

2025 PHYSICIAN MAIN AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “Government”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “Doctors of BC”)

AND:

MEDICAL SERVICES COMMISSION

(the “MSC”)

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THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC, and the Government were parties to the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement on the terms set out in this Agreement;

C. The parties have agreed that this agreement will constitute the 2025 Physician Main Agreement, and to enter into the Family Practice Subsidiary Agreement, the Specialists Subsidiary Agreement, the Rural Practice Subsidiary Agreement, the Alternative Payments Subsidiary Agreement, and the Benefits Subsidiary Agreement, in the forms attached hereto as Appendices A through E respectively;

D. The parties acknowledge with gratitude that they work on the traditional, ancestral, and unceded territory of First Nations, who have cared for and nurtured these lands from time immemorial. The parties acknowledge the pervasive and ongoing harms of colonialism faced by Indigenous peoples. These harms include the widespread systemic racism against Indigenous peoples as users, patients, staff, and providers in BC's healthcare system, and highlighted in the 2020 In Plain Sight report. The parties are committed to using a distinctions-based approach in confronting and healing the systemic racism underlying this system in their provision of healthcare services, including services rendered by physicians, as part of efforts towards reconciliation;

E. The parties agree to uphold the United Nations Declaration on the Rights of Indigenous Peoples, which has been brought into the laws of British Columbia under the *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44;

F. The parties wish to work collaboratively in the health care system, and recognize their shared obligation and responsibility to meet population and patient medical needs through evidence-based, culturally safe, quality care provided through an integrated, sustainable, accountable, efficient and effective health care system; and

G. This Agreement:

- (a) defines a relationship between the parties built upon transparency, constructive collaboration, and mutual respect;
- (b) recognizes that the Government has an obligation to maintain and improve the health status of the population; to create health legislation, regulation and policy; to determine service organization and enable that organization through Health Authorities; and to determine the allocation of provincial funding for health services;
- (c) recognizes that Health Authorities are responsible for regional service planning and operations and the allocation and management of their fiscal, human, and capital resources to meet the health service needs of residents; and
- (d) recognizes the Doctors of BC's goals of maximizing physicians' professional satisfaction, achieving a high standard of healthcare, and achieving fair economic compensation for the services rendered by physicians.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - INTERPRETATION

1.1 Definitions

In this Agreement including the recitals and Appendices the following definitions shall apply:

“this Agreement” or **“2025 Physician Main Agreement”** means this document including the Appendices, as amended from time to time in accordance with section 1.7.

“Ad Hoc Advisory Panel” has the meaning given in section 6.6.

“Adjudication Committee” has the meaning given in section 21.2.

“Adjudicator” has the meaning given in section 21.2.

“Agency” means a Health Authority and any other public agency funded by the Government and, in the context of an Alternative Payment Arrangement where the Government is a party, includes the Government.

“Allocation Committee” means the committee referred to in section 4.1 of the Alternative Payments Subsidiary Agreement.

“Alternative Payment Arrangement” means compensation for “Physician Services” (as defined in the Alternative Payments Subsidiary Agreement) under a Salary Agreement, Service Contract, or Sessional Contract.

“Alternative Payments Program” means the Government program designed to fund “Physician Services” (as defined in the Alternative Payments Subsidiary Agreement) through Alternative Payment Arrangements.

“Alternative Payments Subsidiary Agreement” means the agreement titled “2025 Alternative Payments Subsidiary Agreement” entered into by the parties pursuant to section 2.5, as amended from time to time.

“Audit and Inspection Committee” means the committee of that name appointed by the MSC.

“Available Amount” in respect of any Fiscal Year means the amount of funding set by the MSC for allocation under section 25 of the *Medicare Protection Act* for the payment of Insured Medical Services provided by physicians on a fee for service basis during that Fiscal Year, “Fee Premiums” (as defined in the Rural Practice Subsidiary Agreement) for such Fiscal Year, and payments made pursuant to the “Northern and Isolation Travel Assistance Program” (as defined in the Rural Practice Subsidiary Agreement) for such Fiscal Year, but excluding any interest payments related to the late payment of Fee for Service Accounts.

“Benefits Committee” has the meaning given in section 4.1 of the Benefits Subsidiary Agreement.

“Benefits Subsidiary Agreement” means the agreement titled “2025 Benefits Subsidiary Agreement” entered into by the parties pursuant to section 2.5, as amended from time to time.

“Canadian Medical Protective Association Rebate Program” means the program referred to in section 2.5 of the Benefits Subsidiary Agreement.

“Central Recommendations” has the meaning given in section 26.5(a)(i).

“Change in Form of Compensation” means a change in the type of compensation for physician services from fee for service to a Service Contract, a Salary Agreement, or any other alternate payment model.

“Consult” means to provide a meaningful opportunity for advice to be provided and for an exchange of views or concerns prior to the making of a decision or the finalization of a policy initiative as the context may require, and **“Consultation”** and **“Consulted”** have similar meanings.

“CMPA Fee Schedule” means the Canadian Medical Protective Association (CMPA) membership fees applicable to British Columbia physicians as determined by the CMPA.

“Continuing Medical Education Fund” means the fund referred to in section 2.6 of the Benefits Subsidiary Agreement.

“Contributory Professional Retirement Savings Plan” means the plan referred to in section 2.7 of the Benefits Subsidiary Agreement.

“Cultural, Ceremonial and Spiritual Leave” or **“CCSL”** has the meaning given at section 2.4 of the Benefits Subsidiary Agreement.

“Dispute” means a Provincial Dispute or a Local Dispute.

“Doctor of the Day” means a Family Physician designated by a Health Authority to be available for the care of a patient who is being or has been admitted to a hospital and/or while the patient remains an inpatient of the hospital, where the patient does not have a Family Physician or has a Family Physician who does not have privileges at that hospital.

“Family Physician” means a Physician registered with the College of Physicians and Surgeons of British Columbia to practise family medicine.

“Family Physician with a Focused Practice” are those Family Physicians with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.

“Family Practice Services Committee” means the committee referred to in section 4.2 of the Family Practice Subsidiary Agreement.

“Family Practice Subsidiary Agreement” means the agreement titled “2025 Family Practice Subsidiary Agreement” entered into by the parties pursuant to section 2.5, as amended from time to time.

“Fee for Service Accounts” means accounts submitted by physicians to the MSP for the provision of Insured Medical Services provided on a fee for service basis.

“Fees” means the fees set out in the Payment Schedule.

“Final Termination Date” has the meaning given in section 27.2(b).

“Fiscal Year” means the 12 month period commencing on April 1 of a calendar year and ending on March 31 of the following calendar year.

“Further Termination Notice” has the meaning given in section 27.2(b).

“Future Legislation” has the meaning given in section 25.1.

“General Practitioner” means a Family Physician or other physician who is not a Specialist Physician.

“Guide to Fees” means the Doctors of BC Guide to Fees as published by the Doctors of BC from time to time.

“Guidelines and Protocols Advisory Committee” means the committee of that name established and existing under section 5(1)(o) of the *Medicare Protection Act* as an advisory committee to the MSC.

“Health Authority” means a “board” as defined in section 1 of the *Health Authorities Act* (British Columbia), and also the Provincial Health Services Authority.

“Insured Medical Services” at any time means services that are benefits under the *Medicare Protection Act* at that time.

“Issue” means a Local Interest Issue or a Local Quality of Care Issue.

“Joint Agreement Administration Group” has the meaning given in section 7.1.

“Joint Clinical Committees” has the meaning given in section 8.1.

“Joint Clinical Committee Administrative Agreement” means the agreement titled “Joint Clinical Committee Administrative Agreement” between the Government and the Doctors of BC dated April 1, 2025.

“Joint Standing Committee on Rural Issues” or **“JSC”** means the committee referred to in section 5.1 of the Rural Practice Subsidiary Agreement.

“Local Contract” means:

- (a) a Salary Agreement, Service Contract, Sessional Contract, a MOCAP Contract, and any other contract that the Government and Doctors of BC agree is a Local Contract; or
- (b) an agreement, existing as at May 10, 2007, made in writing by an Agency, on the one hand, and a physician or group of physicians, on the other, that was intended to create an enforceable commitment, and is sufficiently certain as to its terms and duration so as to be capable of enforcement.

“Local Contract Dispute” means a dispute between an Agency, on the one hand, and a physician or group of physicians, on the other, regarding the interpretation, application, operation, or alleged breach of a Local Contract:

- (a) where there is no mechanism in the Local Contract to resolve the dispute; or
- (b) where the Local Contract mandates the use of any of the dispute resolution procedures in this Agreement to resolve the dispute; or
- (c) where the parties to the Local Contract otherwise agree to use the applicable dispute resolution procedures in this Agreement to resolve the dispute.

“Local Dispute” means a Local Contract Dispute or a Local Range Placement Dispute.

“Local Interest Issue” means any issue, disagreement, conflict, or matter that arises between an Agency, on the one hand, and a physician or group of physicians, on the other, that is not a Dispute or a Local Quality of Care Issue.

“Local Quality of Care Issue” means an issue that arises between an Agency, on the one hand, and a physician or group of physicians, on the other, that relates to the quality of patient care, that is not a Dispute.

“Local Range Placement Dispute” has the meaning given in section 12.10 of the Alternative Payments Subsidiary Agreement.

“Medicare Protection Act” means the *Medicare Protection Act*, R.S.B.C. 1996, c.286.

“Minister” means the Minister of Health and includes the Deputy Minister or a person designated to act on the Minister’s behalf.

“Ministry” means the British Columbia Ministry of Health.

“MOCAP” means the medical on-call/availability program referred to in Article 17 and described in Appendix G.

“MOCAP Contract” means a contract between an Agency and a physician or group of physicians for on call availability under MOCAP.

“MOCAP Objectives” has the meaning given in section 17.4(a).

“MSP” means the division of the Ministry responsible for the administration and operation of the Medical Services Plan continued under the *Medicare Protection Act*.

“Other Recommendations” has the meaning given in section 26.5(a)(ii).

“Parental Leave Program” has the meaning given in section 2.8 of the Benefits Subsidiary Agreement.

“Patterns of Practice Committee” means the committee of that name established and existing under section 5(1)(o) of the *Medicare Protection Act* as an advisory committee to the MSC.

“Payment Schedule” means the payment schedule established under section 26 of the *Medicare Protection Act*.

“Physician Disability Insurance Program” means the program referred to in section 2.9 of the Benefits Subsidiary Agreement.

“Physician Health Program” means the program referred to in section 2.10 of the Benefits Subsidiary Agreement.

“Physician Main Subsidiary Agreements” means, collectively, the Family Practice Subsidiary Agreement, the Specialists Subsidiary Agreement, the Rural Practice Subsidiary Agreement, the Alternative Payments Subsidiary Agreement, and the Benefits Subsidiary Agreement.

“Physician Section” means a group of physicians recognized by the Doctors of BC Board as a section pursuant to Bylaw 4 of the Constitution and By-Laws of the Doctors of BC.

“Physician Services Committee” has the meaning given in section 6.1.

“Practice Support Program” means the program supported by the Family Practice Services Committee to improve care for patients in British Columbia and increase job satisfaction amongst physicians.

“Provincial Dispute” means a dispute between the Government and the Doctors of BC regarding the interpretation, application, operation or alleged breach of this Agreement and/or any of the Physician Main Subsidiary Agreements.

“Provincial MOCAP Review Committee” has the meaning given in section 17.2.

“Quintuple Aim” means working to improve the health system by considering five key aims: improving patient experience, improving provider experience, reducing the per capita cost of care, improving population health, and advancing health equity.

“Reference Committee” means the committee of that name established or to be established under section 5(1) (o) of the *Medicare Protection Act* as an advisory committee to the MSC.

“Renegotiation Notice” has the meaning given in section 26.1.

“Roster” has the meaning given in section 21.1.

“Rural Practice Subsidiary Agreement” means the agreement titled “2025 Rural Practice Subsidiary Agreement” entered into by the parties pursuant to section 2.5, as amended from time to time.

“Salary Agreement” means an employment agreement between a physician and an Agency for the provision of “Physician Services” (as defined in the Alternative Payments Subsidiary Agreement).

“Salary Agreement Ranges” means the annual salary rate ranges as set out in Schedule A to the Alternative Payments Subsidiary Agreement, as amended from time to time.

“Salary Agreement Rate” means a rate within one of the Salary Agreement Ranges and a corresponding rate in an individual Salary Agreement.

“Service Contract” means a contract between a physician or a group of physicians organized as an association or partnership of physicians or a corporation, on the one hand, and an Agency, on the other hand, for the provision of “Physician Services” (as defined in the Alternative Payments Subsidiary Agreement), but does not include contracts for payment on a fee for service basis, Salary Agreements, Sessional Contracts, or MOCAP Contracts.

“Service Contract Ranges” means the annual Service Contract rate ranges as set out in Schedule B to the Alternative Payments Subsidiary Agreement, as amended from time to time pursuant to Appendix F.

“Service Contract Rate” means a rate within one of the Service Contract Ranges and a corresponding rate in an individual Service Contract.

“Sessional Contract” means a contract between a physician or a group of physicians organized as an association or partnership of physicians or a corporation, on the one hand, and an Agency, on the other, for the provision of “Physician Services” (as defined in the Alternative Payments Subsidiary Agreement) provided on a sessional basis.

“Sessional Contract Rate” means a rate set out on Schedule C to the Alternative Payment Subsidiary Agreement, as such rates may be amended from time to time pursuant to Appendix F, and a corresponding rate in an individual Sessional Contract.

“Shared Care Committee” has the meaning given in section 8.5.

“Specialist Section” means a Physician Section for an area of Specialist Physician practice.

“Specialist Physician” means a physician who is a certificant or fellow of the Royal College of Physicians and Surgeons of Canada.

“Specialist Services Committee” means the committee referred to in section 5.1 of the Specialists Subsidiary Agreement.

“Specialists Subsidiary Agreement” means the agreement titled “2025 Specialists Subsidiary Agreement” entered into by the parties pursuant to section 2.5, as amended from time to time.

“Tariff Committee” means the Doctors of BC Economics Committee as described in the Constitution and By-Laws of the Doctors of BC in effect on the date of execution of this Agreement.

“Termination Notice” has the meaning given in section 27.1.

“Total Claims Cost” in respect of any Fiscal Year means the amount actually paid by the MSP for Insured Medical Services provided by physicians on a fee for service basis during that Fiscal Year, all “Fee Premiums” (as defined in the Rural Practice Subsidiary Agreement) paid during that Fiscal Year, and all payments made under the “Northern and Isolation Travel Assistance Program” (as defined in the Rural Practice Subsidiary Agreement) during that Fiscal Year, but excluding any interest payments related to the late payment of Fee for Service Accounts.

“Trouble Shooter” has the meaning given in section 21.3.

“withdrawal of services” means the withdrawal of any clinical or related teaching, research or clinical administrative services, or any services related to the participation on hospital committees, the participation on the active staff of hospitals, or other administrative, educational, management, or related non-clinical services.

“2022 Alternative Payments Subsidiary Agreement” means the agreement titled “Alternative Payments Subsidiary Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2022 Benefits Subsidiary Agreement” means the agreement titled “Benefits Subsidiary Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2022 Family Practice Subsidiary Agreement” means the agreement titled “Family Practice Subsidiary Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2022 PMA” means the agreement titled “Physician Master Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2022 Rural Practice Subsidiary Agreement” means the agreement titled “Rural Practice Subsidiary Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2022 Specialists Subsidiary Agreement” means the agreement titled “Specialists Subsidiary Agreement” made as of April 1, 2022, among the Government, the Doctors of BC, and the MSC, as subsequently amended.

“2025 Benefits Administration Agreement” means the agreement referred to in section 7.1 of the Benefits Subsidiary Agreement.

1.2 Meaning of “Consensus Decision”

In this Agreement, a committee shall be deemed to have made a **“consensus decision”** if:

- (a) a resolution of the committee is passed by at least a majority of the members of the committee after the committee has gone through a reasonable process to try and reach unanimous approval of the resolution by the members of the committee;
- (b) for all committees other than the Physician Services Committee, a written copy of the passed resolution is submitted to the co-chairs of the Physician Services Committee; and
- (c) either:
 - (i) the Government and the Doctors of BC both express in writing their support of the resolution by notice in writing to the other; or
 - (ii) for all committees other than the Physician Services Committee, the resolution is not objected to in writing by either the Government or the

Doctors of BC by notice in writing to the other within 45 days after the date the written copy of the resolution is submitted to the co-chairs of the Physician Services Committee, and for the Physician Services Committee the resolution is not objected to in writing by either the Government or the Doctors of BC by notice in writing to the other within 45 days after the date such resolution is passed by the Physician Services Committee.

1.3 Successor to the MSC

The words “**the MSC, or its successor,**” do not include a public administrator appointed pursuant to section 3(13) of the *Medicare Protection Act*, and if such a public administrator is so appointed, the parties agree to amend this Agreement to provide for an alternate process for the determination of issues that under those sections are to be or may be referred to “**the MSC, or its successor,**” for determination.

