapy delivery, including nurses, physicians, and nurse practitioners, by improving consistency, safety, and ease of implementation.

In parallel, BCSAI advocacy efforts have helped successfully secure access to omalizumab for patients with chronic spontaneous urticaria through the biosimilar formulation Omlyclo, improving treatment accessibility across the province.

### Looking ahead

As we move into 2026, the BCSAI remains firmly committed to advocating for our members and the patients they care for. Key areas of focus will include strengthening educational initiatives and promoting fair and equitable fee structures. We will also maintain close collaboration with physicians, sections, and provincial and health authority partners as we navigate the evolving health care landscape together.

Serving as your president over the past year has been a true privilege, and I look forward to the opportunities that lie ahead for the BCSAI in 2026. I am deeply grateful to the Executive Committee and our members for their ongoing engagement, support, and leadership, which have been instrumental to another successful year.

**Angeliki Barlas, MD, President**



## ANESTHESIOLOGY (BC ANESTHESIOLOGISTS' SOCIETY)

The BC Anesthesiologists' Society (BCAS) celebrated its 80th anniversary in 2025. Our society continues to advocate for anesthesiologists, with key partners including the Ministry of Health and Doctors of BC. Our work focuses on ensuring patient safety and enhancing quality of care by supporting our profession.

### Board of Directors update

We thank Drs B. Merriman, H. Gan, and H. Gill for their dedicated service and outstanding contributions to the society. Their leadership, insight, and commitment have helped guide BCAS through important periods of growth and change, laying a foundation for future success.

### Advocacy

Guided by the Board of Directors and the Executive Committee, BCAS collaborated with the Ministry of Health, Doctors of BC, and other provincial and national partners to address surgical capacity and access issues, post-anesthesia care unit holds, workforce challenges, the anesthesia care team model, and Health Professions and Occupations Act regulation changes.

In response to concerns about automatic eligibility for full licensure in BC for US-trained and board-certified physicians, BCAS conducted a province-wide survey to understand anesthesiologists' perspectives on changes in training and licensure pathways. Feedback highlighted important issues related to patient safety, billing integrity, and scope of practice, areas that could also impact our specialist colleagues across the province.

### Member engagement

BCAS engaged with members through special interest groups, working groups, surveys, awards, and educational opportunities. Dr Cale Templeton was the 2025 winner of the BCAS Resident Leadership Award. The Board also enhanced the Executive to further encourage engagement in leadership positions for succession planning and sustainability.

BCAS continued fundraising efforts with the Canadian Anesthesia Research Foundation and the Canadian Anesthesiologists' Society perioperative section toward the national fundraising campaign for the BCAS Dr Pieter Swart Perioperative Research Award.

### Education

BCAS broadened its education program to include live online sessions, on-demand recordings, and self-paced online course content. These enhancements were designed to increase accessibility, promote flexibility, and ensure members can benefit from high-quality continuing education opportunities. BCAS also introduced the Guiding Resilient Outstanding Women in Anesthesiology (GROW) series.

## Fair compensation and system modernization

BCAS continued to work on anesthesiologist remuneration, including proposals related to outstanding Labour Market Adjustment funds and 2021 Specialist Disparity Funds. In collaboration with Doctors of BC's WorkSafeBC negotiations team, BCAS provided anesthesiology-specific input to identify improvements to the Physician and Surgeons' WorkSafeBC Services Agreement, ensuring that relevant clinical and operational considerations were brought forward for negotiation. In parallel, BCAS engaged in consultative work with the Ministry of Health on modernizing diagnostic and therapeutic anesthetic fee items, supported by the establishment of a multi-section working group to develop coordinated, evidence-informed recommendations across specialties. Work has also been undertaken for targeted fee applications, such as a retroactive payment request for family practice anesthesia related to the delayed implementation of the family practice anesthesia BMI fee code.

**Annika Vrana, MD, President**

## CLINICAL FACULTY

The Section of Clinical Faculty is committed to advancing excellence in clinical teaching and patient care to support the health of patients and communities in British Columbia. The section actively advocates for meaningful, sustainable support for clinical teaching across all practice settings and specialties. Although many physicians in BC value teaching as a core professional responsibility and an essential contributor to high-quality care, clinical faculty continue to face inadequate compensation for the time, expertise, and resources required to teach, along with limited access to faculty development opportunities. The section continues to advocate for structural and policy solutions that appropriately recognize, support, and sustain the vital role of clinical teachers within the health care system.

In 2025, the section continued to see the implementation of important initial gains aimed at improving support for clinical faculty. Through the work of the Doctors of BC–University of British Columbia (UBC) Clinical Faculty Working Group, progress was made in addressing compensation, with UBC increasing the clinical faculty teaching rate to \$108.15/hour effective July 1, 2025. While this represents a meaningful step forward, the section continues to emphasize the need for sustained and comprehensive improvements to ensure that clinical teaching is appropriately valued and supported over the long term.

The section held its 2025 annual general meeting (AGM) on April 16, 2025, from 6:00 to 8:00 pm, via Zoom. The AGM provided an opportunity for engagement and information sharing, with representatives from the UBC Faculty of Medicine and Doctors of BC offering updates on priorities and ongoing initiatives relevant to clinical faculty. Looking ahead, with the Simon Fraser University (SFU) School of Medicine anticipated to welcome its first class in 2026, SFU clinical faculty are also welcome to join and participate in the section.



The section will hold its 2026 AGM on April 1, 2026, from 6:00 to 8:00 pm, via Zoom. Both UBC and SFU clinical faculty members are invited and encouraged to attend.

**Elizabeth Wiley, MD, President**

## CONSULTANT SPECIALISTS OF BC

Specialists are keenly aware of how the specialist access crisis is deepening. I implore specialists to join the Consultant Specialists of British Columbia (cSBC) when you renew your Doctors of BC membership. cSBC continues to advocate for access to specialists in BC.

- cSBC has been in the media twice in 2025 supporting the Waitlist Management Initiative, which would give specialists tools to manage their waitlists and create data on wait times.
- cSBC fee codes have been enhanced (e.g., 10001, 78711)
- cSBC is pushing for improvements in the Medical On-Call Availability Program, among other negotiating priorities.
- cSBC members can now enjoy health and dental benefits, as well as preferred rates on Scientific Research and Experimental Design (SR&ED) tax credit applications.
- We need your support to continue our work in public relations and government relations.

cSBC has scored substantial wins for specialists, including the implicit repeat referral, which became effective in July 2023. We manage specialist advice fee codes and are making improvements such as the recently approved specialist call initiation and text message advice fee codes. Many specialists are aware of cSBC's role in the disparity allocation process, but, as described above, we have a much broader mandate.

As broad membership is critical to cSBC's advocacy business model, meaningful benefits have been added for members. We have negotiated highly competitive health and dental benefits. For those active in research, we have also negotiated preferred rates on SR&ED tax credit support.

With your support, we will continue to successfully advocate for health care system

reforms that will benefit British Columbians. We need member support in the form of cSBC membership. Despite our active outreach, participation among specialists remains low. Please do your part and encourage your colleagues to do the same. If you'd like occasional updates from us, visit our page on Kit.com using this link: <https://consultant-specialists-of-bc.kit.com/77f6e17cb1>. Thank you for your engagement and support.

**Robert Carruthers, MD, FRCPC, President**

## CRITICAL CARE

The Section of Critical Care supports the delivery of high-quality, patient-centred care for critically ill patients across British Columbia.

