

MEMORANDUM OF AGREEMENT

INCREASES FOR NON-PMA CONTRACTS AND PAYMENT MODELS

BETWEEN:

**HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH
COLUMBIA**, as represented by the Ministry of Health

(the “**Ministry**”)

AND:

**FRASER HEALTH AUTHORITY, INTERIOR HEALTH AUTHORITY,
VANCOUVER ISLAND HEALTH AUTHORITY, VANCOUVER
COASTAL HEALTH AUTHORITY, NORTHERN HEALTH
AUTHORITY and PROVINCIAL HEALTH SERVICES AUTHORITY**

(individually a “**Health Authority**” and
collectively the “**Health Authorities**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

(individually a “**party**” and collectively the “**parties**”)

Increases for Non-PMA Contracts and Payment Models

Further to the discussions between the Ministry of Health and Doctors of BC during the recently concluded Physician Main Agreement (PMA) negotiations, this is to confirm that the Ministry/Health Authorities will provide the following increases:

1. For the Provincial Anesthesia Contract, Group Contract for Practicing Family Physicians, New-to-Practice Family Physician Contract, and for Population Based Funding Contracts:
 - i. A minimum of 3.0%, effective April 1, 2025;
 - ii. A minimum of 3.0%, effective April 1, 2026;
 - iii. A minimum of 3.0%, effective April 1, 2027; and
 - iv. A minimum of 3.0%, effective April 1, 2028.
2. Effective April 1, 2025, an increase of 2.75% to be applied across-the-board to all time codes, interaction codes, and panel payment under the LFP Payment Model that are in effect on March 31, 2025.
3. Effective April 1, 2026, an increase in new ongoing funding for compensation rates to physicians under the LFP Payment Model as follows:
 - i. An increase to all time codes, interaction codes, and panel payment under the LFP Payment Model in effect on March 31, 2026 of 1.0%; and
 - ii. Another 1.5% to be allocated to priorities identified by the Ministry of Health and Doctors of BC and in accordance with the MOU on the Longitudinal Family Physician Payment Model.
4. Effective April 1, 2027, an increase in new ongoing funding for compensation rates to physicians under the LFP Payment Model as follows:
 - i. An increase to all time codes, interaction codes, and panel payment under the LFP Payment Model in effect on March 31, 2027 of 1.0%; and
 - ii. Another 1.5% to be allocated to priorities identified by the Ministry of Health and Doctors of BC and in accordance with the MOU on the Longitudinal Family Physician Payment Model.
5. Effective April 1, 2028, an increase in new ongoing funding for compensation rates to physicians under the LFP Payment Model as follows:
 - i. An increase to all time codes, interaction codes, and panel payment under the LFP Payment Model in effect on March 31, 2028 of 1.0%; and

- ii. Another 1.85% to be allocated to priorities identified by the Ministry of Health and Doctors of BC and in accordance with the MOU on the Longitudinal Family Physician Payment Model.

6. LFP New Funding Priorities

- i. Doctors of BC and the Ministry of Health will work together to allocate new funds that arise from PMA negotiations for the LFP Payment Model to new or existing billing codes, the panel payment, or other payments for the purpose of:
 - 1. increasing patient access to clinic-based and facility-based services through:
 - a) expanded access to care during evenings, nights, weekends and statutory holidays;
 - b) improved continuity of care for Empanelled Patients at the LFP Clinic at which their LFP physician provides services; and
 - c) timely access to in-person care, including but not limited to assessment and management of urgent care needs;
 - 2. bolstering the delivery of comprehensive care across clinic and facility settings included under the LFP Payment Model, prioritizing maternity and reproductive care; and
 - 3. supporting joint interests in improving and expanding the LFP Payment Model.
- ii. Doctors of BC and the Ministry of Health will review how the LFP Payment Model applies to rural physicians and rural communities, and will determine how the LFP Payment Model may be adapted to improve service delivery and patient access to care in rural communities.

7. All LFP increases will be applied to base years as follows:

- i. Allocations for 2026/27 to be applied to a base year of 2024/25
- ii. Allocations for 2027/28 to be applied to a base year of 2025/26
- iii. Allocations for 2028/29 to be applied to a base year of 2026/27

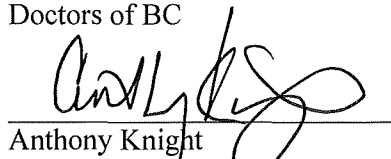
- 8. The parties agree that any one-time funds arising from delays in the expenditure of ongoing PMA funding for the LFP Payment Model at the end of a Fiscal Year will carry over into the next Fiscal Year.

9. Where there is a dispute between the Government and the Doctors of BC on the interpretation and application of this Memorandum of Agreement, the party raising the dispute may refer the matter to arbitration pursuant to the *Arbitration Act*.

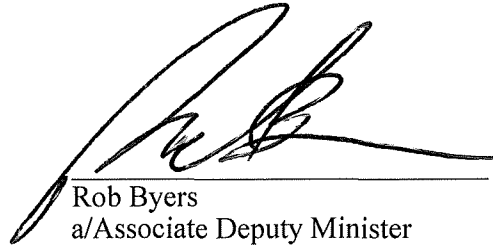
Dated this 1st day of April, 2025



Dr. Adam Thompson
President
Doctors of BC



Anthony Knight
Chief Executive Officer
Doctors of BC



Rob Byers
a/Associate Deputy Minister
Health System Policy & Planning
Minister of Health



Dermot Kelly
President and CEO
Fraser Health Authority



Kathryn MacNeil (Jul 15, 2026 11:57:35 PDT)
Kathy MacNeil
President and CEO
Vancouver Island Health Authority



Ciro Panessa (Jul 15, 2026 12:37:28 PDT)
Ciro Panessa
President and CEO
Northern Health Authority



Sylvia Weir (Jul 15, 2026 13:21:07 PDT)
Sylvia Weir
President and CEO
Interior Health Authority

Paul Mochrie

[Paul Mochrie \(Jul 15, 2026 14:27:17 PDT\)](#)

Paul Mochrie
President and CEO
Provincial Health Services Authority

vivian Eliopoulos

[vivian Eliopoulos \(Aug 13, 2026 10:27:27 PDT\)](#)

Vivian Eliopoulos
President and CEO
Vancouver Coastal Health Authority