1.4 Miscellaneous Interpretation

In this Agreement:

- (a) words in the singular include the plural and vice versa;
- (b) the headings of Articles, sections and Appendices are for convenience of reference only and do not form part of this Agreement and shall not affect the construction or interpretation of this Agreement;
- (c) the words “**Article**” and “**section**” mean and refer to the specified Article or section of this Agreement unless reference is made to another agreement;
- (d) the words “**include**”, “**includes**” or “**including**” mean “include without limitation”, “includes without limitation” and “including without limitation” respectively, and the words following “include”, “includes”, or “including” shall not be considered to set forth an exhaustive list;
- (e) all references to money or currency refer to lawful money of Canada and all amounts to be calculated or paid pursuant to this Agreement are to be calculated and paid in lawful money of Canada;
- (f) the words “**this Agreement**”, “**herein**”, “**hereof**” and “**hereunder**” and other words of similar import refer to this Agreement as a whole and not to any particular Article, section, or Appendix of this Agreement; and
- (g) unless reference is made to a statute in effect at a particular time, each reference to a statute is deemed to be a reference to that statute and any successor statute, and to any regulations and rules made under that statute and any successor statute, each as amended or re-enacted from time to time.

1.5 Binding Effect

This Agreement shall enure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

1.6 Governing Law

This Agreement will be governed by, and construed in accordance with, the laws of the Province of British Columbia.

1.7 Amendment and Waiver

This Agreement may be amended at any time but only by written agreement of the parties. Any waiver of any provision of this Agreement shall only be effective if in writing signed by the waiving party, and no waiver shall be implied by indulgence, delay or other act, failure to act, omission, or conduct. Any waiver shall only apply to the specific matter waived and only in the specific instance and for the specific purpose for which it is given.

1.8 Severability

The parties:

- (a) intend that this Agreement shall comply with all applicable laws; and
- (b) agree that if any part of any Article, section, subsection, clause, or provision of this Agreement shall be determined by a court or arbitrator of competent jurisdiction to be invalid or unenforceable for any reason, it shall not impair or affect or be deemed to impair or affect the validity of the remaining parts of such Article, section, subsection, clause or provision or the remaining parts of this Agreement, and such remaining parts shall continue to have full force and effect, and such invalid or unenforceable part shall be severable and severed from and deemed not to be part of this Agreement.

ARTICLE 2 - EFFECT OF AGREEMENT AND RELATED AGREEMENTS

2.1 Ratification

This Agreement and the Physician Main Subsidiary Agreements are not binding on the parties until this Agreement is ratified and executed by them, and the terms of this Agreement and the Physician Main Subsidiary Agreements, and all information, documents, and other materials exchanged between the parties in the negotiation of this Agreement and the Physician Main Subsidiary Agreements, are without prejudice to any party if this Agreement is not ratified and executed by all of them within the time provided in section 2.2.

2.2 Failure to Ratify

If this Agreement is not ratified and executed by the parties in accordance with section 2.1 on or before September 30, 2026, this Agreement and the Physician Main Subsidiary Agreements will be null and void and will not be used by any party in any proceeding or in any other way.

2.3 Effective Date

This Agreement comes into force on April 1, 2025.

2.4 Further Assurances

The parties agree to execute and deliver all such further documents and do all such further things as may be reasonably required to carry out the purpose and intent of this Agreement.

2.5 Physician Main Subsidiary Agreements

Concurrently with execution and delivery of this Agreement, the parties shall execute and deliver the Physician Main Subsidiary Agreements in the forms attached hereto as Appendices A through E.

2.6 Conflicts

If there is any conflict or inconsistency between, on the one hand, any terms of this Agreement and, on the other hand, any terms of any of the Physician Main Subsidiary Agreements, the terms of this Agreement shall govern and take precedence.

2.7 Termination of Prior Agreements

If each of this Agreement and the Physician Main Subsidiary Agreements are executed, delivered and ratified as provided in sections 2.1 and 2.5, the following agreements shall terminate and be of no further force or effect:

- (a) the 2022 PMA;
- (b) the 2022 Alternative Payments Subsidiary Agreement;
- (c) the 2022 Benefits Subsidiary Agreement;
- (d) the 2022 Family Practice Subsidiary Agreement;
- (e) the 2022 Rural Practice Subsidiary Agreement; and
- (f) the 2022 Specialists Subsidiary Agreement.

ARTICLE 3 - APPLICATION AND REPRESENTATION

3.1 Application

This Agreement applies to those physicians resident within the Province of British Columbia whose services are compensated by funds provided by the Government either directly or through Agencies.

3.2 Doctors of BC Representation of Physicians

- (a) The Government hereby grants to the Doctors of BC the sole and exclusive right, and the Doctors of BC hereby undertakes the obligation, to represent the collective and individual interests of those physicians where the funding for their services is, in whole or in part, provided by the Government either directly or through Agencies.
- (b) The Government undertakes to provide written direction requiring Agencies to advise physicians of their right to be represented by the Doctors of BC, and to negotiate in good faith when establishing Local Contracts or contracts for the provision of provincially funded clinical services under an alternative payment model.
- (c) The Government further undertakes that it will require Agencies to recognize the Doctors of BC's right to represent those physicians who request the assistance of the Doctors of BC in negotiating contractual arrangements with those Agencies.
- (d) The Doctors of BC undertakes that, in exercising its representation rights, it will advise physicians that all matters within the ambit of this Agreement and/or within the ambit of any of the Physician Main Subsidiary Agreements, must comply with the provisions of this Agreement and the Physician Main Subsidiary Agreements.

3.3 Health Authority Compliance

The Government will ensure that Health Authorities comply with this Agreement and the Physician Main Subsidiary Agreements. If any provision in this Agreement imposes direct obligations on Health Authorities, that provision will be read to be an obligation of the Government to ensure that Health Authorities meet such obligations.

ARTICLE 4 - COOPERATION AND CONSULTATION TO SUPPORT QUALITY ASSURANCE AND IMPROVEMENT

4.1 Obligation to Consult

- (a) The Government and the Doctors of BC will Consult and collaborate with each other to ensure the provision of high quality medical services to the residents of British Columbia, and the Government will facilitate the participation of Health Authorities in that Consultation.
- (b) It is acknowledged and agreed that the partnership envisaged by this Agreement requires ongoing dialogue and Consultation on major issues of significance to the provision of medical care, including policy, whether such care is funded directly or indirectly by the Government.

- (c) In particular:
 - (i) the Doctors of BC shall be Consulted prior to the adoption of policy initiatives by the Government that would affect the provision of medical care by physicians; and
 - (ii) the parties will Consult on strategies and measures to ensure that total expenditures on physician services do not exceed the annual funding.

4.2 Consultation Process

The primary vehicle for the Consultations referred to in this Article 4 will be the Physician Services Committee.

4.3 Consultation Does Not Constrain Change

Except as explicitly identified in this Agreement, nothing in this process of Consultation and collaboration constrains the Government or the Health Authorities from implementing change in the organization and delivery of services once the required Consultation has taken place.

ARTICLE 5 - SHARING INFORMATION

5.1 Need for Information Sharing

Each of the Government, the MSC, and the Doctors of BC acknowledges and agrees that the sharing of relevant information and data in a timely way is critically important to the achievement of the objectives established in this Agreement and to the administration of the *Medicare Protection Act*.

5.2 Agreement to Share Information

- (a) Subject to sections 5.2(c) and (d), each of the Government, the MSC, and the Doctors of BC agrees to provide relevant information that is requested by the others. Relevant historical and predictive data prepared by any party will be shared.
- (b) In particular, but subject to sections 5.2(c) and (d), the Government will provide to the Doctors of BC:
 - (i) aggregate information on Total Claims Cost on a monthly basis and detailed information on fee for service claims semi-monthly, with physician and beneficiary identification encoded;
 - (ii) information including, at a minimum, the total paid amount, specialty and location for payments funded by Health Authorities and/or the Government on all Sessional Contracts, Service Contracts and Salary Agreements at the level of the individual physician, where available, on an annual basis, with physician identification encoded; and

- (iii) information on MOCAP payments including, at a minimum, paid amount, on call level, specialty and location, at the level of the individual physician, where available, on an annual basis, with physician identification encoded.
- (c) The Government will provide information that contains the identification of physicians or beneficiaries to MSC advisory committees constituted under the *Medicare Protection Act*, but only for the purposes of the administration of the *Medicare Protection Act*.
- (d) Notwithstanding sections 5.2(a), (b) and (c), no party shall be obligated to share information with, or to disclose information to, any other party:
 - (i) unless such sharing or disclosure would be in compliance with all applicable laws; or
 - (ii) if such information is subject to any solicitor and client privilege, or other privilege to which the sharing or disclosing party is entitled at law.

5.3 Confidentiality

Each of the Government, the MSC, and the Doctors of BC agrees that it shall, and shall cause its representatives to, keep confidential all information identified as confidential by the disclosing party that is disclosed to it pursuant to this Agreement, not disclose such information to any other person, use such information solely in connection with this Agreement, and take precautions necessary to prevent unauthorized access to or use, disclosure, or reproduction of such information, provided that the foregoing restrictions shall not apply to information that is in the public domain other than through a breach of this section, or that is or was obtained from sources other than a party to this Agreement, and shall not apply to disclosure required by applicable laws or made to a professional advisor on a strictly confidential basis.

ARTICLE 6 - PHYSICIAN SERVICES COMMITTEE

6.1 Physician Services Committee Composition

- (a) The **Physician Services Committee** shall continue as the senior body overseeing the relationship between the Government and the Doctors of BC, and the implementation and administration of this Agreement and the Physician Main Subsidiary Agreements.
- (b) The Physician Services Committee will be composed of six members, three of whom will be appointed by the Government and three of whom will be appointed by the Doctors of BC, or such greater, equal number of members as agreed to by the parties, and will also include the Chair of the Medical Services Commission as a non-voting member. The members appointed by the Government will consist of at least one Senior Executive from the Ministry (Assistant Deputy Minister of Health or above), and at least one Senior Executive from a Health Authority (Vice-President or above). The members appointed by the Doctors of BC will include the Chief Executive Officer of the Doctors of BC.

- (c) The Government and the Doctors of BC will each name one of their respective appointees to act as co-chair of the Physician Services Committee, and the chair will alternate for successive meetings.

6.2 Costs of the Physician Services Committee

The Government, the Medical Services Commission, and the Doctors of BC will pay the costs of the participation in the Physician Services Committee of their respective appointees, and the Government will provide secretariat support for the Physician Services Committee.

6.3 Functions of the Physician Services Committee

The Physician Services Committee, as the senior body overseeing the relationship between the Government and the Doctors of BC and the implementation and administration of this Agreement and the Physician Main Subsidiary Agreements, will, among other things:

- (a) provide direction to, and monitor the activities of, the other joint committees of the Government and the Doctors of BC referred to in this Agreement or the Physician Main Subsidiary Agreements, including, among other things, overseeing the work of the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, the Joint Standing Committee on Rural Issues, and the Benefits Committee by engaging in the following process for each Fiscal Year:
 - (i) by September 30 of each year, the Physician Services Committee may convene a meeting, which may be in concert with section 6.3(a)(ix) or (xi) with the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, the Joint Standing Committee on Rural Issues, and the Benefits Committee to discuss current and future challenges and begin to identify priorities that may be considered for inclusion in the written plan for the next Fiscal Year for the committee in question;
 - (ii) by October 31 of each year, the Physician Services Committee will convene a meeting of its membership to discuss Government's priorities for the health care system for the next Fiscal Year, the Strategic Plans of both the Ministry and the Doctors of BC, and potential priorities or initiatives discussed in section 6.3(a)(i) to identify potential initiatives for the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, the Joint Standing Committee on Rural Issues, and the Benefits Committee in the next three fiscal years, all in the context of the mandate established for the committee in question in this Agreement and/or in a Physician Main Subsidiary Agreement. After such discussion, the Physician Services Committee will provide the co-chairs with written guidance on priorities and initiatives for the committees up to the next three years as well as written direction on the content of the written plan referenced in 6.3(a)(iv) below which will inform priority initiatives to be addressed by the committee in the

upcoming Fiscal Year, including direction on the committee's budget for the upcoming Fiscal Year;

- (iii) as part of the written direction in section 6.3(a)(ii) above, the Physician Services Committee will provide the co-chairs with direction on evaluation metrics for priority initiatives. Evaluation metrics may include metrics for both individual Joint Clinical Committees and the Joint Standing Committee on Rural Issues, as well as shared metrics across the Joint Clinical Committees and Joint Standing Committee on Rural Issues, and include metrics based on the application of Quintuple Aim;
- (iv) following the written direction referred to in section 6.3(a)(ii), and before December 15 of the same year, the committee in question shall submit to the Physician Services Committee a draft detailed written plan including a proposed budget by program and initiative and an administrative budget by program and initiative (which, for those committees covered by the Joint Clinical Committee Administration Agreement will be the budget for Administrative Costs approved under Article 5 of that Agreement) outlining the committee's intentions to address the initiatives within its mandate to be undertaken by the committee during the Fiscal Year commencing on April 1 of the next year. The written plan will account for the distribution of all funds which have been allocated to the committee in question, both ongoing funds and funding available for one-time allocations. The written plan will also include a detailed evaluation plan, highlighting key individual and shared metrics referenced in section 6.3(a)(iii);
- (v) by February 15 of each year, the Physician Services Committee will convene a meeting with the co-chairs of each of the Family Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, and the Joint Standing Committee on Rural Issues to discuss each draft plan submitted to it pursuant to section 6.3(a)(iv). After such discussion, the Physician Services Committee will provide the co-chairs with further direction on the content of the written plan as to allow the co-chairs to further revise content, including the development of key individual and shared metrics referenced in section 6.3(a)(iii);
- (vi) following the direction referred to in section 6.3(a)(v), and before March 15 of the same year, the committee in question shall submit to the Physician Services Committee a revised written plan and budget. The Physician Services Committee will consider the revised plans and by March 31 will either approve the plan or advise the committee in question of why it is unable to approve the plan in which case the committee will, within 30 days of being advised by the Physician Services Committee that it is unable to approve the plan, reconsider the plan and submit a revised plan to the Physician Services Committee for approval;

- (vii) where the Physician Services Committee receives a revised plan from a committee in accordance with section 6.3(a)(vi), the Physician Services Committee may approve the revised plan, in whole or in part, and if the Physician Services Committee does not approve the whole of the revised plan, unless agreed otherwise by the Government and Doctors of BC, either the Government or the Doctors of BC may refer the outstanding issues to the MSC and the MSC, or its successor, will determine the matter;
 - (viii) where the Physician Services Committee is unable to approve a plan from a committee, unless agreed otherwise by the Government and Doctors of BC either the Government or the Doctors of BC may refer the outstanding issues to the MSC and the MSC, or its successor, will determine the matter;
 - (ix) following finalization of a committee's plan in accordance with either section 6.3(a)(vi) or (vii), the Physician Services Committee will convene at least one additional meeting with the co-chairs of each committee specifically named in section 6.3(a)(v), to take place prior to the end of the Fiscal Year in question, during which the plan of the committee in question will be reviewed, its progress assessed and any variances addressed, including directions from the Physician Services Committee on dealing with such variances;
 - (x) if, during any Fiscal Year, any of the committees specifically named in section 6.3(a)(i) proposes to reallocate funds between its programs in a manner not specifically contemplated by its plan for that Fiscal Year, it shall first provide the Physician Services Committee a minimum of two (2) weeks of advance written notice of its intentions and the Physician Services Committee may provide direction to the committee in question on the proposed reallocation; and
 - (xi) by June 30 of each year, each committee specifically named in section 6.3(a)(i) will provide the Physician Services Committee with a report for the previous Fiscal Year on the degree to which the committee achieved the expectations outlined in the approved written plan, including through the application of the evaluation metrics identified by the Physician Services Committee pursuant to section 6.3(a)(iii), and how funding was utilized by program and initiatives in comparison to the approved budget. The Physician Services Committee provides direction on that report to the committees.
- (b) approve any proposal to reallocate funding between any of the joint committees of the Government and the Doctors of BC referred to in this Agreement or the Physician Main Subsidiary Agreements;
 - (c) oversee the development of and approve a joint communications protocol to be used by each of the joint committees of the Government and the Doctors of BC referred to in this Agreement or the Physician Main Subsidiary Agreements, in

respect of all decisions made by such committees, that shall include the requirement for prior approval of the co-chairs of the committee in question of any communication regarding the business and/or decisions of the committee;

- (d) on an annual basis, review the joint committee structure reflected in this Agreement and the Physician Main Subsidiary Agreements, and make any changes to that committee structure that the Physician Services Committee considers desirable;
- (e) provide a forum for Consultation on the matters specifically identified for Consultation in this Agreement;
- (f) provide a forum for the Government, the Doctors of BC, and the Health Authorities to discuss and agree on a joint vision framework for medical services that is aligned with the Ministry's agenda for innovation and change;
- (g) subject to the specific processes set out elsewhere in this Agreement, discuss and where possible attempt to resolve Issues;
- (h) provide general oversight of the dispute resolution processes in this Agreement and the Physician Main Subsidiary Agreements including, among other things,
 - (i) receive, from the Joint Agreement Administration Group, regular reports of the business of the Joint Agreement Administration Group by way of copies of the minutes of the meetings of the Joint Agreement Administration Group or otherwise as directed by the Physician Services Committee; and
 - (ii) receive, from the Joint Agreement Administration Group, and consider notices of all Disputes, and upon doing so, the Physician Services Committee may require the co-chairs of the Joint Agreement Administration Group to provide the Physician Services Committee with a without prejudice briefing about any Dispute.
- (i) enable communication between the Government, the Doctors of BC, and the Health Authorities;
- (j) engage in any other functions that the Government and Doctors of BC may, by written agreement, assign to it; and
- (k) in addition to fulfilling its role in relation to Disputes and Issues as specified elsewhere in this Agreement, the Physician Services Committee will attempt to resolve any other matter that arises between the Government and the Doctors of BC, and that is not a Dispute or Issue, in the following manner:
 - (i) the party raising the matter must notify the other party, in writing, with a copy of the notice to the Physician Services Committee;

- (ii) the notice shall comprehensively outline the substance of the matter and include all data or other information relied on by the party raising the matter as well as a statement of the proposed remedy or proposed solution; and
- (iii) upon receiving such a notice, the Physician Services Committee may, by consensus decision, issue recommendations with respect to the matter to the Government and the Doctors of BC or may, by consensus decision, direct that the matter be referred to the Adjudication Committee for arbitration, at which time a chair will be appointed from the Roster.