Critical care services continue to face sustained system pressures. Ongoing global influenza A activity may further impact hospital capacity and demand for critical care services within the province.

The section continues to work in partnership with Critical Care BC, a provincial Health Improvement Network, to support coordinated planning and system-wide quality improvement in critical care. This collaboration focuses on improving patient outcomes, experience, and system sustainability through engagement with regional and provincial partners.

The section has also engaged with critical care groups across the province to address physician workforce, contracting, and service demand pressures, ensuring critical care priorities are appropriately recognized and supported.

The section remains committed to advocacy for its members and patients and will continue this work in the coming year.

**Titus Yeung, MD, FRCPC, President**

## ENDOCRINOLOGY AND METABOLISM (CANADIAN SOCIETY OF ENDOCRINOLOGY AND METABOLISM)

The Canadian Society of Endocrinology and Metabolism oversees the financial and professional affairs of adult endocrinologists in BC.

### Resources and equity

Our section represents 78 active registrants with the College of Physicians and Surgeons of BC. Our membership services many regions across BC, including the Lower Mainland, Vancouver Island, and the Okanagan.

We respectfully acknowledge the retirements of valued members Drs David Kendler and Stuart Kreisman, and we honour the memory of our colleague Dr Keith Dawson, whose dedication and impact will long be remembered.

## Innovations

Members of the University of British Columbia Division of Endocrinology are actively engaged in a wide range of innovative clinical research, spanning diabetes, reproductive endocrinology, and cardiovascular disease prevention. Ongoing initiatives include advanced stem cell–based therapies for type 1 diabetes, clinical trials evaluating novel immunologic and pharmacologic agents in patients with type 1 or type 2 diabetes, and investigator-led studies examining automated insulin delivery approaches. Division researchers are also leading impactful work in reproductive health, including clinical trials and cohort studies focused on polycystic ovary syndrome, menstrual cycle physiology, endometriosis, and hormonal influences on women’s health. In cardiovascular endocrinology, research into cholesterol metabolism and atherosclerosis is being advanced through newly endowed academic support. Collectively, these efforts reflect the division’s strong commitment to improving patient care.

## Initiatives

In 2020, we submitted a request for funding of two new fee items to the Tariff Committee, and in April 2025, these codes were finally granted provisional status.

This year, many of our members raised concerns about hospital work being undervalued. In response, during our annual general meeting, we committed to creating a new billing code that will serve as a modifier for hospital-based billings.

## Health policy and leadership

PharmaCare coverage for medications continues to be a challenge for many BC patients with endocrine disorders. We would like to recognize the advocacy work carried out by the BC Coalition of Osteoporosis Physicians, to which our members belong. This group has been diligently working to improve PharmaCare coverage for osteoporosis therapies in BC.

This summer, after several years of Dr Marshall Dahl dutifully serving a dual appointment as the division head for both St. Paul’s Hospital and Vancouver General Hospital (VGH), the division head torch was passed to Dr Sabrina Gill for St. Paul’s Hospital and to Dr Jason Kong for VGH. We also wish to congratulate Dr Breay Paty, who has taken on the role of president of the Canadian Society of Endocrinology and Metabolism.

Finally, we would like to acknowledge the Consultant Specialists of BC (cSBC) as it strives to represent specialists’ interests. We strongly support this work and have encouraged our members to ensure they pay their dues to the cSBC.

**Monika Pawlowska, MD, President**

## FAMILY MEDICINE (BC FAMILY DOCTORS)

For over three decades, BC Family Doctors has been the voice of family physicians in BC, championing their vital role in our health care system. In 2025, we issued our three-year strategic plan, focused on three key priorities: lead the evolution of family medicine, deepen physician engagement, and redefine our collective work.

These priorities reflect extensive input from our members across the province and build on recent advocacy successes. As we expand our impact, we continue to grow as an organization—ensuring that family doctors are heard, valued, and supported, and helping create the conditions they need to thrive.

## Union of BC Municipalities resolution

At the 2025 Union of BC Municipalities convention, BC Family Doctors worked with Port Moody City Council to bring forward a resolution calling on the provincial government to work with municipalities and developers, supported by provincial funding, to make health care infrastructure a standard part of community planning. The resolution passed, marking an important milestone in addressing one of the largest barriers to primary care: the critical shortage of suitable and affordable clinic space.

## Fair Care Everywhere

In 2025, we continued to pursue our Fair Care Everywhere campaign, focused on improving access to health care in rural and remote communities. The campaign highlights the urgent need for all patients to receive the care they deserve and strengthens our advocacy for fair and accessible family medicine.

## Cooperation and Responsible Government Accord report recommendations

Following the release of Strengthening Primary Care in BC: Preliminary Analysis – July 2025, a report on the Cooperation and Responsible Government Accord and the



future of primary care in BC, we responded with eight recommendations to support continued dialogue and planning for the second report. We called for action on our key priorities and were gratified to see many of these priorities incorporated into the second report, issued in December 2025.

### Progress on key priorities

In 2025, BC Family Doctors worked closely with partners to reduce administrative burdens and successfully supported the elimination of mandatory sick notes. Efforts also focused on engaging members in committees to help shape the future of family medicine. In addition, BC Family Doctors expanded support for members transitioning to the Longitudinal Family Physician Payment Model, while continuing to assist those practising under the fee-for-service billing model.

### Looking ahead

With an active membership of almost 3,200 family physicians, BC Family Doctors is stronger than ever. Our achievements are driven by the trust and support of our members, and together, we will continue to build a stronger future for family medicine in BC.

**Darren Joneson, MD, President**

## GASTROENTEROLOGY (BC SOCIETY OF GASTROENTEROLOGY)

### Section mandates for 2025

In 2025, the executive continued the work initiated in the previous year, including several key discussions with the Medical Services Plan (MSP) regarding applications through the new fee fund. We are pleased to report the successful approval of intestinal ultrasound, an exciting innovation that will significantly benefit patients with inflammatory bowel disease. Special recognition is extended to Dr Matthew Smyth, who championed this application.

Ongoing discussions with MSP continue regarding Transient Elastography, and the executive remains optimistic about approval in the coming year.

Additionally, in collaboration with General Surgery, endoscopic retrograde cholangiopancreatography (ERCP) billing codes were revised to improve billing simplicity using a “pizza base with toppings” model. These revisions were implemented in a cost-neutral manner for the Section.

### Membership update

A combination of newsletters and town halls remained important tools to update membership and highlights from the most recent town hall discussions including

### June 2025

- Dr Sunny Singh provided practical guidance on the use of MSP billing codes for multidisciplinary rounds, as well as telephone and email advice.
- Dr Kevin Rioux delivered a detailed overview of the benefits and considerations of implementing a group-based central intake and referral process.
- Dr Marty Fishman shared a thoughtful reflection on retirement planning.

### November 2025

- Drs Sunny Singh and Rohit Pai provided updates on the new Intestinal Ultrasound fee code and ERCP fee code revisions.
- Dr Rob Carruthers, president of the Consultants Specialists of BC (cSBC), presented an overview of cSBC and the value of membership.
- Consultants from Wealthsimple offered valuable financial planning advice, including retirement drawdown strategies.

### Future direction

Building on this momentum, key priorities for the coming year include securing approval for transient elastography, continued refinement of procedural billing codes to improve clarity and efficiency, and ongoing collaboration with surgical and specialty partners. The section will also remain focused on strengthening member engagement through targeted educational town halls, supporting sustainable practice models, and providing resources to assist members with career transitions and long-term financial planning.