6.4 Conduct of the Business of the Physician Services Committee

- (a) The Physician Services Committee will maintain terms of reference for the conduct of its business that will include a requirement for the use of formal agendas for its meetings, notice of meetings with agendas, formal resolutions, and minutes of its meetings and decisions. Any changes to the terms of reference will be subject to adoption by consensus decision.
- (b) The Physician Services Committee will meet within one month following the signing of this Agreement, at which time the Physician Services Committee will determine its annual meeting schedule and advise the Joint Clinical Committee co-chairs of this schedule.
- (c) The Physician Services Committee will make all decisions and recommendations by consensus decision, whether or not a consensus decision is expressly called for by any other provision of this Agreement.

6.5 Local Quality of Care Issues

- (a) The parties agree that there is benefit to discussing significant Local Quality of Care Issues that are raised by physicians, groups of physicians, or Agencies, when such Local Quality of Care Issues have not been resolved at the local or regional level.
- (b) Where a physician, group of physicians, or Agency has a significant concern respecting a Local Quality of Care Issue related to hospital care, the physician, physician group, or Agency must first attempt to resolve the matter through the appropriate medical advisory committee.
- (c) Where a physician, group of physicians, or Agency has a significant concern respecting a Local Quality of Care Issue that is not related to hospital care, the physician, group of physicians, or Agency must first attempt to resolve the matter through a direct meeting.
- (d) Where a Local Quality of Care Issue is not resolved pursuant to either of sections 6.5(b) and 6.5(c), the physician, group of physicians, or Agency may refer the matter to the Physician Services Committee.

- (e) Any referral of a Local Quality of Care Issue to the Physician Services Committee pursuant to section 6.5(d) must be in writing and must include full particulars related to the matter, including relevant supporting data and any proposed solutions.
- (f) Upon receiving a referral pursuant to section 6.5(d), the Physician Services Committee may:
 - (i) appoint an Ad Hoc Advisory Panel to review the issue and provide recommendations to the Physician Services Committee;
 - (ii) refer the matter to the Trouble Shooter for recommendations to the Physician Services Committee; or
 - (iii) take any other action the Physician Services Committee considers appropriate in the circumstances.
- (g) All recommendations of an Ad Hoc Advisory Panel or the Trouble Shooter, on any Local Quality of Care Issue, will be confidential unless directed otherwise by the Physician Services Committee.
- (h) Upon receiving recommendations from any of an Ad Hoc Advisory Panel or the Trouble Shooter pursuant to section 6.5(f), the Physician Services Committee will attempt to resolve the Local Quality of Care Issue through a recommendation. Failing such a recommendation of the Physician Services Committee, there are no further steps under this Agreement to address the Local Quality of Care Issue.

6.6 Ad Hoc Advisory Panel

- (a) An **Ad Hoc Advisory Panel** will be struck by the Physician Services Committee, as required, to assist in resolving Local Quality of Care Issues.
- (b) An Ad Hoc Advisory Panel will be selected by the Physician Services Committee so as to bring the necessary administrative and professional skills, experience, and credentials to the examination of the Local Quality of Care Issue in question.
- (c) The Physician Services Committee will develop and maintain a roster of individuals who may be appointed to an Ad Hoc Advisory Panel, but the Physician Services Committee may appoint individuals who are not on that roster to any Ad Hoc Advisory Panel.
- (d) Recommendations of an Ad Hoc Advisory Panel will be unanimous or, failing unanimity, an Ad Hoc Advisory Panel may issue different sets of recommendations.
- (e) Upon releasing its recommendations to the Physician Services Committee, that Ad Hoc Advisory Panel will be dissolved.

ARTICLE 7 - JOINT AGREEMENT ADMINISTRATION GROUP

7.1 Joint Agreement Administration Group Composition

- (a) The **Joint Agreement Administration Group** shall continue under this Agreement to provide oversight of the implementation and administration of this Agreement, the Physician Main Subsidiary Agreements, and the 2025 Benefits Administration Agreement, and to manage the dispute resolution provisions of this Agreement, the Physician Main Subsidiary Agreements, and Local Contracts, in accordance with the provisions of this Agreement.
- (b) The Joint Agreement Administration Group will be composed of six members, three of whom will be appointed by the Government and three of whom will be appointed by the Doctors of BC. The members appointed by the Government will be staff members of the Government, a Health Authority, and/or the Health Employers Association of British Columbia, and the members appointed by the Doctors of BC will be staff members of the Doctors of BC.
- (c) The Government and the Doctors of BC will each name one of their respective appointees as co-chair of the Joint Agreement Administration Group, and the chair will alternate for successive meetings.

7.2 Costs of the Joint Agreement Administration Group

The Government and the Doctors of BC will pay the costs of the participation in the Joint Agreement Administration Group of their respective appointees.

7.3 Functions of the Joint Agreement Administration Group

The Joint Agreement Administration Group will, among other things:

- (a) report to the Physician Services Committee by:
 - (i) providing the Physician Services Committee with copies of all minutes of Joint Agreement Administration Group meetings;
 - (ii) providing the Physician Services Committee with copies of notices of all Disputes, and, if required by the Physician Services Committee, providing the Physician Services Committee with a without prejudice briefing about any Dispute; and
 - (iii) otherwise reporting as directed by the Physician Services Committee; and
- (b) oversee and manage the processes for the resolution of Disputes, in accordance with the provisions of this Agreement.

7.4 Conduct of the Business of the Joint Agreement Administration Group

- (a) The Joint Agreement Administration Group will maintain terms of reference for the conduct of its business that will include a requirement for the use of formal

agendas for its meetings, notice of its meetings with agendas, formal resolutions, and minutes of meetings and decisions. Any changes to the terms of reference will be subject to approval by consensus decision of the Physician Services Committee.

- (b) The Joint Agreement Administration Group will make all decisions and recommendations by consensus decision, whether or not a consensus decision is expressly called for by any other provision of this Agreement.
- (c) The Joint Agreement Administration Group must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Joint Agreement Administration Group pre-approve any communication about the business and/or decisions of the Joint Agreement Administration Group.

ARTICLE 8 - JOINT CLINICAL COMMITTEES

8.1 Joint Clinical Committees

The Government and the Doctors of BC will continue the following joint committees (the “**Joint Clinical Committees**”):

- (a) the Specialist Services Committee;
- (b) the Family Practice Services Committee; and
- (c) the Shared Care Committee.

8.2 Core Mandate of the Joint Clinical Committees

In fulfilling each of their specific mandates, each of the Joint Clinical Committees will operate from a core mandate to:

- (a) identify changes in current physician service delivery that could result in improvements in patient care, more effective utilization of physician and other healthcare resources, and measurable savings in expenditures that could be reallocated for more optimal provision of healthcare services;
- (b) proactively address issues of Indigenous-specific racism in physician service delivery, strengthen the provision of culturally safe care, and improve the care experience of Indigenous peoples;
- (c) support the integration and alignment of physician services with other health service delivery;
- (d) strengthen the application of Quintuple Aim in service design and delivery;
- (e) encourage appropriate collaborative practice with other physicians and integration of physicians with other healthcare professionals in the delivery of services;

- (f) identify gaps in care and address population health needs;
- (g) support the delivery of quality and evidence-based care, including the use of quality improvement methodologies and promoting the adoption and effective implementation of appropriate clinical practice guidelines, where appropriate in order to address unwarranted variations in care;
- (h) prior to making decisions, consider the unique issues arising from rural practice;
- (i) in the development and implementation of programs and initiatives, consider the unique issues related to providing services to First Nations communities and Indigenous peoples;
- (j) use total expenditure data for services as an aid to making decisions;
- (k) form temporary sub-committees (that may be allocated a specific budget) where required to address issues of patient care which engage the mandates of more than one Joint Clinical Committee;
- (l) make recommendations on appropriate shared care between physicians and other healthcare professionals;
- (m) establish measures for accountability and achievement of outcomes; and
- (n) provide input to the Guidelines and Protocols Advisory Committee and the Patterns of Practice Committee regarding the work and effectiveness of those committees.

8.3 Specialist Services Committee

In addition to the core mandate outlined in section 8.2, the Specialist Services Committee will fulfill the specific mandate outlined in the Specialists Subsidiary Agreement.

8.4 Family Practice Services Committee

In addition to the core mandate outlined in section 8.2, the Family Practice Services Committee will fulfill the specific mandate outlined in the Family Practice Subsidiary Agreement.

8.5 Shared Care Committee

- (a) The **Shared Care Committee** shall continue under this Agreement as a subcommittee of the Family Practice Services Committee and the Specialist Services Committee to improve shared care between Family Physicians, Specialist Physicians, and other healthcare professionals.
- (b) The Shared Care Committee will be composed of ten members, five of whom will be appointed by the Government and five of whom will be appointed by the Doctors of BC. The members appointed by the Government will include at least one of the Government appointees to each of the Family Practice Services

Committee and the Specialist Services Committee. The members appointed by the Doctors of BC will include at least one of the Doctors of BC appointees to each of the Family Practice Services Committee, the Specialist Services Committee, and one Family Physician with a Focused Practice.

- (c) The Shared Care Committee will be co-chaired by one member appointed by the Government and one member appointed by the Doctors of BC Board of Directors, and the chair will alternate for successive meetings.
- (d) The Shared Care Committee will make all recommendations and decisions by consensus decision, whether or not a consensus decision is expressly called for by any other provision of this Agreement. Failing a consensus decision the Shared Care Committee may make more than one set of recommendations on a particular topic or, in the case of a decision that is required of the Shared Care Committee, the Government and/or the Doctors of BC may make recommendations to the MSC and the MSC, or its successor, will determine the matter.
- (e) In addition to the core mandate outlined in section 8.2, the Shared Care Committee will fulfill the specific mandate to:
 - (i) develop recommendations for the Family Practice Services Committee and the Specialist Services Committee including the creation of new fees (that is, fees to be added to the Payment Schedule) to enable shared care and appropriate scopes of practice between Family Physicians, Specialist Physicians, and other healthcare professionals and, specifically, will develop recommendations regarding:
 - (A) changes to, or full use of, scopes of practice of Family Physicians to free up Specialist Physician time;
 - (B) refining and supporting the appropriate allocation of services between Family Physicians and Specialist Physicians to meet patients' medical needs;
 - (C) collaboration between Family Physicians, Specialist Physicians, and other healthcare professionals to meet the medical needs of patients; and
 - (D) facilitating access to advice from Specialist Physicians by Family Physicians; and
 - (ii) allocate the funding identified in sections 8.5(f) and (g) in accordance with sections 8.5(h) and (i).
- (f) As of March 31, 2025, the annual funding level for the Shared Care Committee to support and increase collaboration between Family Physicians and Specialist Physicians in providing high quality, integrated medical care to British Columbians is \$14.77 million, \$4.0 million of which is to be used to support the

participation of Family Physicians with Focused Practices in system improvement initiatives.

- (g) The Government will provide the following additional funding to be allocated by the Shared Care Committee to fund programs under its current mandate and to fund the initiatives set out in section 8.5(h) below:
 - (i) \$4.0 million per year in ongoing annual funding, effective April 1, 2026.
- (h) In addition to funding programs under its current mandate, the Shared Care Committee will direct the funding set out in section 8.5(g) to the following:
 - (i) initiatives 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 peoples. The Shared Care Committee will coordinate such work with the Physician Specific Committee on ISAR and Cultural Safety; and
 - (ii) continued engagement with physicians to support the coordination, design, development, implementation, and evaluation of digital health solutions and strategies.
- (i) Any funds identified in sections 8.5(g) and (h) that remain unexpended at the end of any Fiscal Year will be available to the Shared Care Committee for use as one time allocations to improve the quality of care.
- (j) The costs of administrative and clerical support required for the work of the Shared Care Committee will be provided in accordance with the Joint Clinical Committee Administration Agreement and will be paid from the funds referred to in section 8.5(f) including the cost of physician participation other than physicians who are employees of the Doctors of BC, the Government, and the Health Authorities, unless such Health Authority employed physicians are participating on behalf of Doctors of BC.
- (k) On an annual basis, the Shared Care Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a).
- (l) The Shared Care Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Shared Care Committee pre-approve any communication about the business and/or decisions of the Shared Care Committee.

ARTICLE 9 - MEDICAL SERVICES COMMISSION

9.1 MSC Membership

Subject to applicable laws:

- (a) the following process will be used to appoint the members to the MSC:
 - (i) the Minister will advise the Doctors of BC of three individuals who will be recommended to the Lieutenant Governor in Council for appointment under the *Medicare Protection Act* as representatives of the Government;
 - (ii) the Doctors of BC will advise the Minister of three individuals the Doctors of BC nominates for membership on the MSC, and the Minister will recommend to the Lieutenant Governor in Council the appointment of those three individuals under the *Medicare Protection Act*;
 - (iii) the Minister and the Doctors of BC will consult as to the names of three individuals who will be appointed under the *Medicare Protection Act* as representatives of beneficiaries under that Act, and the Minister and the Doctors of BC must agree on a joint recommendation of the three individuals who will be recommended to the Lieutenant Governor in Council for appointment, provided that if the parties are unable to agree, either the Minister or the Doctors of BC may request the Chief Justice of the Supreme Court of British Columbia to name the three individuals who will be jointly recommended by the Minister and the Doctors of BC to be appointed as representatives of the beneficiaries;
- (b) the MSC appointees nominated by the Doctors of BC and those representing beneficiaries will be appointed for a term of three years and may be re-appointed once;
- (c) upon the expiry of the term of any member of the MSC or, in the event of death, disability, incapacity, or resignation during the term of appointment, the process outlined in section 9.1(a) that was applicable to the appointment of such member will be utilized to the extent necessary to replace such members;
- (d) the Government and the Doctors of BC each retain the right to remove any member of the MSC appointed as its representative and the Government will pass any necessary order-in-council; and
- (e) an alternate member may be appointed to serve in the absence of a member as permitted by section 23 of the *Interpretation Act*.

9.2 Chair of the MSC

- (a) It is acknowledged that subsection 3(4) of the *Medicare Protection Act* requires the Lieutenant Governor in Council to designate a member of the MSC appointed to represent the Government as the Chair of the MSC. The Minister will Consult

with the Doctors of BC prior to the appointment or reappointment of the Chair of the MSC.

- (b) The Chair of the MSC must act in a manner that is consistent with the purpose of the *Medicare Protection Act* and in the spirit of this Agreement and shall not execute or initiate matters or changes not previously authorized or agreed to by the MSC in the period between meetings of the MSC.

9.3 Independence of the MSC

The parties agree that it is in the best interests of all parties and in the public interest for the MSC to exercise its full legal authority in an independent manner under the management of its members.

ARTICLE 10 - ADVISORY COMMITTEES TO THE MEDICAL SERVICES COMMISSION

10.1 Reference Committee

- (a) The Reference Committee may, as contemplated in this Agreement, make recommendations to the MSC.
- (b) The MSP shall inform physicians of their right to refer matters relating to their medical accounts to the Reference Committee where:
 - (i) there is a disagreement between the physician and the MSP with respect to an account or accounts, that is not resolved within 60 days from the date that a written enquiry, from the physician, is received by the MSP; or
 - (ii) there is a disagreement between the physician and the MSP over payment for services or procedures for which no fee has been established and approved by the MSC, that is not resolved within 60 days from the date that a written enquiry, from the physician, is received by the MSP.
- (c) The Reference Committee shall promptly review all matters referred to it and shall forward its recommendations to the MSC within one month of its meeting or to the Tariff Committee or MSP as appropriate.
- (d) When the MSC accepts the recommendation of the Reference Committee to pay a Fee for Service Account as submitted by a physician, the MSP shall pay the account with interest at the rate provided for in and in accordance with Regulation 215/83 of the *Financial Administration Act*.
- (e) The Reference Committee shall meet to review matters referred to it at least two times per calendar year and the period between successive meetings is not to exceed six months. A recommendation by the Reference Committee is not binding on the MSC. However, the MSC will endeavour to follow the recommendations of the Reference Committee. This does not in any way

circumscribe or fetter the duties, rights and discretions of the MSC under the *Medicare Protection Act*.

- (f) The approved costs of the Reference Committee will be shared equally by the MSP and the Doctors of BC.

10.2 Audit and Inspection Committee

- (a) In this section 10.2 and section 10.3, “medical practitioner” has the meaning given to that expression in section 29 of the *Interpretation Act*.
- (b) The MSC has the right and responsibility to appoint inspectors to audit claims for payment by medical practitioners and the patterns of practice or billing followed by medical practitioners under the *Medicare Protection Act*.
- (c) The Audit and Inspection Committee is appointed by the MSC and is composed of representatives of the Doctors of BC, the College of Physicians and Surgeons of British Columbia, beneficiaries, and the Government.
- (d) The parties agree that the Audit and Inspection Committee shall be delegated the powers of the MSC under section 36(2) of the *Medicare Protection Act* to appoint medical inspectors to audit and inspect medical practitioners.
- (e) The Audit and Inspection Committee’s responsibilities include oversight of random audits, other audits and inspections referred to it by the MSC, MSP, or any practitioner review committee, including the Patterns of Practice Committee, and the submission of its recommendations to the MSC.
- (f) Medical inspectors are to be appointed from a list maintained by the Audit and Inspection Committee and proposed through the Patterns of Practice Committee following consultation with the College of Physicians and Surgeons of British Columbia.
- (g) Notice of inspection must be provided to the medical practitioner(s) in question. Except in extraordinary circumstances, which in no case would include a random audit, notice of inspection must be provided at least 14 days prior to the inspection.
- (h) Inspection guidelines are to be clearly laid out and communicated to the medical practitioner(s) prior to inspection.
- (i) The confidential nature of medical records will be protected. The identity of patients shall be protected except to the extent necessary for verification or as evidence for a hearing.
- (j) Prior to any decision being made by the MSC resulting from a recommendation of the Audit and Inspection Committee, it is understood that the medical practitioner(s) subject to the audit and inspection shall be entitled to be heard by

the MSC and to have legal counsel present and may have one or more colleagues present to comment on the practice of the medical practitioner(s).

- (k) Prior to a hearing before the MSC, the MSC will communicate in writing to the medical practitioner(s) its concerns and provide copies of all relevant documents (except those over which a claim of privilege is advanced and, if challenged, upheld) to the medical practitioner(s) at least 21 days prior to the hearing.
- (l) The approved costs of the Audit and Inspection Committee shall be funded by the Government.

10.3 Patterns of Practice Committee

- (a) The MSC has the right and responsibility to appoint inspectors to audit the patterns of practice of medical practitioners as part of a random review or in response to service verification irregularities.
- (b) The Patterns of Practice Committee shall continue to act as an advisory committee to the MSC under section 5(l)(o) of the *Medicare Protection Act*.
- (c) The approved costs of the Patterns of Practice Committee will be shared equally by the Government and the Doctors of BC.
- (d) The Patterns of Practice Committee will:
 - (i) review, inform, and educate medical practitioners in regard to their pattern of practice and billing;
 - (ii) provide nominations for medical inspectors to the Audit and Inspection Committee;
 - (iii) provide nominations for physician audit hearing panel members to the MSC;
 - (iv) prioritize a review of selected guidelines of the Guidelines and Protocols Advisory Committee to determine their expected impact on Fee utilization and provide related education material and information to medical practitioners;
 - (v) work with the Guidelines and Protocols Advisory Committee to jointly review a set number of guidelines per year, evaluate their impact on utilization management, and report back to the MSC as to their effectiveness; and
 - (vi) meet with the Guidelines and Protocols Advisory Committee regularly to propose ideas for new guidelines, based on the Patterns of Practice Committee's work and analysis of new areas for which guidelines could be developed.

10.4 Guidelines and Protocols Advisory Committee

- (a) The Guidelines and Protocols Advisory Committee is an advisory committee to the MSC.
- (b) The Guidelines and Protocols Advisory Committee will be composed of members appointed by the MSC on the advice of the Government and the Doctors of BC.
- (c) The Guidelines and Protocols Advisory Committee will be co-chaired by a Government representative and a Doctors of BC representative, and the chair will alternate for successive meetings.
- (d) The Government will provide administrative and clerical support required for the work of the Guidelines and Protocols Advisory Committee. The Government will provide up to \$460,000 annually to support the work of the Guidelines and Protocols Advisory Committee. The costs of physician participation in the Guidelines and Protocols Committee, other than physicians who are employed by the Doctors of BC, Government, or Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC, will be paid from the \$460,000 referred to in this section.
- (e) The Guidelines and Protocols Advisory Committee will, at the request of any of the Joint Clinical Committees or the Physician Services Committee from time to time, develop guidelines and protocols to support the effective utilization of medical services.
- (f) The Guidelines and Protocols Advisory Committee will develop strategies for the rapid adoption by all affected parties of guidelines and protocols once they are approved.
- (g) The Guidelines and Protocols Advisory Committee will:
 - (i) work with the Patterns of Practice Committee to jointly review a set number of guidelines per year, evaluate their impact on utilization management, and report back to the MSC as to their effectiveness; and
 - (ii) meet with the Patterns of Practice Committee regularly to propose ideas for new or revised guidelines, based on the Guidelines and Protocols Advisory Committee's work and analysis of areas for which guidelines could be developed.

ARTICLE 11 - THE AVAILABLE AMOUNT

11.1 Establishment of the Available Amount

- (a) There will be one centrally administered Available Amount. This does not preclude segmenting components of the Available Amount for analysis of expenditures of the Available Amount for purposes of planning, evaluation, and management.

- (b) The Government will Consult with the MSC and the Doctors of BC prior to the tabling of the Ministry's spending estimates on the amount of annual funding for the provision of physician services to the residents of British Columbia in each year.
- (c) For each Fiscal Year, the Government will advise the Doctors of BC through the MSC of the budget for the Available Amount within 15 days of the approval of the Ministry's spending estimates by the Legislature. Adjustments as a result of the negotiation of agreements will be disclosed following the resolution of those agreements.

11.2 Monitoring and Managing the Available Amount

- (a) The MSP will track Total Claims Cost against the Available Amount at the conclusion of each month and will make a forecast concerning the adequacy of the Available Amount. The results will be forwarded to the MSC, at or before the next meeting of the MSC.
- (b) If the MSC concludes on the basis of a reasonable forecast that the Total Claims Cost for a Fiscal Year is likely to exceed the Available Amount, the MSC will Consult with the Doctors of BC and the Ministry on developing strategies and measures to prevent the overrun of the Available Amount. While the parties agree that there will be no pro-rationing of Fees for the term of this Agreement, the parties recognize that the MSC must exercise its statutory responsibility through the use of reasonable methods within its jurisdiction, subject to the specific provisions agreed to in this Agreement. An integral part of the exercise of that responsibility will be the development of protocols and billing guidelines by the MSC. The Doctors of BC will participate in the development of those protocols and billing guidelines and the medical profession will make every effort to adhere to such protocols and billing guidelines once implemented by the MSC.
- (c) In recognition of the need for all parties to this Agreement to be satisfied that the MSC continues to be effective in managing the Available Amount, the Chair of the MSC will be a non-voting member of the Physician Services Committee and will advise the Physician Services Committee at regular intervals to assess the management process. The Physician Services Committee will report the results of these meetings to the Minister, the MSC, and the Board of Directors of the Doctors of BC on a timely basis.
- (d) Reconciliation of the Total Claims Cost with the Available Amount for each Fiscal Year shall take place and be concluded by October 31 of the following Fiscal Year.

ARTICLE 12 - REVISION AND MAINTENANCE OF THE GUIDE TO FEES

12.1 Revisions to Guide to Fees by Doctors of BC

- (a) Funds made available in Appendix F for revisions to the Payment Schedule will be allocated by the Doctors of BC to fee items in the Guide to Fees in a manner consistent with this Agreement including Appendix F.
- (b) Except where otherwise expressly agreed in writing, revisions to the Guide to Fees allocating funds made available under Appendix F for any Fiscal Year will be effective April 1 of that Fiscal Year.
- (c) When the Tariff Committee has prepared recommendations for revisions to the Guide to Fees for consideration by the Board of Directors of the Doctors of BC, prior to transmission of its recommendations to the Board of Directors of the Doctors of BC the Tariff Committee will:
 - (i) inform the MSC and the Physician Services Committee of the recommendations in writing;
 - (ii) consult with the MSC and the Physician Services Committee to identify any comments or concerns they may have respecting such recommendations in order that the Tariff Committee may have such comments or concerns before them at the time of finally recommending a revision of the Guide to Fees to the Doctors of BC's Board of Directors; and
 - (iii) attempt to achieve agreement in writing between the Doctors of BC and the Government on the recommended changes, and if such agreement is reached, section 13.1 shall apply.
- (d) If agreement is not reached between the Doctors of BC and the Government pursuant to section 12.1(c)(iii) within 90 days, or such additional time as may be agreed, on written notification from the Doctors of BC to the Government of a proposed revision pursuant to this section 12.1, the Doctors of BC may refer the matter to the MSC for a decision under section 13.2.
- (e) No change to the Payment Schedule shall result from a change to the Guide to Fees under this section 12.1, except in accordance with Article 13.

12.2 Revisions to Guide to Fees on Government's Recommendation

- (a) When the Government wishes to recommend the creation of a new fee item or any revisions to existing fee items in the Guide to Fees, it will:
 - (i) consult with the Tariff Committee and with the Health Authorities to identify any comments or concerns they may have respecting such recommendations; and

- (ii) attempt to achieve agreement in writing with the Doctors of BC through the Tariff Committee on the recommended changes, and if such agreement is reached, section 13.1 shall apply.
- (b) If agreement is not reached between the Government and the Doctors of BC pursuant to section 12.2(a)(ii) within 90 days of written notification from the Government to the Doctors of BC of a proposed revision pursuant to this section 12.2, or such additional time as may be agreed, the Government may advise the Doctors of BC that it intends to refer the matter to an ad hoc joint review panel as provided in section 12.2(c).
- (c) The joint review panel must be appointed within 60 days of the Government advising the Doctors of BC that it intends to refer the matter to an ad hoc joint review panel. The composition of the joint review panel shall be three members, with one member appointed by the Doctors of BC, one member appointed by the Government, and the third member who shall be the Chair, selected from a roster of individuals agreed upon by the Government and the Doctors of BC. The members appointed shall be chosen so as to avoid conflicts of interest. If the Government and the Doctors of BC have not agreed upon the roster, the MSC will appoint the Chair.
- (d) The joint review panel must render a majority recommendation to the parties and the MSC within three months of its appointment.
- (e) If the Government and the Doctors of BC support in writing the recommendation of the joint review panel, the Doctors of BC shall change the Guide to Fees accordingly and section 13.1 shall apply.
- (f) If either the Government or the Doctors of BC does not support in writing the recommendation of the joint review panel, the MSC will decide the matter in accordance with section 13.2, and if the MSC decides that a change to the Guide to Fees should be made, the Doctors of BC will implement the change to the Guide to Fees.

ARTICLE 13 - REVISIONS TO THE PAYMENT SCHEDULE

13.1 Revisions By Agreement

The MSC shall adopt as part of the Payment Schedule additions to, deletions from, or other modifications of the Guide to Fees, provided that:

- (a) either:
 - (i) the Doctors of BC and the Government agree in writing to the additions, deletions, or other modifications; or
 - (ii) the Government and the Doctors of BC support in writing the recommendations of the joint review panel as contemplated by section 12.2(e);

- (b) the MSC agrees that such modifications are consistent with the requirements of the *Medicare Protection Act* and Regulations;
- (c) the MSC agrees that the services covered by a given fee item are medically necessary; and
- (d) the MSC agrees to the estimated projected net cost effect on the Total Claims Cost which would result from such recommended changes.

13.2 Revisions in the Absence of Agreement

Where there is no agreement between the Doctors of BC and the Government on recommended changes to the Payment Schedule, the Doctors of BC and the Government may make separate recommendations to the MSC and the MSC will determine the changes, if any, to the Payment Schedule.

13.3 Changes to Insured Medical Services

If the MSC introduces any change to the medical services that are benefits under the *Medicare Protection Act*, it will provide at least 30 days' notice of such change to all physicians enrolled in the MSP.

ARTICLE 14 - PAYMENT OF FEE FOR SERVICE ACCOUNTS

14.1 Payment Process

- (a) It is acknowledged and agreed that there exists a common interest in ensuring that Fee for Service Accounts are processed and paid promptly.
- (b) On behalf of beneficiaries, the MSP will pay Fee for Service Accounts promptly, in accordance with the Payment Schedule, subject to the provisions of the *Medicare Protection Act* and this Agreement.
- (c) Normally, the MSC makes general remittances for Fee for Service Accounts on a regular cycle that is at least semi-monthly. If the MSC is unable to make a general remittance within five working days of the end of a payment cycle, an advance against Fee for Service Accounts payable will be paid. This will be limited to the physician's average regular cycle payment, measured over the previous 12 months or over the length of time the physician has participated in the MSP, whichever is the lesser period of time.

14.2 Advances

The MSP may, on an individual physician basis, provide an advance to a physician encountering temporary difficulty submitting their Fee for Service Accounts or having those Fee for Service Accounts processed by the MSP. Requests for advances will be submitted to the MSP, which will determine whether or not the advance will be granted. If the MSP denies a request for an advance, the requesting physician may refer the matter to the Physician Services Committee for a final decision on the matter. Such advances will be set off against subsequent

remittances to the physician by the MSP until the advance is fully repaid. Interest at the rate provided for in and in accordance with Regulation 214/83 of the *Financial Administration Act* (British Columbia) shall apply to and be paid by the physician on all such advances.

14.3 Overdue Accounts

Interest shall apply to and be paid by the MSP on overdue Fee for Service Accounts at the rate provided for in and in accordance with Regulation 215/83 of the *Financial Administration Act* (British Columbia). Interest will only apply on the amount of the outstanding Fee for Service Account that exceeds the amount of any outstanding advance.

14.4 Changes to Payment Process

- (a) Should a need arise to review the routine data requirements, submission formats, and/or transmission protocols for processing Fee for Service Accounts, the review must consider, among other things, the efficacy of the modification and the cost to physicians of implementing such a change.
- (b) When there are modifications to the routine data requirements, submission formats, and/or transmission protocols for processing Fee for Service Accounts, the parties will attempt to reach agreement on the net average cost of implementing these modifications and, if they fail to do so, then the matter shall be determined by the Adjudication Committee and appropriate compensation (including retroactivity) if any, will be provided to the affected physicians.

ARTICLE 15 - FEES, SERVICE CONTRACT RANGES, SESSIONAL CONTRACT RATES AND SALARY AGREEMENT RANGES

15.1 Compensation Changes

Changes to Fees, Service Contract Ranges, Sessional Contract Rates, Salary Agreement Ranges, and other fees over the term of this Agreement are set out or provided for in Appendix F.

15.2 WorkSafeBC Services and ICBC Services

An in-office assessment of an unrelated condition in association with a WorkSafeBC service and/or an ICBC service shall be compensated in accordance with the Payment Schedule.

ARTICLE 16 - FUNDING NEW FEE ITEMS

16.1 Allocation for New Fee Items

- (a) The Government will provide the following funding to be allocated to Specialist Sections and to Physician Sections that are not Specialist Sections for adding new fees to the Payment Schedule:
 - (i) \$6 million per year to Specialist Sections, and \$2 million per year to Physician Sections that are not Specialist Sections, in ongoing annual funding, effective April 1, 2026;

- (ii) a further \$3 million per year to Specialist Sections, and a further \$1 million per year to Physician Sections that are not Specialist Sections, in ongoing annual funding, effective April 1, 2027; and
 - (iii) a further \$3 million per year to Specialist Sections, and a further \$1 million per year to Physician Sections that are not Specialist Sections, in ongoing annual funding, effective April 1, 2028.
- (b) The funds in section 16.1(a) will be allocated to new fee items pursuant to Articles 12 and 13.
- (c) MSP will implement new fee item fund proposals expeditiously, based on a preliminary assessment of the application with a temporary classification until a comprehensive review is complete.
- (d) The Government and Doctors of BC will attempt to fully utilize the funding allocations in section 16.1(a), and the Ministry will track utilization of any new fees against those funding allocations until those new fees are no longer classified as temporary or provisional, including when the temporary or provisional classification continues beyond the Fiscal Year in which the allocation is first effective or beyond the final Fiscal Year of this Agreement.
- (e) While utilization is being traced against allocations as per section 16.1(d):
 - (i) An amount equal to any under-utilization of the funding allocations in section 16.1(a) in one Fiscal Year will be added on a one-time basis to the funding otherwise made available to the Specialist Services Committee (for funding for Specialist Sections), or to the Family Practice Services Committee (for funding for Physician Sections that are not Specialist Sections), within seven months after the end of that Fiscal Year.
 - (ii) An amount equal to any over-utilization of the funding allocations in section 16.1(a) in one Fiscal Year will be removed on a one-time basis from the funding otherwise made available to the Specialist Services Committee (for funding for Specialist Sections), or the Family Practice Services Committee (for funding for Physician Sections that are not Specialist Sections), within seven months after the end of that Fiscal Year.
 - (iii) Any new fee item funds described in this section 16.1 and in the 2025 Physician Main Agreement that are not utilized in one Fiscal Year (including the Fiscal Year ending on March 31, 2029) shall be carried forward to the next Fiscal Year.

ARTICLE 17 - THE MEDICAL ON-CALL/AVAILABILITY PROGRAM

17.1 Budget for MOCAP

Funding for Doctor of the Day is allocated from the annual MOCAP budget.

17.2 Provincial MOCAP Review Committee

- (a) The Government and the Doctors of BC have created the Provincial MOCAP Review Committee (“**PMRC**”). The PMRC is composed of three representatives appointed by the Government (including any representatives of Health Authorities) and three physician representatives appointed by the Doctors of BC. The Government and the Doctors of BC have selected an independent Chair for the PMRC. In the event that the Chair resigns or becomes unable to fulfill their role, a replacement will be appointed by agreement of the Doctors of BC and the Government.
- (b) The PMRC makes decisions by majority vote. In this case, a majority vote must consist of all of the representatives of either party and the Chair of the PMRC.
- (c) The PMRC is responsible for adjudicating appeals and disputes in accordance with section 17.6.

17.3 MOCAP Terms and Conditions

- (a) The MOCAP shall be operated in accordance with the terms of the final report issued by the PMRC dated December 5, 2018 (“**Final MOCAP Report**”) and those terms outlined below in sections 17.4 to 17.6 and attached hereto as Appendix G.
- (b) Physicians who provide MOCAP coverage will do so in accordance with the provisions of the MOCAP Contract attached hereto as Schedule 1 to Appendix G.