**Rohit Pai, MD, Nazira Chatur, MD, Co-presidents**

## GENERAL INTERNAL MEDICINE (SOCIETY OF GENERAL INTERNAL MEDICINE OF BC)

The Society of General Internal Medicine of British Columbia (SGIMBC) champions a specialty defined by intellectual breadth and diagnostic acuity, uniquely positioned to address complex, multi-system disease and provide high-value care to both patients and the health care system. We promote the specialty’s vital role and interests through professional collaboration, strategic advocacy on behalf of our members, and public engagement that elevates our distinct and essential place in health care.

### Summary

In 2025, SGIMBC continued its ongoing efforts towards fair remuneration for general internal medicine (GIM) specialists. We focused on ensuring appropriate access to our specialty-specific fee codes, assisted several groups with their

inpatient contract negotiations and further expanded society infrastructure. Work continues to clarify and promote our role to the public and to our colleagues and governing bodies.

## Management

The society completed a very successful first full year with its new president. Regional representatives for Island Health, Rural Health, and Northern Health were elected or re-elected as members of the 12-member executive for three-year terms.

## Annual general meeting

A hybrid annual general meeting was held on Saturday, November 22. Members from across the province discussed key issues impacting their colleagues and communities, with focus on support needed in underserved and remote communities as well as defining GIM specialists' identity within the medical community.

## Fair remuneration

Work continued on providing representation and advocacy to the Medical Services Plan and the Tariff Committee to ensure fair remuneration for GIM specialists in BC. Available funding was allocated to key fee codes that would support all internists, particularly those working in inpatient settings. Contract negotiations for inpatient care are ongoing throughout the province. SGIMBC continues to support members and provide advice.

## Future goals

SGIMBC is proud of the wide breadth and depth of practice in General Internal Medicine across the province. Attention will be paid to strengthening the voice of GIM within governing bodies, and advocating for GIM as a complex care specialty that adds value to patient care.

**Paul Hertz, MD, President**

## GENERAL PRACTITIONERS IN ONCOLOGY (ASSOCIATION OF BC GENERAL PRACTITIONERS IN ONCOLOGY)

The mandate of the Section of General Practitioners in Oncology and the Association of BC General Practitioners in Oncology (ABCGPO) is to represent general practitioners in oncology (GPOs) in discussions and negotiations with health authorities, and we appreciate the support provided by Doctors of BC. While activity in this area has been quiescent in 2025, we continue to work closely with our membership and with Doctors of BC.

In 2025, we undertook initiatives to support our members. In June, we held our annual general meeting and elected the executive. Throughout the year, we continued to



participate in the BC Cancer General Practitioners in Oncology Stabilization Working Group, which has the aim of improving working conditions for GPOs across BC, particularly in the community oncology network (CON) sites. One completed action item from this group was an update of the onboarding process for CON site physicians. Furthermore, we endorsed the Family Practice Oncology Network's initiative to expose trainees to GPO careers. The working group also developed a framework for a GPO/health authority liaison position and held discussions with regional health authorities. In November 2025, at a special general meeting in Vancouver, ABCGPO presented these achievements and efforts and sought GPO feedback.

ABCGPO's goal is to unite GPOs and serve as their voice. In 2026, we plan to expand our reach to BC GPOs who may be unfamiliar with our group. We will also reach out to our fellow provincial GPO organizations to enhance our operations and advocacy.

**Mary Georgilas, MD, President**

## GENERAL SURGERY (GENERAL SURGEONS OF BC)

The General Surgeons of British Columbia has had another busy and successful year, marked by strong advocacy, meaningful policy progress, and sustained representation on issues critical to our members.

In 2025, we worked closely with the Tariff Committee to continually update the fee guide, ensuring alignment with evidence-based surgical practice and evolving standards of care.

The section also worked closely with BC Family Doctors and other specialist sections to address the growing importance of surgical assists, engaging with the numerous stakeholder bodies required for meaningful consultation. This work was supported by a 2025 survey demonstrating the increasing challenges faced by general surgeons across the province and represents a critical step toward improving working conditions and remuneration for specialists.

Our executive has attended several meetings on your behalf and sustained a parallel presence through the Consultant Specialists of BC. Our shared interests as specialists align across many areas, and our collective strength lies in unified negotiation and advocacy.

Additional fee guide work this year included an application for a new fee for nipple-sparing mastectomy and the finalization of an application for a “first assist of the day” fee (approximately \$100), pending funding through the ongoing Physician Master Agreement negotiations. In recognition of recent fee changes, the executive also approved a retroactive payment for the 2024–25 fiscal year. A new fee code was established for level 3 oncological breast surgery (07483), effective January 1, 2026. In addition, the section worked closely with the Section of Gastroenterology to comprehensively revise endoscopic retrograde cholangiopancreatography fee codes and to introduce a new fee code for cholangioscopy (33348), also effective January 1, 2026.

In partnership with Doctors of BC, we have also championed the promotion of opportunistic salpingectomy by general surgeons and other specialties across the province—an important initiative in reducing ovarian cancer.

Finally, we are thrilled to have improved and expanded the UBC Reticulum website.

We are pleased that most of the general surgeons in the province pay their annual dues to the section—we truly do represent you. Residents can join our section at no cost—and we are delighted to co-host an annual reception for residents at our annual general meeting. Retired members can stay in touch with the section for a \$100 fee.

For more details on new fees and economic updates, we invite members to attend our annual general meeting this April in Whistler, held in conjunction with the BC Surgical Society’s 79th Annual Spring Meeting. Your participation is vital as we continue to advocate for a more equitable and supportive environment for general surgeons in British Columbia.

**Kristin DeGirolamo, MD, CCFP, President**

## GERIATRIC MEDICINE (BC SOCIETY OF GERIATRIC MEDICINE SPECIALISTS)

This year has been a busy one, as usual. We have continued to work hard, with the goal of providing the best geriatric care possible to our patient population.

We continue our work within teams—geriatricians having been the pioneers of recognizing that team-based care is the only way to deliver effective care to complex patient populations. We work in teams that exist inside of hospitals but also in the outpatient realm—so many specialist groups are working to figure out ways to make this happen to improve their patient care. Teams are under threat from resource and funding constraints as well as recruitment and retention issues, but there is solid recognition that we need to work hard to continue to develop and retain organized team-based care, as it is the standard of care.

We have many mature geriatricians, but we also have a steady (and unfortunately small) stream of new clinicians coming up through fellowship programs in Canada.

Staffing will always be a challenge with our provincial demographics. We therefore continue to work with other physicians and allied health professionals, as well as administrators of health care systems, to assist in developing and maintaining robust systems of care.

We enjoy individual clinical encounters but also strive to look toward the overall systems of care needed to take care of our typical geriatric clients.

We are excited to finally see effective disease-altering therapy available for Alzheimer disease and will be actively involved with other stakeholders to try to make therapy accessible, even within the constraints of our taxed system. We are never ones to step down from a challenge.

**Scott Comeau, MD, President**

## INTERNAL MEDICINE

The Section of Internal Medicine represents a unique group of internists who are not part of the general internal medicine (GIM) stream, primarily internal medicine subspecialists. In addition to advancing care within their respective disciplines, our members continue to actively support and deliver essential internal medicine services, often assuming significant additional clinical responsibility to sustain acute and longitudinal internal medicine care. This dual role is central to maintaining the strength, breadth, and continuity of internal medicine across academic institutions, teaching hospitals, and the diverse communities throughout British Columbia.