17.4 Distribution of MOCAP Funds by Health Authorities

- (a) The Health Authorities will distribute MOCAP funds that have been allocated to them by the Government (“**MOCAP Budget**”) in a manner that supports the following objectives (the “**MOCAP Objectives**”), in the following order of priority:
 - (i) first, to provide life and limb support in acute care hospitals, diagnostic and treatment centres, and specified emergency rooms;
 - (ii) second, where required for the operational efficiency of hospitals; and
 - (iii) third, to support Family Physician care of complex patients in the community.
- (b) Pursuant to the 2007 Physician Master Agreement, the Doctors of BC was Consulted on the development of evaluation criteria that support the MOCAP Objectives and their prioritization as required by section 17.4(a).
- (c) By July 1 of each year, each Health Authority will form a MOCAP Contract Review Committee (the “**MCRC**”). The MCRC of each Health Authority will include representatives of the Health Authority, health authority medical advisory

committee (HAMAC) (or equivalent), physicians receiving MOCAP and emergency medicine physicians in the Health Authority.

- (d) Each Health Authority will determine the call groups that should exist within its MOCAP Budget and, apply the levels of payment for the call groups in the Health Authority determined by the PMRC. This will form the basis of the Health Authority's annual distribution plan for MOCAP.
- (e) In determining annual distribution plans for MOCAP, the Health Authorities will review call-back expenditures to determine whether groups should be provided with an on-call agreement.
- (f) The annual distribution plan for MOCAP in each Health Authority will be reviewed with the MCRC.
- (g) Each Health Authority will then review this distribution plan with the Ministry by February 1 of each year, who will determine the appropriate funding allocation within the provincial budget for MOCAP for the following Fiscal Year.
- (h) Each Health Authority will then finalize its annual distribution plan for MOCAP. Any physician or physician group may challenge a Health Authority's distribution plan for MOCAP with the Health Authority pursuant to section 17.6 below.
- (i) It is imperative that the time frame to complete this process is limited so that necessary decisions are not delayed.

17.5 Principles of MOCAP

The Government and Doctors of BC adopt the following principles for MOCAP:

- (a) MOCAP is designed to meet the medical needs of new or unattached patients requiring emergency care. By definition, a new or unattached patient is not a patient of any physician participating in a call group. For clarity, in rural communities where a physician or a call group are providing additional services such as emergency, obstetrics/gynecology, anesthesia, or general surgery, then patients of the physician or call group presenting for such additional services will be considered as a new patient of that additional service.
- (b) The Health Authorities are responsible for managing within their MOCAP allocation and decisions as to the specific nature and quantity of on-call availability services required rests ultimately with the Health Authorities. A Health Authority's decision to establish a MOCAP arrangement is made following consultation with physicians.
- (c) MOCAP arrangements may require availability to attend more than one site where clinically appropriate and may permit the availability to be provided in a manner consistent with advancements in technology.

- (d) MOCAP provides compensation for physician availability according to the relative burden of providing such availability. MOCAP is not meant to compensate physicians for actual services to patients.
- (e) Physicians who are on-call must respond to telephone calls in a timely way to determine clinical urgency and attend to the emergent needs of patients.
- (f) Physicians who are on-call must respond to telephone calls not just from the location(s) where they are on-call, but from other locations and physicians.
- (g) Decisions on MOCAP should reflect a consistent rationale across all Health Authorities and payments for being on-call should be based on objective data and information that reflect the burden of providing on-call services.
- (h) MOCAP arrangements must be sustainable and must not contribute to physician burnout. In some circumstances, physicians may provide partial on-call availability to meet this principle.
- (i) Health Authorities must appropriately fund the call groups that are established under MOCAP. Health Authorities should not prorate MOCAP payments (i.e. pay a lesser amount for the coverage required than is appropriate) in order to try to extend their MOCAP budget.
- (j) There are separate and independent obligations through Health Authority by-laws and rules and the College of Physicians and Surgeons of BC's professional standards that require physicians to provide call, including call for new and unattached patients. When a Health Authority requires physicians to provide call for new and unattached patients, the Health Authority will provide payment under MOCAP in accordance with this Agreement.

17.6 Review of Call Groups

- (a) If a Health Authority can demonstrate to the PMRC that it is necessary to maintain or establish a particular call group or an assigned level of call in a manner that is inconsistent with the application of those factors identified in Attachment C of the Final MOCAP Report, they may seek approval from the PMRC that an exception may be created for the call group. The PMRC will only review requests based on the issue of providing a necessary service where the application of Attachment C of the Final MOCAP Report does not justify the assigned level of call on a normal basis.
- (b) If a Health Authority or a physician group considers that, based on those factors identified in Attachment C of the Final MOCAP Report, there have been material changes impacting the provision of patient care in a manner requiring a review of the assigned level of call, or in the case of a newly established call group, that the factors identified in Attachment C of the Final MOCAP Report have been incorrectly applied, a Health Authority or a physician group can bring an application to the PMRC (which will determine its procedures to consider such applications) to initiate such a review, following which:

- (i) The PMRC will consider such applications.
 - (ii) Any changes in the payment level for call groups arising from such a review will be effective after 90 days' written notice is provided to physicians in accordance with the terms of existing MOCAP contracts.
- (c) If a physician group wishes to dispute either the nature of the call or a Health Authority decision that certain physicians do not need to provide on-call services under MOCAP, they must first provide notice to the Health Authority. Such notice must be in writing and include the facts, upon which the physician or physician group relies, an outline of argument supporting the physician(s)'s position, and the remedy sought. In the event that the physician group and Health Authority are unable to reach agreement, the physician group may refer the dispute to the PMRC at PMRC.secretariat@gov.bc.ca (which will determine its procedures to consider such applications) for binding adjudication, following which:
- (i) The PMRC will consider such applications.
 - (ii) In considering the dispute, the PMRC must only determine whether the process of establishing the call group and establishing the nature of call were consistent with the MOCAP principles listed at section 17.5 above and the applicable provisions of the PMA.
 - (iii) The PMRC will not be entitled to disturb a final decision of a Health Authority that certain physicians do not need to provide on-call services under MOCAP unless MOCAP principles referenced in paragraph (ii) above are breached..
 - (iv) In the event the PMRC disturbs a final decision of a Health Authority under (iii) above, such financial consequences will be effective in the subsequent fiscal year but will, at the discretion of the PMRC, have a retroactive effect from that time back to the date of the adjudication.
 - (v) Any changes in the nature of call for call groups arising from such a PMRC adjudication process will be effective 90 days' after written notice is provided to physicians in accordance with the terms of existing MOCAP contracts.

ARTICLE 18 - DIGITAL HEALTH

18.1 Doctors of BC Participation in Digital Health Governance

- (a) The Ministry will include Doctors of BC in the leadership of digital health in British Columbia through the appointment of one Doctors of BC senior staff representative and one Doctors of BC physician representative to the senior provincial governance committee(s) responsible for advancing the BC digital health strategy evolution and implementation.

- (b) The Ministry will collaborate with Doctors of BC on the development of a Community Digital Innovation Program, and will co-chair a Community Digital Innovation Program Oversight Committee to provide direction for the program.
- (c) The Community Digital Innovation Program will:
 - (i) support the implementation of provincially aligned digital health technology solutions;
 - (ii) identify and implement data portability solutions;
 - (iii) assist with the transition to supported and connected EMR vendors;
 - (iv) identify and support the implementation of provincially aligned AI solutions for community providers; and
 - (v) continue to support the implementation of appropriate data standards within British Columbia.
- (d) The Ministry and Doctors of BC will develop terms of reference to govern the Community Digital Innovation Program Oversight Committee. Any changes to the terms of reference will be by mutual agreement of the Ministry and Doctors of BC.

ARTICLE 19 - CHANGE IN FORM OF COMPENSATION FOR PHYSICIAN SERVICES

19.1 Change in Form of Compensation

- (a) No Change in Form of Compensation for physician services will be required of any physician.
- (b) An Agency has the right to determine the form of compensation for physician services for any new service model it introduces.

ARTICLE 20 - DISPUTE RESOLUTION AND ISSUE MANAGEMENT GENERAL PROVISIONS

20.1 Government and Doctors of BC will Work to Prevent Withdrawals of Services

It is agreed that the Government and the Doctors of BC will work together through the Physician Services Committee to prevent withdrawals of services as a result of Disputes and Issues arising between physicians and/or the Doctors of BC, on the one hand, and the Government and/or Agencies, on the other.

20.2 Dispute Resolution and Issue Management may not alter Agreements

- (a) Any resolution of a Dispute or Issue must be consistent with the terms of this Agreement and the Physician Main Subsidiary Agreements unless otherwise

recommended by the Physician Services Committee and agreed to by the parties to this Agreement.

- (b) No term or provision of this Agreement or any Physician Main Subsidiary Agreement may be amended except by agreement of the parties to this Agreement in accordance with section 1.7.
- (c) An Adjudicator or the Adjudication Committee does not have the authority to alter, modify, or enlarge upon any provisions of this Agreement, the Physician Main Subsidiary Agreements, or any other agreement.

20.3 Voluntary Settlements are Without Prejudice

Any voluntary resolution of a Dispute or Issue achieved outside of any binding resolution process under this Agreement is without prejudice or precedent in any other Dispute or Issue and is inadmissible in any other proceeding relating to any other Dispute or Issue unless the Joint Agreement Administration Group decides otherwise.

20.4 Process, Time Limits and Procedural Requirements to be Strictly Complied With

- (a) Subject to a decision of the Joint Agreement Administration Group, or a direction of the Adjudicator or the Adjudication Committee, in either case to relieve against breaches of time limits for equitable reasons, and subject to the right of a party to elect to proceed to the next step in a process despite the other party's non-compliance with the time limits or procedural requirements, the time limits and procedural requirements established in this Agreement are mandatory, and where a Dispute or Issue is not advanced within these time limits or procedural requirements, the Dispute or Issue will be barred for all purposes and may not be reasserted in any proceeding or any forum.
- (b) Disputes and Issues will be resolved in accordance with the processes set out in this Agreement and only in accordance with the processes set out in this Agreement.

20.5 Distinguishing Disputes from Issues

- (a) The Joint Agreement Administration Group will resolve any disagreement as to whether:
 - (i) a matter is a Dispute, an Issue, or neither;
 - (ii) a Dispute is a Provincial Dispute or a Local Dispute;
 - (iii) a Local Dispute is a Local Contract Dispute or Local Range Placement Dispute; and
 - (iv) an Issue is a Local Interest Issue or a Local Quality of Care Issue.
- (b) If the Joint Agreement Administration Group cannot resolve a disagreement referred to in section 20.5(a), the Government or the Doctors of BC may refer the

question to the Adjudicator or, at one party's election, the Adjudication Committee for a final and binding decision.

20.6 Costs of Dispute Resolution and Issue Management

The Government and the Doctors of BC will bear the costs of their own respective participation in any of the Dispute and Issue management processes set out in this Agreement and will share the costs of the Trouble Shooter, any Adjudicator, and any third party appointed to the Adjudication Committee or an Ad Hoc Advisory Panel, other than representatives of the Doctors of BC or the Government, and employees of the Health Authorities or parties.

ARTICLE 21 - DISPUTE RESOLUTION AND ISSUE MANAGEMENT TOOLS

21.1 Adjudication Roster

- (a) An Adjudication Roster (the “**Roster**”) will be maintained from which the Adjudicator or the chair for the Adjudication Committee will be appointed, on an as needed basis. The Roster will be composed of at least three individuals agreed upon in writing by the Government and the Doctors of BC.
- (b) Individuals named to the Roster will have experience in conflict resolution, mediation, and adjudication.
- (c) Members of the Roster may be removed or replaced at any time by written agreement of the Doctors of BC and the Government.
- (d) The current members of the Roster are listed in Appendix H. During the term of this Agreement, the Doctors of BC and the Government will review and consult on whether any members of the Roster should be removed or replaced by written agreement.

21.2 The Adjudicator and the Adjudication Committee

- (a) The Government and the Doctors of BC will refer Provincial Disputes, Local Disputes, Local Interest Issues, and other issues in accordance with this Agreement to a single arbitrator, appointed from the Roster, on a rotating basis in the order in which the members of the Roster are listed in Appendix H starting with the first member listed (unless the Government and the Doctors of BC otherwise agree in writing) at the time a reference is made to adjudication (the “**Adjudicator**”). If any member of the Roster to be appointed as the Adjudicator is not able to hear the matter within a reasonable time the next named member who is able to do so will be appointed, and the rotation will continue from the member actually appointed. Either the Government or the Doctors of BC may elect to have Provincial Disputes, Local Disputes, Local Interest Issues, and other issues in accordance with this Agreement heard by an Adjudication Committee as described in section 21.2(b).
- (b) Notwithstanding section 21.2(a), the Government and the Doctors of BC will maintain an adjudication committee (the “**Adjudication Committee**”) to resolve,

Provincial Disputes, Local Disputes, Local Interest Issues, and other issues in accordance with this Agreement if either the Government or the Doctors of BC so elect to use the Adjudication Committee as an alternative to a single Adjudicator as provided in this Agreement. The Adjudication Committee will be composed of one Doctors of BC representative and one Government representative. In addition, a chair will be appointed from the Roster, on a rotating basis in the order in which the members of the Roster are listed in Appendix H starting with the first member listed (unless the Government and the Doctors of BC otherwise agree in writing), at the time a reference is made to adjudication. If any member of the Roster to be appointed to the Adjudication Committee is not able to hear the matter within a reasonable time the next named member who is able to do so will be appointed, and the rotation will continue from the member actually appointed. The Government and the Doctors of BC will each be entitled to appoint one alternate representative to the Adjudication Committee.

- (c) All arbitrations conducted by the Adjudicator or by the Adjudication Committee will be conducted pursuant to the British Columbia *Arbitration Act*. The Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor) will apply unless modified by this Agreement or any other agreement between the Government and the Doctors of BC from time to time.
- (d) In resolving any matter referred to it, the chair of the Adjudication Committee will work with the other members of the Adjudication Committee in an attempt to achieve a unanimous decision, which will be binding. If, after a reasonable time, a unanimous decision is not achieved, the majority decision of the Adjudication Committee will be binding. If there is no majority decision of the Adjudication Committee, the chair of the Adjudication Committee will not decide the matter and the arbitration will terminate.

21.3 Trouble Shooter

- (a) A Trouble Shooter (the “**Trouble Shooter**”) will be appointed by agreement of the Doctors of BC and the Government to facilitate the early and voluntary settlement of certain Disputes and Issues in accordance with this Agreement, without withdrawals of services, and to facilitate agreement between a physician or group of physicians and an Agency on matters of workload pursuant to the terms of a Service Contract or a Salary Agreement between them.
- (b) Subject to section 21.3(c), the Trouble Shooter will be appointed for a three year term and may only be reappointed by agreement of the Doctors of BC and the Government.
- (c) The Trouble Shooter may be removed and replaced at any time by agreement of the Doctors of BC and the Government. In the event that the Trouble Shooter resigns or becomes unable to fulfill their role during the term of their appointment, a replacement will be appointed by agreement of the Doctors of BC and the Government.

- (d) In the event that a matter referred to the Trouble Shooter raises an aspect of quality of care, the Joint Agreement Administration Group may request one or more additional people with relevant expertise to provide informed advice to the Trouble Shooter. Such additional people will not directly contribute to the Trouble Shooter's findings or recommendations.
- (e) The Trouble Shooter will consider only those matters referred to them in accordance with this Agreement and will at all times act in a manner consistent with this Agreement.
- (f) The Trouble Shooter may:
 - (i) assist in attempting to effect a voluntary resolution of the matter referred to them;
 - (ii) conduct fact finding in relation to the matter referred to them; and
 - (iii) issue recommendations regarding the matter referred to them.
- (g) Any facts found and/or recommendations made by the Trouble Shooter will be treated as confidential by the parties unless otherwise agreed by the Joint Agreement Administration Group.

ARTICLE 22 - DISPUTE RESOLUTION PROCESS

22.1 Provincial Disputes

- (a) In the event that a Provincial Dispute is initially raised by an Agency, the Agency will refer the matter in writing to the Government, with a copy of the reference to the Joint Agreement Administration Group. In the event that a Provincial Dispute is initially raised by a physician or group of physicians, the physician or group of physicians will refer the matter in writing to the Doctors of BC, with a copy of the reference to the Joint Agreement Administration Group.
- (b) If the Government or the Doctors of BC raises a Provincial Dispute or has a Provincial Dispute referred to it as contemplated by section 22.1(a), that party must notify the designated representative of the other party. The notice must be in writing, with a copy to the Joint Agreement Administration Group, and must include the following information:
 - (i) the provisions of the agreement(s) in issue;
 - (ii) the facts upon which the complaining party relies;
 - (iii) an outline of argument demonstrating how the facts and law support the complaining party's position; and
 - (iv) the remedy sought by the complaining party.

- (c) Within 15 days of the receipt of the notice referred to in section 22.1(b) by the other party, the designated representatives of the parties will meet informally in an attempt to resolve the matter or to narrow the issues.
- (d) If there is no resolution of the matter within 15 days of the meeting referred to in section 22.1(c), or longer period as agreed by the parties, either the Government or the Doctors of BC may refer the matter to the Adjudicator, or to the Adjudication Committee with notice to the Joint Agreement Administration Group.
- (e) If the Government or the Doctors of BC initially refers the matter to an Adjudicator under section 22.1(d), the opposing party may, at their election and within 10 days of the receipt of the notice by the Joint Agreement Committee, advise the Joint Agreement Administration Group that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee.
- (f) Upon receipt of the notice in section 22.1(d), the Joint Agreement Administration Group will appoint the Adjudicator or a chair of the Adjudication Committee, as the case may be, from the Roster in accordance with sections 21.2(a) and (b). The Adjudicator or the Adjudication Committee will attempt to assist the parties to resolve the matter on a voluntary basis through a mediation process which will be conducted by the Adjudicator or the chair of the Adjudication Committee, or, if either the Doctors of BC or the Government stipulates so in writing within five business days of the referral to the Adjudication Committee, by the full Adjudication Committee.
- (g) Where no voluntary resolution is achieved pursuant to section 22.1(f) within 45 days of the first date the parties meet to mediate the matter as contemplated in section 22.1(f), or such longer period as may be directed by the Joint Agreement Administration Group upon the recommendation of the mediator, the Adjudicator or the Adjudication Committee will arbitrate the matter in accordance with section 21.2.

22.2 Local Disputes

- (a) A party to a Local Dispute must notify the designated representative of the other party to the Local Dispute. The notice must be in writing, with a copy to the Joint Agreement Administration Group, and must include the following information:
 - (i) the provisions of any Local Contract in issue;
 - (ii) the facts upon which the complaining party relies;
 - (iii) an outline of argument demonstrating how the facts and law support the complaining party's position; and
 - (iv) the remedy sought by the complaining party.

- (b) Within 15 days of receipt of the notice referred to in section 22.2(a) by the other party to the Local Dispute, the designated representatives of the parties to the Local Dispute will meet informally in an attempt to resolve the matter or to narrow the issues.
- (c) In the event that the meeting referred to in section 22.2(b) results in a proposed agreement between the parties to the Local Dispute to settle the Local Dispute, they will jointly submit the proposed agreement to the Joint Agreement Administration Group. Within 15 days of receiving a proposed agreement, the Joint Agreement Administration Group will advise the parties to the Local Dispute of whether or not the proposed agreement is consistent with this Agreement and the Physician Main Subsidiary Agreements. If the Joint Agreement Administration Group advises that:
 - (i) the proposed agreement is so consistent, the proposed agreement will be binding on the parties to the Local Dispute;
 - (ii) the proposed agreement is not so consistent, the proposed agreement will not be implemented, and section 22.2(e) will apply;
 - (iii) the Joint Agreement Administration Group cannot reach a consensus decision with respect to the consistency of the proposed agreement with this Agreement and the Physician Main Subsidiary Agreements, then, within 30 days of the Joint Agreement Administration Group advising that it cannot reach a consensus decision, either the Government or the Doctors of BC may refer the question of the consistency of the proposed agreement with this Agreement and the Physician Main Subsidiary Agreements to the Adjudicator or the Adjudication Committee with notice to the Joint Agreement Administration Group;
 - (iv) If the Government or the Doctors of BC initially refers the matter to an Adjudicator under section 22.2(c)(iii), the opposing party may, at their election and within 10 days of the receipt of the notice by the Joint Agreement Committee, advise the Joint Agreement Administration Group that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee.
 - (v) The Adjudicator or the Adjudication Committee will arbitrate the question of whether the proposed agreement is consistent with this Agreement and the Physician Main Subsidiary Agreements in accordance with section 21.2; and if the Adjudicator or the Adjudication Committee decides that the proposed agreement is so consistent, it will be binding on the parties to the Local Dispute; and if the Adjudicator or the Adjudication Committee decides that the proposed agreement is not so consistent, the proposed agreement will not be implemented and section 22.2(e) will apply.
- (d) If the Joint Agreement Administration Group does not provide a response within the time limit referred to in section 22.2(c), the proposed agreement will be

deemed to be consistent with this Agreement and the Physician Main Subsidiary Agreements.

- (e) If the meeting referred to in section 22.2(b) does not result in a proposed agreement between the parties to the Local Dispute to settle the Local Dispute within 15 days of the meeting or a longer period agreed to by the local parties; or if the Joint Agreement Administration Group advises, in accordance with section 22.2(c)(ii), that the proposed agreement is not consistent with this Agreement and/or the Physician Main Subsidiary Agreements; or if the Adjudicator or the Adjudication Committee decides, in accordance with section 22.2(c)(v), that the proposed agreement is not consistent with this Agreement and/or the Physician Main Subsidiary Agreements, then:
 - (i) the parties to the Local Dispute will submit the Local Dispute to the Government and the Doctors of BC, and will agree to be bound by the resolution of the Local Dispute pursuant to this Agreement;
 - (ii) either the Government or the Doctors of BC may refer the Local Dispute in writing to the Joint Agreement Administration Group; and
 - (iii) the parties to the Local Dispute may agree to be bound by recommendations from the Trouble Shooter with respect to the Local Dispute in the event that the Joint Agreement Administration Group refers the Local Dispute to the Trouble Shooter.
- (f) In the event that the Government or the Doctors of BC refers the Local Dispute to the Joint Agreement Administration Group under section 22.2(e), the Government and the Doctors of BC will thereafter have exclusive carriage of the Local Dispute.
- (g) Upon a Local Dispute being referred to the Joint Agreement Administration Group under section 22.2(e), the Joint Agreement Administration Group may direct the Trouble Shooter to attempt to facilitate a settlement of the Local Dispute.
- (h) If the parties to the Local Dispute agree to be bound by recommendations from the Trouble Shooter with respect to the Local Dispute, the Trouble Shooter will make recommendations and will provide a copy of such recommendations to the Joint Agreement Administration Group. Within 15 days of receiving such recommendations, the Joint Agreement Administration Group will advise the parties to the Local Dispute of whether or not the recommendations are consistent with this Agreement and the Physician Main Subsidiary Agreements. If the Joint Agreement Administration Group advises that:
 - (i) the recommendations are so consistent, they will be binding on the parties to the Local Dispute;
 - (ii) the recommendations are not so consistent, they will not be implemented and section 22.2(j) will apply; and

- (iii) the Joint Agreement Administration Group cannot reach a consensus decision with respect to the consistency of the recommendations with this Agreement and the Physician Main Subsidiary Agreements, then, within 30 days of the Joint Agreement Administration Group advising that it cannot reach a consensus decision, either the Government or the Doctors of BC may refer the question of the consistency of the recommendations with this Agreement and the Physician Main Subsidiary Agreements to the Adjudicator or the Adjudication Committee with notice to the Joint Agreement Administration Group;
- (iv) If the Government or the Doctors of BC initially refers the matter to an Adjudicator under section 22.2(h)(iii), the opposing party may, at their election and within 10 days of the receipt of the notice by the Joint Agreement Committee, advise the Joint Agreement Administration Group that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee.
- (v) The Adjudicator or the Adjudication Committee will arbitrate the question of whether the recommendations are consistent with this Agreement and the Physician Main Subsidiary Agreements in accordance with section 21.2; and if the Adjudicator or the Adjudication Committee decides that the recommendations are so consistent, they will be binding on the parties to the Local Dispute; and if the Adjudicator or the Adjudication Committee decides that the recommendations are not so consistent, they will not be implemented and section 22.2(j) will apply.
- (i) If the parties to the Local Dispute do not agree to be bound by recommendations from the Trouble Shooter, the Trouble Shooter will attempt to facilitate a voluntary settlement of the matter. Failing settlement within 30 days of the Trouble Shooter being directed to attempt to facilitate a settlement, the Trouble Shooter will make recommendations with respect to the Local Dispute to the Joint Agreement Administration Group. If the Trouble Shooter's efforts result in a proposed agreement between the parties to the Local Dispute, the proposed agreement must be submitted to the Joint Agreement Administration Group. Within 15 days of receiving a proposed agreement, the Joint Agreement Administration Group will advise the parties to the Local Dispute of whether or not the proposed agreement is consistent with this Agreement and the Physician Main Subsidiary Agreements and the procedure outlined in section 22.2(h)(i) through (v) will apply.
- (j) If resolution of the Local Dispute is not achieved under one of sections 22.2(c), (h), or (i), the Joint Agreement Administration Group will notify the parties to the Local Dispute that the Joint Agreement Administration Group is proceeding under this section, will consider the recommendations of the Trouble Shooter, if any, and will attempt to resolve the Local Dispute. If the Local Dispute is not resolved within 30 days of the issuance of the notification to the parties under this section (or any longer period agreed to by the Government and the Doctors of BC), either

the Government or the Doctors of BC may, within a further 30 days, refer the Local Dispute to the Adjudicator or to the Adjudication Committee with notice to the Joint Agreement Administration Group.

- (k) If the Government or the Doctors of BC initially refers the matter to an Adjudicator under section 22.2(j), the opposing party may, at their election and within 10 days of the receipt of the notice by the Joint Agreement Committee, advise the Joint Agreement Administration Group that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee.
- (l) Upon a referral of a Local Dispute to the Adjudicator or the Adjudication Committee pursuant to section 22.2(j) the Adjudicator or a chair for the Adjudication Committee will be appointed from the Roster.
- (m) Where a Local Contract Dispute is referred to the Adjudicator or the Adjudication Committee pursuant to section 22.2(j), the Adjudicator or the Adjudication Committee will arbitrate the matter in accordance with section 21.2.
- (n) Where a Local Range Placement Dispute is referred to the Adjudicator or the Adjudication Committee pursuant to section 22.2(j), their jurisdiction will be restricted to deciding the placement of the specific physician or physician group in issue on the applicable "Service Contract Range" (as defined in the Alternative Payments Subsidiary Agreement).

ARTICLE 23 - ISSUE MANAGEMENT PROCESS

23.1 Local Interest Issue Resolution

- (a) A physician, group of physicians, or Agency raising a Local Interest Issue must notify, in writing, all other interested parties of the Local Interest Issue, with a copy of the notice to the Physician Services Committee.
- (b) The notice shall comprehensively outline the substance of the Local Interest Issue and include all data or other information relied on by the person raising the Local Interest Issue as well as a statement of the proposed remedy or proposed solution.
- (c) Upon receipt of the notice referred to in section 23.1(b), parties interested in the Local Interest Issue will meet to discuss the Local Interest Issue and attempt to achieve a voluntary resolution of it.
- (d) If, as a result of the meeting referred to in section 23.1(c), the parties interested in the Local Interest Issue achieve a proposed resolution of the Local Interest Issue, they shall submit the proposed resolution, in writing, to the Physician Services Committee. Within 15 days of receiving a proposed resolution, the Physician Services Committee will advise the parties to the Local Interest Issue of whether or not the proposed resolution is consistent with this Agreement and the Physician Main Subsidiary Agreements. If the Physician Services Committee advises that:

- (i) the proposed resolution is so consistent, it may be implemented; and
 - (ii) the proposed resolution is not so consistent, or the Physician Services Committee cannot reach a consensus decision with respect to the consistency of the proposed resolution with this Agreement and the Physician Main Subsidiary Agreements, it may not be implemented.
- (e) If the Physician Services Committee does not provide a response within the time limit referred to in section 23.1(d), the proposed resolution will be deemed to be consistent with this Agreement and the Physician Main Subsidiary Agreements.
- (f) If the Local Interest Issue is not resolved in accordance with section 23.1(d) within 45 days of the first meeting contemplated by section 23.1 (c), or any longer period agreed to by the parties to the Local Interest Issue, either the affected Health Authority or the affected physician(s) may, within a further 30 days, request the Government or the Doctors of BC respectively, to refer the Local Interest Issue to the Physician Services Committee. If, during the 45 days, or longer period if agreed, either party to the Local Interest Issue concludes that the process to resolve the Local Interest Issue has failed, it may so advise the other party in writing and the time limits for referral to the Physician Services Committee will commence from the date of that notice.
- (g) Upon a Local Interest Issue being referred to the Physician Services Committee in accordance with section 23.1(f), the Government and the Doctors of BC shall assume exclusive carriage of it.
- (h) Upon receiving a referral of a Local Interest Issue in accordance with section 23.1(f), the Physician Services Committee may, by consensus decision:
 - (i) issue recommendations with respect to the Local Interest Issue to the parties interested in the Local Interest Issue; or
 - (ii) direct that the Local Interest Issue be referred to an Adjudicator or, if one party so elects, to the Adjudication Committee for arbitration, at which time the Adjudicator or a chair of the Adjudication Committee will be appointed from the Roster.
- (i) Failing acceptance by the parties interested in the Local Interest Issue of recommendations from the Physician Services Committee in accordance with section 23.1(h)(i) or failing a decision of the Adjudicator or the Adjudication Committee pursuant to section 23.1(h)(ii), there are no further steps under this Agreement to address the Local Interest Issue.

ARTICLE 24 - SERVICE CONTINUITY

24.1 No Withdrawal of Services or Threat of Withdrawal of Services

All Disputes and Issues will be resolved or addressed through the processes set out in this Agreement. Without limiting obligations of any party or person under any law, agreement or

contract, where a process exists, in this Agreement or otherwise, for binding resolution of a Dispute or Issue between physicians and/or the Doctors of BC, on the one hand, and the Government and/or Agencies, on the other, there shall be no withdrawal of services or threat of withdrawal of services by any physician or group of physicians in connection with such Dispute or Issue.

24.2 Notice of Withdrawal of Services Required

- (a) Without limiting the obligations of any party or person under any law, agreement, or contract, where there is no binding resolution of any Dispute or Issue, or any matter between physicians and/or the Doctors of BC, on the one hand, and the Government and/or Agencies, on the other, after any applicable process has been utilized, a physician or group of physicians may carry out a withdrawal of services but must first provide a minimum of 90 days written notice of the withdrawal of clinical and related services to the applicable Health Authority, the College of Physicians and Surgeons of British Columbia, and the Physician Services Committee. In the event that notice of a withdrawal of services is given, the matter will be referred by the Physician Services Committee to the Trouble Shooter. The Trouble Shooter will define the issues in dispute and make recommendations to the Physician Services Committee to facilitate a resolution consistent with the provisions of this Agreement.
- (b) Any withdrawal of clinical and related services during a notice period or without providing notice is contrary to this Agreement and the Doctors of BC will so advise physicians.

24.3 No Withdrawal of Services to Pressure Government to Change Existing Agreements

The Doctors of BC agrees that once an agreement is entered into, physicians who are covered by it should not carry out a withdrawal of services for the purpose of pressuring the Government or an Agency to change the terms and conditions of the agreement. The Doctors of BC will take all appropriate measures to encourage physicians to comply with existing agreements.

24.4 Doctors of BC Will Not Condone Withdrawals of Service

As long as there is no pro-rationing in effect the Doctors of BC will not sponsor, support, or condone withdrawals of services by physicians and shall take the necessary steps that are available to prevent such initiatives.

ARTICLE 25 - REPLACEMENT OF PROVISIONS AFFECTED BY LEGISLATION

25.1 Replacement by Agreement

Subject to section 25.3, in the event that any future legislation (the “**Future Legislation**”) renders null and void or materially alters any provision of this Agreement, the remaining provisions will remain in force and effect during the currency of this Agreement and the parties will negotiate a mutually agreeable provision to be substituted for the provision that has been rendered null and void or materially altered by the Future Legislation.

25.2 Replacement by Arbitration

- (a) If the parties are unable to reach agreement on replacement provisions pursuant to section 25.1, any of them may refer the issues in dispute to arbitration in accordance with this section 25.2.
- (b) If any party makes a referral to arbitration under this section 25.2, the parties will agree upon a single arbitrator within fifteen days of the date of the referral. If such agreement is not reached any of them may ask the Chief Justice of the Supreme Court of British Columbia to make the appointment and the person so appointed will be the arbitrator.
- (c) The arbitration will be conducted in accordance with the British Columbia *Arbitration Act*, using the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), except to the extent such rules are modified by this Agreement or any other agreement between the Government and the Doctors of BC.
- (d) Subject to section 25.3, the arbitrator will issue a final and binding award on all of the outstanding issues.

25.3 No Conflict with Legislation

No replacement provision, whether the subject of agreement pursuant to section 25.1 or arbitration pursuant to section 25.2, may conflict with the provisions of the Future Legislation or any other applicable laws. Specifically, an arbitrator acting pursuant to section 25.2 does not have the jurisdiction to order any replacement provision which is inconsistent with or in conflict with or would cause any reading down of the Future Legislation or any other applicable laws.

ARTICLE 26 - RENEGOTIATION

26.1 Renegotiation Notice

On or after April 1, 2028, but no later than April 30, 2028, either the Government or the Doctors of BC may give notice to the other (the “**Renegotiation Notice**”) of its wish to renegotiate and amend all or any of the provisions of this Agreement and the Physician Main Subsidiary Agreements.

26.2 Initial Meeting

If a Renegotiation Notice is given, the Doctors of BC and the Government will meet, no later than June 1, 2028, and commence negotiations to renegotiate all or any of the provisions of this Agreement and the Physician Main Subsidiary Agreements.

26.3 Conciliation Panel Chair

- (a) If a Renegotiation Notice is given, the Government and the Doctors of BC will appoint, by no later than June 1, 2028, an individual to act as chair of a conciliation panel for the negotiations. If the Government and the Doctors of BC

are unable to agree upon the chair of the conciliation panel either of them may request the Chief Justice of the Supreme Court of British Columbia to make the appointment and the individual so appointed will be the chair of the conciliation panel.

- (b) If the Government and the Doctors of BC do not reach agreement on all amendments (if any) to this Agreement and/or the Physician Main Subsidiary Agreements, by September 30, 2028, either the Government or the Doctors of BC may request the intervention of the chair of the conciliation panel.
- (c) Once either the Government or the Doctors of BC has requested the intervention of the chair of the conciliation panel, they will work with the Doctors of BC and Government negotiators in an attempt to mediate an agreement on all amendments (if any) to this Agreement and/or the Physician Main Subsidiary Agreements.