Given our broad representation across multiple areas of medicine, we believe we are uniquely positioned to help shape the future of internal medicine within the province. A core component of our mandate is therefore to promote and advance internal medicine across British Columbia’s health care system. To this end, we have been working diligently with key partners, including Doctors of BC, the College of Physicians and Surgeons of BC, and the Ministry of Health (including the Medical Services Plan), to develop a supportive platform for US-trained internists being recruited to British Columbia. These physicians will arrive with diverse training backgrounds and professional experiences and will be adapting to a new clinical, organizational, and socio-geographic environment. We therefore look forward to ongoing collaboration and to providing sustained clinical support for these internists, drawing on the collective expertise of our internal medicine subspecialty members.

In parallel, we are collaborating with specific communities within British Columbia (for example, Revelstoke) to develop a model of continuous virtual internal medicine services. This model is intended to bridge gaps in acute internal medicine care while on-the-ground recruitment efforts are underway. As British Columbia’s population continues to grow—particularly in rural regions experiencing new resource development—the demand for timely, comprehensive medical support at all levels will continue to increase. Another core objective of our work is enhancing the availability

and continuity of care and minimizing or eliminating gaps in support. We have already developed practical, scalable models to achieve this, and many of these elements can be readily implemented given that the foundational infrastructure is already in place.

Looking ahead, we envision a model of care that can be expanded nationally, with British Columbia internists playing a leading role in its development and implementation. By optimizing and mobilizing existing expertise, we can move more quickly and effectively than by relying on entirely new external solutions. This approach has the potential to distribute care more equitably, while achieving meaningful impact in a shorter time frame and at a significantly lower cost to our health care system. With appropriate endorsement and support from the aforementioned organizations, we believe this initiative can represent a major achievement for 2026 and beyond.

**Don Burke**, MD, President

## LABORATORY MEDICINE (BC ASSOCIATION OF LABORATORY PHYSICIANS)

### Changes to the Executive Council

The BC Association of Laboratory Physicians (BCALP) held its annual general meeting on June 27, 2025, and two Executive Council meetings on June 27 and November 13, 2025. The BCALP was pleased to welcome new members-at-large and is appreciative of the service of outgoing members as well as Dr Smith, who ended an additional term as president and has now taken on the position of past president. The BCALP continues to have diverse regional representation from across BC. The financial position of the BCALP remains favourable.

### Provincial Laboratory Medicine Services

The BCALP continues to work with Provincial Laboratory Medicine Services (PLMS) and the Ministry of Health on the validation and implementation of the pathology workload model. This process has been delayed, but we anticipate increased forward momentum through 2026. The Anatomical Pathology Workload Committee and Level 4 Equivalent Subcommittee include representatives from the Ministry of Health and Doctors of BC, as well as several lab physician representatives, including Drs Smith, Lowden, and Finn. Other areas of focus include community lab costing, point-of-care testing, digital pathology, and the ongoing Provincial Health Services Authority administrative review.

### Physician Master Agreement negotiations

The BCALP continues to discuss the potential impacts of the Physician Master Agreement negotiations on pathologists throughout the province, particularly on funding increases, Alternative Payment plans, and service contract grids.

## Payment equity

Fee code increases for pathologists, particularly the laboratory consultant fee code, lags behind increases for other specialties. The BCALP is pursuing various avenues to address this inequity.

## BCALP bylaws

The BCALP bylaws were updated to improve continuity of the Executive Council, address situations where a council member cannot fulfill their position, and streamline the nomination process.

**Jefferson Terry**, MD, President

## NEUROLOGY

The role of the Section of Neurology is to represent and advocate on matters pertaining to the interests of neurologists in BC. We advocate for our members, assist with recruitment, maintain a website (<https://bcneurologists.ca/>), establish fee codes and billing amounts, provide education to neurologists, respond to questions from government and others regarding neurologists, maintain the privileging dictionary as it pertains to neurologists, and advocate on behalf of neurology care in BC.

Our annual general meeting was held as a hybrid meeting on April 15, 2025. An update was provided on section activities and Executive Committee leadership, and the financial information of the section was reviewed. Ongoing challenges and health resources communication were discussed, as well as new issues brought to the floor from members. A virtual symposium on neurology billing essentials was held on October 21, 2025, to educate members on the billing process and recent changes, including new codes, changes to codes, and the implementation of the implicit rereferral guidelines.

Other section activities included the disparity allocation from the 2022 Physician Master Agreement being fully implemented into the fee code changes. A new inpatient consult add-on code (452) is active as of April 1, 2025. Our ongoing goals include electroencephalography fee codes changes, which are in the review process with Ministry of Health cost analysts to help bring them into the 21st century. Other fee code changes to support intersectional and intrasectional disparity are ongoing.

A WhatsApp community is now behind a firewall, with access for paying section members only. It currently has 116 members in nine groups. Our Executive Committee maintains a broad range of subspecialist backgrounds across a diversity of regions. Our section website has been updated with current information and links to open job postings. We aim to maintain increased neurologist engagement through regular communications while continuing to advocate for improvement in Doctors of BC and government support of neurology physicians and patient care in the province.

**Torin Glass**, BMedBCh, President

## OPHTHALMOLOGY (BC SOCIETY OF EYE PHYSICIANS AND SURGEONS)

The BC Society of Eye Physicians and Surgeons (BCSEPS) represents BC's ophthalmologists and advocates for patient medical and surgical eye care needs within the province. Throughout the year, we have strived to create a unified voice as patient advocates, maintained excellence in eye care, and promoted physician health and well-being. Educational events over the year included a joint retina and anterior segment meeting last winter, symposia at the Canadian Ophthalmology Society's annual meeting held in Vancouver, and a biannual pediatric conference.

An intrasectional dispute appears to now be coming to a close, and BCSEPS looks forward to more collegial interactions in the future. We continue to work with the Tariff Committee at Doctors of BC to modernize our fee codes, and we have formed cross-specialty working groups to address side effects of novel medications. With the help of the Consultant Specialists of BC, BCSEPS has forged relationships with the Ministry of Health and the Provincial Health Services Authority, not only advocating for equity in patient care, but also protecting patient safety and well-being in the face of recent scope expansion challenges from non-physician health care providers.

It was a busy but productive year, and I would like to recognize the help received from all those involved on the BCSEPS Executive Committee and Economics Committee.

**Glen Hoar, MD, President**

## ORTHOPAEDICS (BC ORTHOPAEDIC ASSOCIATION)

The BC Orthopaedic Association (BCOA) represents orthopedic surgeons and patients, BC Orthopaedic Association advocating on behalf of members through scientific, educational, and professional initiatives and alliances. This past year, the BCOA remained committed to providing the best orthopedic care for our patients and to advocating for high-quality care with our partners in health.

In 2025, we continued the extensive work of studying the orthopedic fee guide, with the goal of determining the causes of intrasectional disparity among orthopedic subspecialties, as well as deep-rooted causes of gender disparity within orthopedics. We also identified specific subspecialties that are more female dominated and directly fed funds into these areas. We expect this work to continue with future fee allocations.

Patient advocacy has remained a high priority in the last year, and the BCOA continues to work alongside the Consultant Specialists of BC in meetings with the Ministry of Health, addressing access issues for patients and problems affecting specialist care in the province.