26.4 Intervention by Conciliation Panel

- (a) After December 31, 2028, either the Government or the Doctors of BC may request the chair of the conciliation panel to discontinue the mediation and to assemble a conciliation panel. The Government and the Doctors of BC will each name one representative to the conciliation panel, and those two representatives plus the chair appointed pursuant to section 26.3(a) will comprise the conciliation panel.
- (b) The conciliation panel will conduct a conciliation in accordance with procedures agreed to by the Government and the Doctors of BC, which may include formal hearings, to review the issues in dispute.
- (c) The conciliation panel must retain an independent expert to assist it in determining costing issues and verifying comparators.
- (d) The terms of reference of the conciliation panel will include:
 - (i) the need to be consistent with the law;
 - (ii) reflecting the Government's fiscal situation, including its ability to pay;
 - (iii) the need to provide reasonable compensation to physicians for the services rendered; and
 - (iv) the operational and medical resource needs of the Health Authorities.

26.5 Report of the Conciliation Panel

- (a) The conciliation panel will publish a report containing the recommended terms of settlement on all of the outstanding issues, such report to be in two parts:
 - (i) the first part to contain the recommended terms of settlement on those issues of compensation, on-call payment issues, physician benefit plans

consisting of the Continuing Medical Education Fund, Physician Disability Insurance Program, Physician Health Program, Canadian Medical Protective Association Rebate Program, Contributory Professional Retirement Savings Plan, Parental Leave Program, Cultural, Ceremonial, and Spiritual Leave, and any other matters the parties have agreed in writing to submit to binding conciliation for the purpose of this section 26.5(a)(i) (collectively, the “**Central Recommendations**”); and

- (ii) the second part to contain all recommended terms of settlement other than the Central Recommendations (collectively, the “**Other Recommendations**”).
- (b) The report of the conciliation panel must also set out reasons and the estimated costs of implementing both the Central Recommendations and the Other Recommendations.

26.6 Effect of Conciliation Panel’s Report

- (a) The Central Recommendations will be binding on the parties unless, within 10 days of its receipt of the conciliation panel’s report, the Government rejects the Central Recommendations in their entirety and, upon such rejection, the Central Recommendations will not be binding upon the parties. All Other Recommendations will not be binding on the parties unless agreed to by the parties in writing.
- (b) If the Government rejects the Central Recommendations, the Government and the Doctors of BC will resume negotiations on the areas in dispute with respect to the Central Recommendations and the Doctors of BC will be relieved of its obligations under sections 24.3 and 24.4 of this Agreement, subject to section 26.6(c) below, until all amendments (if any) to this Agreement and/or the Physician Main Subsidiary Agreements are agreed upon by the Doctors of BC and the Government.
- (c) Prior to the commencement of any service disruptions by physicians following any rejection of the Central Recommendations by the Government, the Government and the Doctors of BC will seek guidance from the College of Physicians and Surgeons of British Columbia with respect to the services that should be maintained to ensure that the safety of British Columbians is protected. The Doctors of BC will not condone or support a withdrawal of services contrary to the guidance provided by the College of Physicians and Surgeons of British Columbia.

ARTICLE 27 - TERMINATION

27.1 Termination Notice

- (a) Notwithstanding Article 26, either the Government or the Doctors of BC may give notice (the “**Termination Notice**”) to the other, on or after January 1, 2029, of termination of this Agreement and the Physician Main Subsidiary Agreements,

in which case this Agreement and Physician Main Subsidiary Agreements will terminate on the later of March 31, 2029, or sixty (60) days after the date on which the Termination Notice is received by the other party, subject to section 27.2.

27.2 Effect of Termination Notice

- (a) If one of the parties gives the Termination Notice in accordance with section 27.1, then the provisions of this Agreement and the Physician Main Subsidiary Agreements providing for those matters referred to in section 26.5(a)(i) and for those matters related to the Joint Clinical Committees and the Joint Standing Committee on Rural Issues will continue in effect notwithstanding the termination of this Agreement and the Physician Main Subsidiary Agreements pursuant to section 27.1, subject however to the further rights to terminate those continuing provisions under section 27.2(b).

- (b) If a Termination Notice is given in accordance with section 27.1, either the Government or the Doctors of BC may give notice (the “**Further Termination Notice**”) to the other, on or after April 1, 2029, of termination of those provisions of this Agreement and the Physician Main Subsidiary Agreements that have continued in effect pursuant to section 27.2(a), such termination to be effective on the date (the “**Final Termination Date**”) that is one year after the date the Further Termination Notice is given, and on the Final Termination Date all such continuing provisions shall terminate and be of no further force or effect.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Rob Buhrs)
Name)

Assoc Min of Hlth)
Position)
)
)
)
)



Signature of Authorized Signatory

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)

[Signature])
Signature of Authorized Signatory)
)
)
)
)

DR. ADAM THOMPSON)
Name)

PRESIDENT)
Position)
)
)
)
)

C/S

MEDICAL SERVICES COMMISSION

Per: [Signature])
Authorized Signatory)

DR ROBERT HADPENNY)
Name)

Chair- MSC)
Position)



APPENDIX A

2025 FAMILY PRACTICE SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC, and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Family Practice Subsidiary Agreement, to take effect as of April 1, 2025; and

C. The parties intend this Agreement to address those matters of unique interest and applicability to Family Physicians.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 – DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**this Agreement**” means this document, as amended from time to time as provided herein.

2.3 “**Divisions of Family Practice**” means the initiative created and supported by the Family Practice Services Committee to organize physicians at the local or regional level in order to address common health care goals in their communities.

2.4 “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” among the Government, the Doctors of BC and the MSC, dated April 1, 2025.

2.5 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - FAMILY PRACTICE SERVICES COMMITTEE

4.1 The parties agree that full service family practice must be encouraged and supported.

4.2 The **Family Practice Services Committee** shall continue under this Agreement as a vehicle for representatives of the Government, the Doctors of BC, and BC Family Doctors to work together on matters affecting the provision of services by Family Physicians in British Columbia, including ways of providing incentives for Family Physicians to provide full service family practice and benefit patients. In addition to the core mandate outlined in section 8.2 of the 2025 Physician Main Agreement, the Family Practice Services Committee will fulfill the specific mandate set out in this Agreement.

4.3 The Family Practice Services Committee shall be composed of six members appointed by the Government and six members appointed by the Doctors of BC.

4.4 The Family Practice Services Committee shall be co-chaired by a member chosen by the Government and a member chosen by the Doctors of BC Board of Directors and shall appoint two of its members as vice chairs, one who shall be chosen by the Government from among the Government members and one who shall be chosen by the Doctors of BC from among the Doctors of BC members.

4.5 Decisions of the Family Practice Services Committee shall be by consensus decision.

4.6 If the Family Practice Services Committee cannot reach a consensus decision on any matter it is required to determine, the Government and/or the Doctors of BC may make recommendations to the MSC and the MSC, or its successor, will determine the matter.

4.7 On an annual basis, the Family Practice Services Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.8 The Family Practice Services Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Family Practice Services Committee pre-approve any communication about the business and/or decisions of the Family Practice Services Committee.

4.9 The costs of administrative and clerical support required for the work of the Family Practice Services Committee will be paid from the funds to be allocated by the Family Practice Services Committee pursuant to this Agreement, including the cost of physician participation other than physicians who are employees of the Government, Doctors of BC, and Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC.

ARTICLE 5 - FULL SERVICE FAMILY PRACTICE FUNDING

5.1 The Family Practice Services Committee will be used to further collaborate with Family Physicians to encourage and enhance full service family practice and benefit patients through the existing \$170.487 million annual funding level for full service family practitioners. The funds identified in this section 5.1 are to be allocated by the Family Practice Services Committee to support its work in maintaining, enhancing and expanding the programs that support the delivery of primary care services to British Columbians by, among other things, offsetting utilization pressures on its programs, supporting integrated and collaborative initiatives including change management, identifying and treating patients and communities with unmet needs, providing incentives for Family Physicians to provide full service family practice, enhancing risk assessment and reduction, improving capacity in primary care, enhancing comprehensive and continuous care, and improving coordination and quality of care to family practice patients in British Columbia, with allocations to include, but not be limited to, the areas identified in section 5.2.

5.2 The Family Practice Services Committee will use the funds available to it pursuant to section 5.1 for the following purposes, among others:

- (a) to fund financial incentive programs for the support of full service family practice, including:
 - (i) improved identification and management of:
 - (A) mental health conditions;
 - (B) chronic disease;
 - (C) complex co-morbidities;
 - (D) maternity care;

- (E) the frail elderly;
 - (F) the co-ordination of care of patients in hospital or long term care; and
 - (G) patients requiring end of life care; and
- (ii) increased multi-disciplinary care between Family Physicians and other healthcare providers;
- (b) to fund, in whole or in part, full service family practice support programs such as Divisions of Family Practice, the Practice Support Program, and the Long Term Care Initiative; and
 - (c) to improve disease prevention.

5.3 In addition to the funds identified in section 5.1, the Government will provide the following funding to be allocated by the Family Practice Services Committee to fund increased utilization of existing Family Practice Services Committee payments, new or increased payments, and/or other compensation for physicians to support full-service family practice:

- (a) \$3.0 million per year in ongoing annual funding, effective April 1, 2026;
- (b) a further \$4.5 million per year in ongoing annual funding, effective April 1, 2027; and
- (c) a further \$4.5 million per year in ongoing annual funding, effective April 1, 2028.

In allocating this funding, the Family Practice Services Committee is to consider equitable access to the new funding for Family Physicians paid on both Fee for Service Accounts and Alternative Payment Arrangements, including Sessional Contracts.

5.4 A priority for the funding in section 5.3 is to support in-patient services to medium-sized communities under the In-Patient Initiative for the term of the 2025 Physician Main Agreement.

5.5 The Family Practice Services Committee will continue to provide oversight of the Pathways Initiative, or any successor initiative as agreed by the Family Practice Services Committee, with base funding of \$1.83 million per year. In addition to the funds identified in sections 5.1 and 5.3, the Government will provide the following funding to increase the designated ongoing annual funding available to the Family Practice Services Committee for the operation of the Pathways Initiative, or any successor initiative (or other programs if not required for the Pathways Initiative, or any successor initiative):

- (a) \$0.275 million per year in ongoing annual funding, effective April 1, 2026;
- (b) a further \$0.150 million per year in ongoing annual funding, effective April 1, 2027; and
- (c) a further \$0.150 million per year in ongoing annual funding, effective April 1, 2028.

5.6 Any funds described in sections 5.1, 5.3, and 5.5 that remain unexpended at the end of any Fiscal Year will be available to the Family Practice Services Committee for use as one-time allocations to improve the quality of care.

5.7 The Government and the Doctors of BC agree that the total annual amount of new and existing designated funding provided to the Family Practice Services Committee for compensation programs or fees, less the amount of such funding for compensation that will continue to be available to physicians who move to the New Longitudinal Family Physician Payment Model, will be reduced to account for the expected payments to those physicians who have claimed a Community Longitudinal Family Physician (CLFP) Payment amount, and who move to the New Longitudinal Family Physician Payment Model.

5.8 The Government and Doctors of BC have developed a mechanism to address the details of the revisions to the funding provided to the Family Practice Services Committee in accordance with 5.7 above.

5.9 If the Family Practice Services Committee needs to reduce expenditures in order to meet its budget targets, the Family Practice Service Committee will first address such budget pressures through a reduction of expenditures on its programs that do not have accompanying fees before considering adjustments to any of its established fees. Any such fee adjustments will be by mutual agreement. For clarity, this section 5.9 does not restrict the Family Practice Service Committee from adjusting its fees in order to meet its mandate.

5.10 The Family Practice Services Committee will continue to review and recommend approaches that support Family Physicians' continued role in providing hospital care, including the relationship between that role and the role of hospitalists. The Family Practice Services Committee will determine the key elements or models of care with indicators that demonstrate and support optimum patient outcomes. The recommendations will propose how best to utilize existing allocations for primary care support of hospitalized patients.

ARTICLE 6 – PRIMARY CARE NETWORK/PATIENT MEDICAL HOME

6.1 If the Family Practice Services Committee agrees, the Government may, at its discretion, make funds available to the Family Practice Services Committee to be used to support non-physician costs related to the design and implementation of the Primary Care Network and Patient Medical Home programs. Any such additional funds will be identified specifically for this purpose and any such funds not so expended by the Family Practice Services Committee will be returned to the Government.

ARTICLE 7 - DOCTOR OF THE DAY

7.1 The need for a Doctor of the Day will be determined by the Health Authorities.

7.2 Effective April 1, 2026, compensation for a Doctor of the Day will be increased from a rate of \$400 per twenty-four hours of coverage to a rate of \$600 per twenty-four hours of coverage.

7.3 Where there is a requirement for less than twenty-four hours of coverage, an appropriate rate based upon the twenty-four hour rate shall be determined at the local level.

7.4 Funding for Doctor of the Day will be allocated from the annual MOCAP budget.

ARTICLE 8 - DISPUTE RESOLUTION

8.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Signature of Authorized Signatory

Name

Position

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)

C/S

Signature of Authorized Signatory

Name

Position

MEDICAL SERVICES COMMISSION

Per: _____
Authorized Signatory

Name

Position

APPENDIX B

2025 SPECIALISTS SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Specialists Subsidiary Agreement, to take effect as of April 1, 2025; and

C. The parties intend this Agreement to address those matters of unique interest and applicability to Specialist Physicians.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 – DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**this Agreement**” means this document as amended from time to time as provided herein.

2.3 “**2025 Physician Main Agreement**” means the agreement titled “Physician Main Agreement” among the Government, the Doctors of BC and the MSC, dated April 1, 2025.

2.4 “**2025 Regional and Local Engagement Memorandum of Understanding**” means the memorandum of understanding titled “2025 Regional and Local Engagement Memorandum of Understanding” between the Government and the Doctors of BC.

2.5 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - COLLABORATION WITH SPECIALIST PHYSICIANS

4.1 The Government and the Doctors of BC agree to collaborate with Specialist Physicians to improve access to needed, evidence-based, quality services to meet patients’ medical needs for optimum health outcomes. This approach will be built on understanding population health needs, linked to optimizing the mix of service delivery options, technology options, and health human resource options.

ARTICLE 5 - SPECIALIST SERVICES COMMITTEE

5.1 A **Specialist Services Committee** shall continue under this Agreement to facilitate collaboration between the Government, the Doctors of BC, and the Health Authorities on the delivery of the services of Specialist Physicians to British Columbians and to support the improvement of the specialist care system. In addition to the core mandate outlined in section 8.2 of the 2025 Physician Main Agreement, the Specialist Services Committee will fulfill the specific mandate as set out in this Agreement.

5.2 The Government and the Doctors of BC shall each appoint an equal number (not to exceed four each) of members to the Specialist Services Committee.

5.3 The Specialist Services Committee will be co-chaired by a member chosen by the Government and a member chosen by the Doctors of BC Board of Directors.

5.4 Decisions of the Specialist Services Committee shall be by consensus decision.

5.5 If the Specialist Services Committee cannot reach a consensus decision on any matter that it is required to determine under section 5.6(a), the Doctors of BC and/or the Government may make recommendations to the MSC and the MSC, or its successor, will determine the matter. If the Specialist Services Committee cannot reach a consensus decision with respect to any matter that is referred to it under section 5.6(d) and that requires a determination, the Physician Services Committee will determine a process for resolving the dispute, which may include referral to the Adjudicator or the Adjudication Committee or to the MSC.

5.6 The Specialist Services Committee will have the following responsibilities:

- (a) allocating funds referred to in Article 6;
- (b) identifying possible time limited projects that have measurable patient-centred goals focused on the following areas:
 - (i) system redesign; and
 - (ii) expediting access;
- (c) consulting with representatives of allied health professionals as necessary in the completion of its mandate; and
- (d) other matters that may be referred to it by the Physician Services Committee.

5.7 On an annual basis, the Specialist Services Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

5.8 The Specialist Services Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Specialist Services Committee pre-approve any communication about the business and/or decisions of the Specialist Services Committee.

5.9 The costs of administrative and clerical support required for the work of the Specialist Services Committee will be paid from the funds referred to in Article 6 of this Agreement, including the cost of physician participation other than physicians who are employees of the Government, Doctors of BC, and Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC.

ARTICLE 6 - FUNDING TO IMPROVE ACCESS TO SPECIALTY SERVICES BY BRITISH COLUMBIANS

6.1 The Government will continue to provide \$19.259 million in annual funding to the Specialist Services Committee to be allocated by the Specialist Services Committee to support the work of the Specialist Services Committee in enhancing and expanding the programs that support the delivery of high-quality specialty services to British Columbians.

6.2 The Government will provide the following additional annual funding to be allocated by the Specialist Services Committee to, amongst other things, fund programs under its current mandate and expand the Consultant Specialist Team Care initiative:

- (a) \$3.5 million per year in ongoing annual funding, effective April 1, 2026.

6.3 On an ongoing basis, the Specialist Services Committee will review and propose amendments to those Specialist Services Committee fee items that have been transferred to the Available Amount.

6.4 Any funds described in sections 6.1 and 6.2 that remain unexpended at the end of any Fiscal Year will be available to the Specialist Services Committee for use as one-time allocations to improve the quality of care.

6.5 Up to \$200,000 will be made available on a one-time basis over the term of the 2025 Physician Main Agreement from existing unexpended Specialist Service Committee funds from the 2022 Specialists Subsidiary Agreement and from those funds set out at section 6.4 to support Doctors of BC representatives' participation on the Workload Advisory Committee and the Provincial Workload Measures Working Group, which are described in Article 5 of the Alternative Payments Subsidiary Agreement.