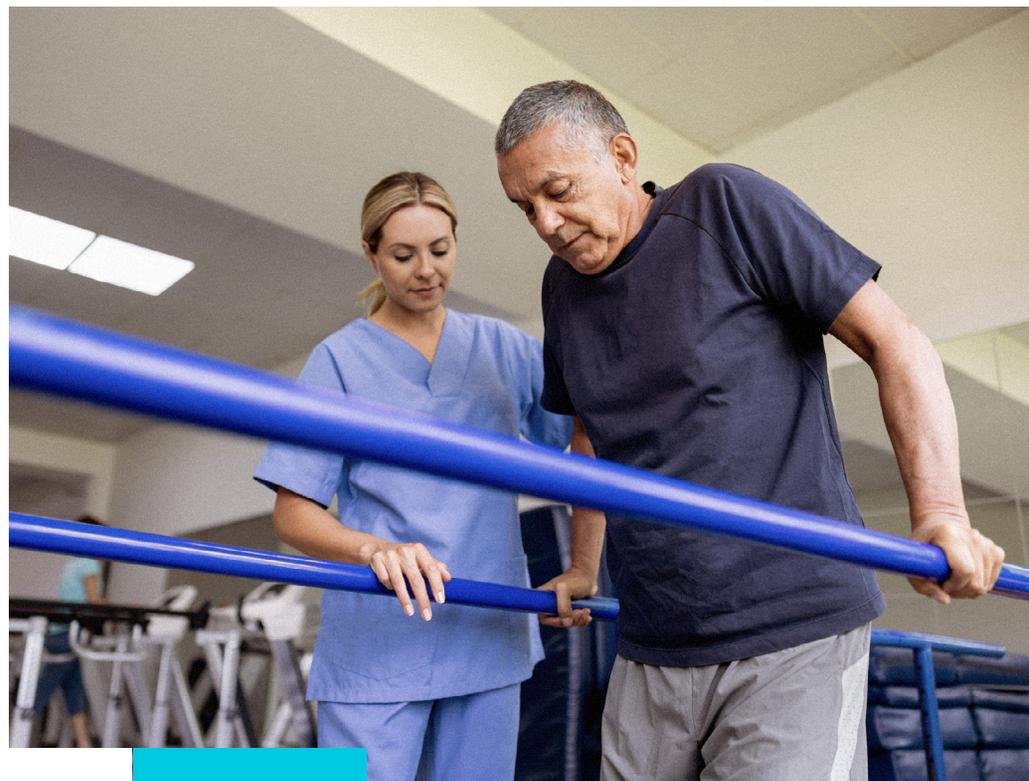
A goal for the past year was to improve communication with members in the form

of a regular newsletter, with the goal of improving engagement. The newsletter has proven to be an effective tool for relaying information on a variety of topics that affect practising orthopedic surgeons in BC. We continuing to improve links between academic and community orthopedic surgeons. Mentorship programs are being developed within the University of British Columbia (UBC) Department of Orthopaedics, with the goal of linking orthopedic surgeons in a variety of stages of their career to enhance professional satisfaction.

Education remains an important pillar of the BCOA's constitutional aims. This past year, we hosted two separate grand rounds presentations, with a focus on patient and surgeon advocacy, respectively. In May 2025, we collaborated with the UBC Department of Orthopaedics in hosting the Orthopaedic Update and BCOA Annual Meeting 2025.

We look forward to all of the growth that 2026 will bring.

**David R. Nelson, MD, President**





## RADIATION ONCOLOGY

The Section of Radiation Oncology continues to advocate for quality cancer care and sustainability. We have been working with BC Cancer Medical Affairs Administration to refine and update the contract structure to better suit the changing landscape of modern oncology. In concert with BC Cancer Medical Affairs Administration, we have expanded daily service hours, allowing us to shorten waitlists for treatment. Going forward, we will continue to work with our colleagues in administration to manage the space and time challenges of modern oncology.

**Jim Rose, MD, President**

## RADIOLOGY (BC RADIOLOGICAL SOCIETY)

### Vision and goals

The vision of the BC Radiological Society (BCRS) is to create an environment that helps members provide high-quality, equitable, and timely medical imaging while achieving fair compensation and maximum professional satisfaction and wellness.

### Our key goals are as follows:

- Advocate for improved patient access and reduced wait times for medical imaging.
- Promote the highest-quality and most appropriate use of medical imaging.
- Ensure that members achieve fair compensation for their services.
- Increase member engagement, value, and satisfaction.
- Strategically align efforts with partner organizations.

### Executive Council

The BCRS Executive Council is led by our president, Dr Wan Wan Yap, and is well represented by 18 radiologists from across the province. The BCRS has an economics committee and working groups for breast imaging, interventional radiology, artificial intelligence, and sustainability.

### Activities

Throughout 2025, the BCRS continued to actively advocate for sustainable solutions to the crisis of long medical imaging wait times.

The BCRS worked closely with the Ministry of Health, Doctors of BC, the Canadian Association of Medical Radiation Technologists, the Provincial Medical Imaging Office, and other system partners to advance specific recommendations for the following key issues:

- Sustainability of community imaging clinics
- Significant radiologist shortages
- After-hours call coverage efficiency

## PEDIATRICS (BC PEDIATRIC SOCIETY)

The vision of the BC Pediatric Society (BCPS), operating as the Section of Pediatrics, is that all BC infants, children, and adolescents and their families will attain optimal physical, mental, and social health. To accomplish this vision, the BCPS works with allied care providers; government; and regional, provincial, and national organizations and supports the professional needs of its members.

### BCPS advocacy work is centred on the following themes:

- Child and youth mental health: Access to and quality of mental health care services for children and youth involved with the Child and Youth Mental Health Community of Practice, supported by the Shared Care Committee.
- Autism assessment: Improving access and reducing waitlist times.
- Economics: Physician Master Agreement negotiations submission and disparity allocation guidance.
- Immunization: We produce a yearly general immunization schedule and a schedule for children with high-risk conditions. Resources for vaccines can be found at <http://www.bcpeds.ca/physicians/programs-resources/immunization/>.
- Education: We provide virtual journal club sessions approximately every two months. We also organize an annual two-day accredited CME conference. Planning is underway for an in-person 2026 conference in partnership with the BC Children's Hospital Division of Nephrology.

**S. Tsai, MD, Vice President**

## PHYSICAL MEDICINE AND REHABILITATION

The Section of Physical Medicine and Rehabilitation meets four times per year, following the meetings of the University of British Columbia Division of Physical Medicine and Rehabilitation. Topics for discussion in 2025 included the Physician Master Agreement, OceanMD, waitlist management, and the provincial privileging dictionaries.

**E. Weiss, MD, Head**



In 2026, the BCRS will continue to advance its vision of high-quality, equitable, and timely medical imaging while supporting fair compensation and professional satisfaction. Key priorities include modernizing funding structures, stabilizing after-hours call coverage, reducing radiologist burnout, addressing undervalued fees in breast imaging and interventional radiology, and advocating for technical fee increases for community imaging clinics. Beyond compensation, strategic advocacy will focus on workforce shortages, equipment deficits, and system inefficiencies.

The BCRS continues to provide high-quality accredited section 3 CME for our members through both synchronous and asynchronous platforms, growing our library of online, on-demand courses available through our learning management system.

**Brenda Farnquist, MD, Past-president**

## RHEUMATOLOGY (BC SOCIETY OF RHEUMATOLOGISTS)

The BC Society of Rheumatologists (BCSR) represents the scientific, educational, and professional interests of rheumatologists in British Columbia.

### Corridors of care

Dr Brent Ohata is collaborating with the provincial Pathways program to establish corridors of care. Pathways is an online resource that provides physicians and their teams with quick access to accurate referral information, including current wait times and specialists' areas of expertise. The Corridors of Care initiative aims to improve access to rheumatology in remote BC communities by connecting patients to rheumatologists with shorter wait times through Pathways.

### Complex care

For over a decade, BC rheumatologists have been able to use a time-based complex care consult code to support patients with multi-system diseases. This code recognizes the additional time and planning required for these complex care initial consultations. Following a successful disparity award in 2020, two new complex care

follow-up codes were finally approved in December 2025: one time-based, and the other focused on multi-organ disease.

The purpose of these new codes is multi-faceted. A key goal is to help address gender disparities in rheumatology. Studies show that female physicians often spend more time with complex patients yet earn less for the same hours worked. These new codes are a small but important step toward recognizing that additional effort.

In addition, the multi-organ disease follow-up code is intended to support subspecialty rheumatology clinics, where physicians manage particularly complex patients and often face financial limitations. Together, these new billing codes are designed to strengthen care for BC's most vulnerable patients.

### Recruitment and retention

Significant service gaps persist in community rheumatology, particularly in Northern BC and parts of the Interior, such as Kamloops. In contrast, Vancouver and Victoria currently have adequate rheumatology coverage.

Our section continues to support members with our very popular annual billing seminars and team-based care nursing sessions. In addition, we continue to support physician mentorship through a provincial program supported by the Specialist Services Committee's Specialists Well-Being Pilot (SWELL).

Meetings of the section take place twice a year, in spring and fall. The major meeting of the BCSR took place on November 8, 2025, in Vancouver.

**Jason Kur, MD, President**

## SPORT AND EXERCISE MEDICINE

The Section of Sport and Exercise Medicine represents physicians who practise referral-based sport and exercise medicine (SEM) in British Columbia. We advocate for the promotion of enhanced musculoskeletal care for patients in BC and for fair remuneration for the work of section members. Our members are distributed across all regions of the province; 75% are College of Family Physicians of Canada-trained physicians. Most members have a Certificate of Added Competence in Sport and Exercise Medicine to signify their expertise in this complex area of care, and many have completed a one-year full-time fellowship in SEM to achieve this enhanced designation.

All of our expertise and additional SEM training has previously been done without a single dollar of financial recognition in the province. When a family physician spends an additional full year learning to manage the complexities of SEM, there is no framework for financial compensation to recognize this additional learning or skill level going forward in their practice. There are not yet any SEM fee codes in BC. Becoming a fellowship-trained SEM physician in BC does not gain the physician the ability to access any fee codes that family physicians without this additional training can already

access. Our section aims to work toward changing this in 2026. In the context of these drastic inequities within the Medical Services Commission Payment Schedule, 2024 saw the first fee code changes aimed at starting to balance these concerns. BC Family Doctors and the Section of Sport and Exercise Medicine worked together to enact the 2022 Physician Master Agreement (PMA) clause whereby money was set aside specifically for creating and updating MSP fee codes relevant to SEM. Together, we increased the family practice consultation fee codes by 12% to 15%, directly increasing the fees for consultative SEM practitioners in the province. This was the first-ever fee code increase in BC aimed specifically at SEM, and it was a historic and pivotal step in the right direction. In 2025, our section established updated negotiation priorities for the ongoing negotiations for the next PMA, which should be established in 2026. We continue to advocate for SEM physicians in BC while recognizing that many additional steps will need to be taken if SEM in BC is going to remain a viable career for section members. In 2026, the section executive looks forward to continuing to lead the push toward the changes that are long overdue.

**Rob Drapala, MD, President**

## UROLOGY (BC UROLOGICAL SOCIETY)

The Section of Urology, represented by the BC Urological Society (BCUS), is committed to working on behalf of urologists in BC, while advocating for our members and patients. We hosted our successful annual scientific and business meetings on October 4, 2025, in Vancouver. This was the largest BCUS annual meeting to date. We reviewed the host of issues relevant to urologists in BC and outlined our goals and projects underway. The BCUS executive is putting in substantial effort to modernize our fee schedule, applying for new fee items where no such codes exist and working to streamline existing codes. Our section saw the implementation of several new fee codes this year. We continue to advocate for BCUS members in a challenging environment. Our next annual meeting will take place on Saturday, October 3, 2026, at the Fairmont Hotel Vancouver.

**Nathan Hoag, MD, President**





## Feature story

# Over 20 years of health care innovation celebrated at the 2025 JCC conference

As many physicians know, the Joint Collaborative Committees (JCCs) are unique in Canada, bringing together physicians, government, health authorities, and other health care partners to identify physician-led solutions for health care system improvement. In October 2025, the JCCs celebrated more than two decades of collaboration between Doctors of BC and the provincial government at the JCC conference and showcase.

The conference, themed “Connect, Collaborate, Elevate,” was an opportunity for the JCCs to highlight the impact and successes of the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, and the Joint Standing Committee on Rural Issues.

Attended by over 500 physicians, government representatives, and health care leaders, the event highlighted the pan-JCC impact and connectedness between the four committees. Insights and successes were shared from quality improvement projects and community-driven solutions.

These initiatives, focused on improving access to care and supporting physicians in practice, represent only a snapshot of the wide range of work presented at the conference.

### **Specialist Services Committee: The Consultant Specialist Team Care program**

The Specialist Services Committee shared the success achieved through the Consultant Specialist Team Care program by Kamloops orthopedic surgeon Dr Jeffrey Poon. [Dr Poon’s practice reduced wait times and enhanced patient care](#) through the team-based approach implemented through the program, improving efficiency, patient access, and team morale.

### **Shared Care Committee: The Child and Youth Substance Use Pathway**

Shared Care Committee physicians highlighted tools and strategies to help their colleagues better support young patients by taking the guesswork out of pediatric substance use care. The Child and Youth Substance Use Pathway, developed by physicians in the Shared Care Committee’s [Child and Youth Mental Health and Substance Use Community of Practice](#), is a practical tool for physicians who are unfamiliar with treating young patients facing substance use issues. Hosted on Pathways BC, the resource includes referral forms, diagnostic criteria, conversation guides, substance-specific resources, and other supports.

### **Joint Standing Committee on Rural Issues: Real-Time Virtual Support**

The Joint Standing Committee on Rural Issues shared

the Real-Time Virtual Support program’s important milestone of [serving 78% of BC’s most medically isolated communities](#). Since 2020, the Rural Coordination Centre of BC and partners have transformed rural care through Real-Time Virtual Support. A new report highlights its impact: 168 rural and First Nations communities reached, \$34 million in travel costs saved, and stronger support for patients and providers.

### **Family Practice Services Committee: The East Kootenay New to Practice Physician Network**

The Family Practice Services Committee shared the ongoing success of projects like [East Kootenay’s New to Practice Physician Network](#), which addresses challenges faced by new rural family physicians, such as professional isolation and the complexity of new health care systems, through mentorship, peer support, and skill-building opportunities.

The 2025 JCC conference was accredited by the University of British Columbia Faculty of Medicine’s Division of Continuing Professional Development. Resources from the event, such as presentations, a highlights video, and a photo gallery, have been published on the [JCC website](#).

#### **Pictured:**

From left: Dr Gina Gill, Alayna Payne, and Dr Elizabeth Swiggum participate in a roundtable discussion at the 2025 JCC Conference.



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# Annual Reports of External Committees

## ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

The Advisory Committee on Diagnostic Facilities (ACDF) is a subcommittee of the Medical Services Commission (MSC). The ACDF provides advice, assistance, and recommendations to the MSC with respect to diagnostic services and diagnostic facilities that bill, or wish to bill, the Medical Services Plan. The ACDF consists of three representatives from Doctors of BC, three government representatives, and three public (beneficiary) representatives (one public position is currently vacant). All members are appointed by the MSC. With the assistance of the secretariat, the ACDF meets quarterly and has delegated authority to assess applications for new, expanded, or relocated outpatient diagnostic facilities. The services that fall under the ACDF include diagnostic radiology, diagnostic ultrasound, electromyography (EMG), electroencephalography (EEG), nuclear medicine, polysomnography, and pulmonary function testing.

As delegated in the Medicare Protection Act and Regulations and the policies and guidelines of the ACDF, some applications are assessed by the chair, and others are assessed by the full committee. The ACDF may approve applications based on MSC-approved policies and guidelines. The ACDF may make a recommendation

for denial to the MSC, which will then review the application and confirm or overturn the denial recommendation. Additionally, the ACDF may defer an application pending more complete information, refer the matter to the MSC with or without a recommendation (usually with at least some advice), approve with conditions, or place a term on approval.

During this fiscal year (April 1, 2024, to March 31, 2025), the ACDF addressed a total of 98 applications, 50 on behalf of public facilities, and 48 from applicants in the private sector. Of these, 41 were assessed by the chair, and 57 were assessed by the full committee.

The polysomnography approvals included six new certificates of approval and two 12-month extensions to prior 18-month approvals. The home sleep apnea testing approvals included one new certificate of approval and seven relocations. The ultrasound approvals included 10 new certificates of approval, three relocations, 10 expansions of services, four expansions of capacity, two new distance reading approvals, three expansions of distance reading, and two extensions to 18-month approvals. The EMG approvals included nine new certificates of approval and

	NUMBER	ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES (ACDF) APPROVED	ACDF DENIAL RECOMMENDATION	MEDICAL SERVICES COMMISSION (MSC) DENIAL UPHELD	REFERRED TO AND APPROVED BY THE MSC
Pulmonary function	12	12			
Radiology	24	19	1	1	4
Ultrasound	34	34			
Electromyography (EMG)	10	10			
Electroencephalography (EEG)	1	1			
Nuclear medicine	1	1			
Polysomnography	8	8			
Home sleep apnea testing	8	8			
<b>Totals</b>	<b>98</b>	<b>93</b>	<b>1</b>	<b>(1)</b>	<b>4</b>

one relocation. The EEG approval was a relocation. The single nuclear medicine approval was for relocation.

For radiology, there were six approvals of new certificates (two by the ACDF and four referred to and approved by the MSC), as well as one ACDF denial recommendation, which was upheld by the MSC for insufficient medical need for increased capacity in the catchment area. Four radiology approvals were for relocation, 12 were for expansion of services, and one was an extension to an 18-month approval.

The MSC extended the moratoriums for new or expanded ultrasound services to December 1, 2026, due to ongoing sonographer shortages, despite the increase in workforce. Exceptions to the moratorium may be made for demonstrated urgent health or safety needs. However, an exception request is accepted only for applicants with at least one existing facility holding a current radiology or ultrasound certificate of approval, except in rare or exceptional circumstances.

**Additionally, modifications to the ultrasound moratorium continue:**

- Facilities with current radiology-only approval may apply to the ACDF to add diagnostic outpatient ultrasound without requiring a request of exception from the moratorium.
- All outpatient diagnostic ultrasound applications and/or exception requests from community imaging clinics must include a verifiable commitment to clinical placement of sonography students.

On June 19, 2024, the MSC approved the Ministry of Health’s recommendation to allow the provision of remote home sleep apnea testing in underserved, rural, and remote communities, where individuals may face significant barriers in accessing facilities providing home sleep apnea testing.

Effective March 1, 2024, qualifying diagnostic radiology facilities may apply for expansion of services for breast imaging to include digital breast tomosynthesis.

**Vanindar Jawanda Lail, MD, Doctors of BC representative**

## DRIVER MEDICAL FITNESS CONSULTATION GROUP

The Driver Fitness Medical Consultation Group (DFMCG) serves as a communication channel for sharing information between RoadSafetyBC, the medical community, and other health care providers who have a responsibility to report fitness-to-drive issues. The objective of the DFMCG is to provide expertise, advice, and recommendations to RoadSafetyBC on driver medical fitness issues, guidelines, research, and best practices. In 2025, Doctors of BC initially had one representative on the DFMCG, Dr Ian Gillespie, a psychiatrist from the **W SÁNEĆ** (Saanich) and **ləkʷəŋəŋ** (Songhees and Esquimalt) Nations of the Coast Salish peoples, who was present for the February

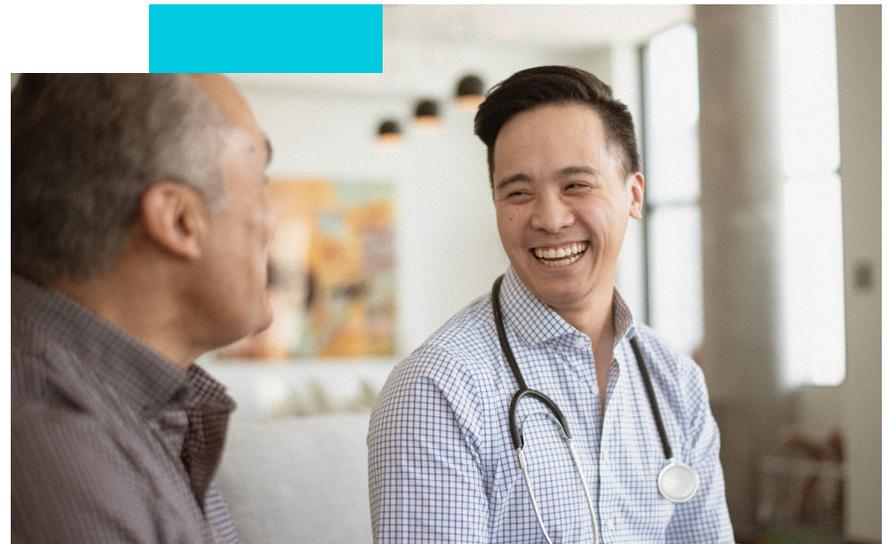
19 and May 7 meetings. Quarterly meetings were intended, but only three meetings were scheduled. After the Doctors of BC nominations process, Dr Ekaterina Slivko, a family physician from qathet (Powell River) joined the DFMCG.

The key activity was that the DFMCG continued to provide input into RoadSafetyBC’s Driver Medical Fitness Transformation project. This project includes a medical practitioner portal, which will allow BC-licensed practitioners and their staff to access a driver service interface. Using credentials provided by the driver, they will be able to interact with driver medical fitness cases, enabling submission of a digital Driver’s Medical Examination Report (DMER), in compliance with RoadSafetyBC requirements. There was a demonstration of the prototype at the May and September meetings, and the graphical user interface and features were impressive. The DFMCG emphasized the need for completion of a successful pilot and education to ease the transition. This online application will streamline the process of filling out DMERs for physicians and nurse practitioners and give drivers better access to the status of their licence.

The DFMCG also discussed with RoadSafetyBC staff the need to balance closer monitoring of senior drivers and drivers with medical conditions with limited physician resources in the province. The committee also continued to focus on DMER processing delays. Assurance was given that physician-initiated reports are reviewed on a priority basis.

Priorities for 2026 include continuing to provide physician feedback on the initiatives discussed above and on other matters that Doctors of BC members may want to address.

**Ian Gillespie, MD, Ekaterina (Kate) Slivko, MD, Doctors of BC Representatives**



## Feature story

# A year of groundbreaking events focused on physician health and safety



With the health care system in crisis, now more than ever, doctors need support to ensure they feel physically and psychologically secure while providing patient care. In 2025, Doctors of BC worked with partners to organize more events and initiatives than ever before to promote physician health, wellness, and safety, and to address members' increasing concerns about their health and safety in the workplace.

Doctors of BC hosted two significant events in 2025 that explored physician health and safety.

In April, the Physician Health and Safety Summit kicked off with a profound keynote address from Dr Gabor Maté. Attendees also heard from industry partners about a wide array of health and safety initiatives and were guided through breakout sessions facilitated by program physician Dr Maureen Mayhew and clinical coordinators Ms Dolores Langford and Ms Carol Faris from the Physician Health Program.

Then in October, Doctors of BC co-hosted the Canadian Conference on Physician Health in partnership with the Canadian Medical Association. Team members from the Physician Health Program served on the conference steering committee, providing foundational input to shape the event's direction and proposed impact.

With the theme "Trust in Care," the conference provided powerful insight, inspirational dialogue, and a road map for action, featuring workshops that unearthed the true meaning of trust in the medical profession and demonstrated how equity, diversity, and inclusion build connection and create a safer, more effective work environment for all.

To support doctors and residents with practical strategies to prevent and protect against workplace violence, [a new provincial violence prevention course was launched](#). This 1.5-hour accredited course was collaboratively developed by Doctors of BC, SWITCH BC, the Ministry of Health, and health authorities. The development of the course was informed by a physician advisory group of specialists and family physicians from across BC, prioritizing physicians' perspectives and experiences and reflecting real-world clinical settings.

Another partnership between Doctors of BC and the Ministry of Health created the [Community Physician Health and Safety program](#), led by SWITCH BC. An initiative of the program was the development of de-escalation tools for medical office staff, which aim to help medical office teams improve workplace safety, reduce conflicts, and reduce the risk of violence in community settings.

As always, the Physician Health Program continues to provide responsive, high-quality care and community services navigation for physicians, retired physicians, residents, medical students, and their families. The confidential helpline is available 24 hours a day at 1 800 663-6729.

### **Pictured:**

From left: Moderator, Alex Munter and panelists Dr Alexandra Bastiany, Dr Jamaica Cass, Dr Jesse Kancir, and Dr Saleem Razack during a panel discussion at the Canadian Conference on Physician Health (CCPH) 2025.

# Committees Members

Thank you to all of the members who participated as a member of a council, committee, society, section, or coordinating group in 2025.

Abelson, W.	Blitz, M.	Chatur, N.	de Bruin, D.	Fritz, B.	Hamilton, T.	Jalali, F.
Ackerman, E.	Blumenauer, B.	Chen, Y.	DeGirolamo, K.	Fukushima, E.	Harris, D.	Jansz, M.
Adam, T.	Bognar, C.	Chou, J.	Dhir, A.	Gaede, L.	Harrison, A.	Jaworsky, D.
Adams, S.	Boyd, J.	Chhabra, A.	Din, F.	Gaetz, J.	Hartwick, M.	Jeans, J.
Agboji, H.	Brar, H.	Chin, C.	Dodd, S.	Galanopoulos, P.	Hayes, K.	Jenkin, D.
Akal, G.	Braunstein, J.	Chiu, L.	Douglas, S.	Gardiner, J.	Hefford, B.	Jenkins, C.
Aldred, T.	Bringsli, E.	Choo, C.	Drapala, R.	Garrard, M.	Hendry, J.	Jetha, Y.
Ali, T.	Britto, A.	Clark, H.	Duff, M.	Georgilas, M.	Henshaw, E.	Johnson, E.
AlZahrani, F.	Brovender, A.	Clarke, A.	Dulay, D.	Gerschman, T.	Hertz, P.	Johnston, B.
Anderson, R.	Brown, C.	Clelland, C.	Dunn, C.	Gershony, S.	Heston, J.	Jones, D.
Applegarth, O.	Brown, K.	Clemence, C.	Eagle, E.	Gholam, S.	Hiltz, M.	Joneson, D.
Aslani, N.	Brown, R.	Co, S.	Easterbrook, J.	Gilks, B.	Ho, M.	Jung, G.
Bahl, G.	Buczowski, A.	Comeau, S.	Edmunds, P.	Gill, S.	Hoag, N.	Kahlon, R.
Baldessare, R.	Burke, D.	Cooper, S.	Eeson, G.	Gillespie, I.	Hoar, G.	Kalaci, O.
Balfour, J.	Butler, A.	Copley, M.	Ehasoo, V.	Glass, T.	Hobson, B.	Kang, K.
Ballouk, H.	Cadesky, E.	Costello, G.	Evans, D.	Goldis M.	Holmes, D.	Kanji, H.
Barlas, A.	Card, J.	Cowie, S.	Evans, J.	Goodchild, S.	Holtz, K.	Karimuddin, A.
Beach, C.	Carruthers, M.	Cox, K.	Ewart, L.	Gramberg, C.	Horvat, D.	Kelian, S.
Beesley, J.	Carruthers, R.	Curry, M.	Farnquist, B.	Gray, J.	How, A.	Kendler, D.
Bellamy, C.	Chahal, J.	Curry, T.	Farrell, P.	Gregory Deans, G.	Hubinette, M.	Ketler, S.
Bharmal, A.	Chan, C.	D'Souza, K.	Fernando, L.	Gregory, B.	Huckell, V.	Khandelwal, S.
Bhui, D.	Chan, J.	Dadachanji, S.	Finn, A.	Grewal, S.	Hughes, K.	Khatra, J.
Bhui, R.	Chan, M.	Daicu, M.	Fisher, D.	Gunn, K.	Hwang, H.	Khayambashi, S.
Billingsly, I.	Chan, V.	Davis, V.	Fisher, K.	Guo, M.	Hwang, J.	Khorasani, S.
Bishop, J.	Chapman, D.	Dawes, M.	Fishman, M.	Hagen, R.	Iovieno, A.	Khosa, F.
Bissonnette, M.L.	Charles, M.	Dawkin, D.	Forgie, K.	Hale, I.	Iveny, C.	Khurana, R.

Kilpatrick, A.	Louie, K.	Meera, A.	Pawlowska, M.	Sanghera, B.	Temple, B.	Wilson, J.
Kim, D.	Lowden, K.	Mendelsohn, D.	Pawluk, A.	Sanghera, B.	Terry, J.	Wong, B.
Kinkaid, C.	Lowden, L.	Miller, K.	Payne, A.	Sawchuk, A.	Thompson, A.	Wong, V.
Kisch, I.	MacDonald, M.	Miller, T.	Perrin, A.	Scheepers, M.	Thompson, E.	Woo, E.
Koopmans, J.	MacLean, B.	Mills, D.	Peters, C.	Schmidt, T.	Thompson, E.	Workman, H.
Krishnamoorty, A.	MacPherson, C.	Mitra, A.	Petrik, D.	Schokking, I.	Toweir, A.	Yatham, K.
Krupke, O.	Madden, K.	Mitra, G.	Phelps, E.	Schwandt, M.	Tsai, S.	Yong-Hing, C.
Kulla, S.	Mah, E.	Mitra, M.	Phillips, J.	Scott, T.	Tsang, C.	Yung, T.
Kur, J.	Mahal, I.	Moll, A.	Phillips, P.	Segal, S.	Tung, A.	Zack, B.
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