ARTICLE 7 – SPECIALIST SERVICES COMMITTEE REPORTING

7.1 The Government shall provide the Doctors of BC with any information in its control that is required by Doctors of BC in order for Doctors of BC to meet its reporting requirements described in the Joint Clinical Committee Administration Agreement.

ARTICLE 8 – FACILITY-BASED PHYSICIAN ENGAGEMENT

8.1 The Specialist Services Committee will allocate the funds described in section 8.2 of this Agreement to support the engagement of facility-based physicians with Health Authorities in accordance with the objectives described in the 2025 Regional and Local Engagement Memorandum of Understanding. In particular, the funding is intended to be used for the following purposes:

- (a) to fund staff such as Physician Engagement Leads as per the terms of the Joint Clinical Committee Administration Agreement; and
- (b) to fund Medical Staff Associations, or new local structures where agreed by physicians and their respective Health Authority.

8.2 The Government shall provide the following additional annual funding to the Specialist Services Committee to support all facility-based physicians who are paid on a fee-for-service basis or under an Alternative Payment Arrangement:

- (a) \$18.375 million per year in ongoing annual funding, effective April 1, 2025; and
- (b) a further \$1.0 million per year in ongoing annual funding, effective April 1, 2026.

8.3 Upon termination of the 2025 Regional and Local Engagement Memorandum of Agreement, the Specialist Services Committee will decide to either reallocate the funding

described in section 8.2 or to continue to allocate this funding to support facility-based physician engagement with Health Authorities, and in particular for the following purposes:

- (a) to fund staff such as Physician Engagement Leads as per the terms of the Joint Clinical Committee Administration Agreement; and
- (b) to fund Medical Staff Associations, or new local structures where agreed by physicians and their respective Health Authority.

8.4 Subject to the termination provision at section 8.3, any funds described in section 8.2 that remain unexpended at the end of any Fiscal Year will be available to the Specialist Services Committee for use as one-time allocations to improve facility-based engagement.

ARTICLE 9 - DISPUTE RESOLUTION

9.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Signature of Authorized Signatory

Name

Position

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)
)
)
)

C/S

Signature of Authorized Signatory

Name

Position

MEDICAL SERVICES COMMISSION

Per: _____
Authorized Signatory

Name

Position

APPENDIX C

2025 RURAL PRACTICE SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC, and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Rural Practice Subsidiary Agreement, to take effect as of April 1, 2025; and

C. The parties intend this Agreement to enhance the availability and stability of services provided by physicians in rural and remote areas of British Columbia, including Indigenous, First Nations, Metis, and Inuit communities, by addressing some of the uniquely demanding and difficult circumstances attendant upon the provision of those services by physicians.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 - DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**this Agreement**” means this document including the Appendices, as amended from time to time as provided herein.

2.3 “**Fee Premium**” means a premium, expressed as a percentage, in an amount determined by the JSC from time to time for each RRP Community in accordance with this Agreement, that is added to Fees, Service Contract, Salary Agreement, and Sessional Contract payments and made available through the RRP to eligible Physicians in RRP Communities.

2.4 “**Flat Fee**” means an annual payment in an amount determined by the JSC from time to time and paid in one or more instalments that is available through the RRP to eligible physicians in RRP Communities.

2.5 “**Government Funded Rural Programs**” means the suite of rural programs that are funded by the Government at a level sufficient to maintain existing premiums and/or values. As of April 1, 2025, the Government Funded Rural Programs include RRP, RIF, and the RCME Individual Program.

2.6 “**Isolation Points**” means points allocated by the JSC to a community in accordance with Appendix “B”.

2.7 “**IAF**” means the Isolation Allowance Fund referred to in section 7.9.

2.8 “**NITAOP**” means the two-component Northern and Isolation Travel Assistance Outreach Program consisting of the Physician Outreach Program and the Northern and Isolation Travel Assistance Program, and referred to in section 8.1.

2.9 “**Northern and Isolation Travel Assistance Program**” means the component of the NITAOP that is funded through the Available Amount, and that provides funding for travel expenses incurred by approved Specialist Physicians for travel to the communities as determined by the JSC for the purpose of such Specialist Physicians providing medical services to residents of such communities.

2.10 “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” among the Government, the MSC and the Doctors of BC, dated April 1, 2025.

2.11 “**Physician Outreach Program**” means the component of the NITAOP that provides funding for travel honorariums for Specialist Physicians and Family Physicians, and travel expenses for Family Physicians, for approved travel to eligible RSA communities as determined by the JSC for the purpose of such Specialist Physicians and Family Physicians providing medical services to residents of such communities.

2.12 “**Physician Supply Plan**” has the meaning given in Appendix “C”.

2.13 “**RBCM**” means Rural Business Cost Modifier referred to in section 7.10.

2.14 “**RCCbc**” means the Rural Coordination Centre of BC, a Society that cultivates rural networks in support of solutions to the challenges of rural health delivery. Through innovative projects, hosting learning opportunities, and partnering with rural citizens, all levels of government and Indigenous leaders, the RCCbc mission is to bring a rural physician perspective to the delivery of timely, safe and effective care to rural patients in British Columbia. The JSC supports the administrative function of the RCCbc, including, at the discretion of the JSC, the provision of funding under this Agreement, and charges RCCbc with the delivery of select programs and provincial initiatives.

2.15 “**RCF**” means the Recruitment Contingency Fund referred to in section 7.11.

2.16 “**RCME Community Funds Program**” means the Rural Continuing Medical Education Community Funds Program referred to in section 7.5.

2.17 “**RCME Individual Program**” means the Rural Continuing Medical Education Individual Program referred to in section 6.6.

2.18 “**RCMPA**” means the Rural Canadian Medical Protection Association program referred to in section 7.7.

2.19 “**REAP**” means the Rural Education Action Plan referred to in section 7.12.

2.20 “**REEF**” means the Rural Emergency Enhancement Fund referred to in section 7.6.

2.21 “**RFPALP**” means the Rural Family Physician Anaesthesia Locum Program referred to in section 7.3.

2.22 “**RFPLP**” means the Rural Family Physician Locum Program referred to in section 7.2.

2.23 “**RIF**” means the Recruitment Incentive Fund referred to in section 6.7.

2.24 “**RRP**” means the Rural Retention Program referred to in section 6.4.

2.25 “**RRP Community**” means an RSA Community which has the minimum number of Isolation Points required for eligibility as determined by the JSC.

2.26 “**RSA Community**” means a community listed in Appendix A.

2.27 “**RSA Funded Rural Programs**” means those programs referred to in section 7.1.

2.28 “**RSLP**” means the Rural Specialist Locum Program referred to in section 7.4.

2.29 “**Rural Locum Programs**” means the RFPLP, RFPALP and RSLP.

2.30 “**Rural Programs**” means collectively the Government Funded Rural Programs, the RSA Funded Rural Programs, and NITAOP.

2.31 “**SPLP**” means the Supervisors for Provisionally Licensed Physicians referred to in section 7.8.

2.32 Subject to section 2.33, this Agreement may be amended at any time but only by written agreement of the parties. Any waiver of any provision of this Agreement shall only be effective if in writing signed by the waiving party, and no waiver shall be implied by indulgence, delay or

other act, failure to act, omission, or conduct. Any waiver shall only apply to the specific matter waived and only in the specific instance and for the specific purpose for which it is given.

2.33 Notwithstanding section 2.32, Appendix A and Appendix B of this Agreement may be amended by the JSC, by consensus decision, as provided herein.

2.34 The provisions of sections 1.2 to 1.6 and 1.8 of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - SCOPE

4.1 Subject to section 4.2, this Agreement applies to physicians practising in British Columbia except those whose practice is in Greater Vancouver, greater Victoria, Nanaimo, Kelowna, Kamloops, Vernon, Penticton, and the Fraser Valley west of Agassiz/Harrison Lake.

4.2 This Agreement applies to all physicians who practice in RSA Communities and are required by a Physician Supply Plan, subject to the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC for each of the Rural Programs from time to time.

4.3 A Health Authority, the Government, or the Doctors of BC may apply to the JSC to add a community, except those referred to in section 4.1, to Appendix A if a physician is (or physicians are) needed in the community as agreed upon by a consensus decision of the JSC or as reflected in a Physician Supply Plan. The criteria for including any community in Appendix A are set out in Appendix B. To be included in Appendix A, a community must receive at least 0.5 Isolation Points as a result of the application of Appendix B.

ARTICLE 5 - THE JOINT STANDING COMMITTEE ON RURAL ISSUES

5.1 The **Joint Standing Committee on Rural Issues** (the “JSC”) will continue under this Agreement and will continue to work to enhance the delivery of rural healthcare in accordance with the duties imposed and the powers conferred by this Agreement. The JSC will administer rural programs and any projects and initiatives also developed, in consideration and support of the following objectives:

- (a) enhancing recruitment and retention of physicians in rural communities;
- (b) proactively address issues of Indigenous-specific racism in rural physician service delivery, strengthen the provision of culturally safe care, and improve the care experience of Indigenous peoples;

- (c) in the development and implementation of programs and initiatives, consider the unique issues related to providing services to rural communities, First Nations communities, and Indigenous peoples;
- (d) supporting education and training of physicians and medical learners in rural communities;
- (e) supporting the availability and stability of hospital based care, emergency care, and specialized care to and in rural communities;
- (f) recognizing and enhancing delivery of rural care by proactively assisting communities and physicians experiencing sudden or unanticipated difficulties;
- (g) supporting team-based care and peer networks to support quality services for rural providers and patients; and
- (h) supporting evaluation-driven quality improvement and research to improve rural patient care.

5.2 The JSC is composed of five members appointed by the Doctors of BC and five members appointed by the Government. In addition, each party may designate up to three alternates. Doctors of BC may use funding identified in Article 9 to cover the participation costs for its non-employee physician members, alternate representatives, and physician designates to attend meetings, to a maximum of \$350,000 annually. Excess or other participation costs for Doctors of BC members will be paid by Doctors of BC. Government will pay for the participation costs of its own members.

5.3 Government may use funding identified in Article 9 to increase administrative support for the Rural Programs to a maximum of \$782,000 annually, and will report to the JSC on the use of the funding. This funding is in addition to the current funding of approximately \$300,000 annually provided by Government for four (4) full-time equivalent personnel who provide the day-to-day administration of the Rural Locum Programs.

5.4 The JSC must meet a minimum of six times per year unless otherwise agreed to by the co-chairs and will be co-chaired by a member chosen by the Government and a member chosen by the Doctors of BC Board of Directors. The JSC must establish, before December 31 of the preceding year, a schedule of meetings for the next 12 months.

5.5 One of the annual meetings will be conducted in an RSA Community if circumstances allow. Expenses for all JSC members and invited guests to the annual meeting that is conducted in an RSA Community will be paid out of the conference fund of the JSC budget.

5.6 The time for any JSC meeting may be changed but only by mutual agreement of the co-chairs. Either co-chair may call additional meetings. Any such additional meetings must take place within two weeks of the call, unless otherwise agreed.

5.7 The JSC must adopt appropriate procedural rules to ensure the fair and timely resolution of matters before it. The JSC will make all decisions by consensus decision, whether or not a consensus decision is expressly called for by any other provisions of this Agreement. In the event the JSC is unable to reach a consensus decision with regard to any matter that it is required by this Agreement to decide, the Government and/or the Doctors of BC may refer the matter in dispute for adjudication in accordance with section 21.2 of the 2025 Physician Main Agreement.

5.8 The communities in Appendix A shall each maintain the Isolations Points assigned to them that were in effect as at March 31, 2025 and will maintain the same eligibility for each of the Rural Programs as determined by their eligibility as at March 31, 2025, until such time as the JSC develops a new methodology as described in 5.9 below, or until March 31, 2027 (or such later date as agreed by the JSC co-chairs). If the JSC does not develop a new methodology by the agreed date, it will follow the process set out in sections 5.10 and 5.11 for review of Appendix A. This does not preclude changes to a community's rural benefits that arise from the JSC's decision to alter terms, conditions, rules, or eligibility criteria for any of the Rural Programs over the term of this Agreement.

5.9 During the term of this Agreement, the JSC will endeavour to collaboratively develop a new methodology for assessing and establishing Isolation Point Criteria, which is currently found in Appendix B.

5.10 Commencing January 1 following the agreed date per section 5.8, the JSC will review the Isolation Points assigned to each community in Appendix A by applying Appendix B to each such community. This annual review must be completed by the end of February of the same calendar year. By not later than April 1 of the same year, the JSC must amend the Isolation Points assigned to each of the communities in Appendix A, to reflect the results of the annual review. Implementation of an RSA Community's Isolation Points will be based on a five-year rolling point average.

5.11 Where, as a result of review pursuant to section 5.10, the JSC assigns a community:

- (a) less than the minimum number of Isolation Points required for eligibility as determined by the JSC, then, in the year to which that assignment applies, physicians will no longer be eligible for the Flat Fee or Fee Premium;
- (b) between 0.5 and the minimum number of Isolation Points required for eligibility as determined by the JSC, it will be deemed to be a "D" community and physicians residing and practising in such community will only be eligible for the RCME, the RFPLP, the RSLP, the RFPALP, the RIF, the RCF, the SPLP, the REEF and the REAP, all in accordance with the specific terms, conditions, rules, and eligibility criteria applicable to each of those programs as established by the JSC from time to time; and
- (c) less than 0.5 Isolation Points, the community will be deleted from Appendix A and physicians residing and/or providing services in such community will be ineligible for Rural Programs.

5.12 The JSC must establish practices and procedures appropriate to decisions with respect to the disbursement of public funds, including conflict of interest guidelines. The practices and procedures adopted by the JSC must include provisions that promote accountability, transparency and, consistent with section 5.3 of the 2025 Physician Main Agreement, confidentiality.

5.13 On an annual basis, the JSC will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

5.14 The JSC must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the JSC pre-approve any communication about the business and/or affairs of the JSC.

ARTICLE 6 – GOVERNEMENT FUNDED RURAL PROGRAMS

6.1 Responsibility for the governance of the Government Funded Rural Programs (RRP, RCME Individual Program and RIF) set out in this Article 6 resides with the JSC, with day to day administration of the Government Funded Rural Programs provided by the Government.

6.2 The JSC may make changes to the terms, conditions, rules, and eligibility criteria for the Government Funded Rural Programs. Any increased costs associated with such changes to the Government Funded Rural Programs will be paid out of the funds provided in section 9.1 and 9.2.

6.3 The JSC may allocate additional funding to the Government Funded Rural Programs from the funds provided in sections 9.1 and 9.2.

6.4 The **RRP** is a program that makes available to eligible physicians in RRP Communities, a Fee Premium and an annual Flat Fee, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

- (a) To be eligible for a Fee Premium, a physician must meet all eligibility criteria approved or established by the JSC from time to time and must provide medical services in an RRP Community.
- (b) To be eligible for a Flat Fee, a physician must meet all eligibility criteria approved or established by the JSC from time to time.
- (c) The value of the Fee Premium and the value of the Flat Fee, each as applicable to each RRP Community, will be based on the Isolation Points allocated by the JSC to such community, and the value of the Fee Premium and Flat Fee resulting therefrom shall be determined by the JSC.
- (d) Fee Premiums apply to the professional component of radiologists' and pathologists' in-patient and emergency services.
- (e) Subject to 6.2, the Government will continue to fund the RRP at a level sufficient to maintain Fee Premium and Flat Fee values that reflect the implementation of the application of Appendix B, on the following basis:
 - (i) for RRP Communities without a resident physician and without a vacancy, a Fee Premium will be available in an amount equal to the total Isolation Points for the RRP Community in question but to a maximum Fee Premium of 30%;
 - (ii) for RRP Communities with at least one resident physician or at least one vacancy, a Fee Premium will be available in an amount equal to 70% of the Isolation Points for the RRP Community in question but to a maximum Fee Premium of 30%;

- (iii) for RRP Communities with at least one physician living and working, a Flat Fee will be available in an amount equal to 30% of the Isolation Points for the RRP Community in question multiplied by a multiplier as agreed by the JSC; and
- (iv) for the duration that the Isolation Points for RRP Communities are maintained, as specified in section 5.8, the annual cost will be paid out of the funds provided in Article 9.

6.5 The amount of Fee Premiums currently funded by the JSC on Joint Clinical Committee-derived fees (including those specified fees listed in Appendix D), will be funded out of the amount set out in sections 9.1 and 9.2, up to a maximum of \$4.2 million.

6.6 The **RCME Individual Program** is a program that makes funds available to eligible physicians, to assist them with eligible educational expenses, in accordance with the specific terms, conditions, rules and eligibility criteria approved or established by the JSC from time to time.

6.7 The **RIF** is a program that makes financial benefits available to eligible physicians recruited to fill:

- (a) vacancies identified in a Physician Supply Plan; or
- (b) pending vacancies identified in a Physician Supply Plan; or
- (c) identified community need or support,

in any RSA Community, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

6.8 Subject to 6.2, the Government will continue to fund the RCME Individual Program, RIF, and RRP at a level sufficient to maintain the number of physicians as determined to be eligible by the policies of the JSC.

ARTICLE 7 – RSA FUNDED RURAL PROGRAMS

7.1 The “**RSA Funded Rural Programs**” means the suite of rural programs that the JSC supports with its annual funding provided by the Government as per Article 9. As of April 1, 2025, the RSA Funded Rural Programs include: the Rural Locum Programs (RFPLP, RFPALP and RSLP), RCME Community Funds Program, SPLP, REEF, RCMPPA, RCBM, IAF, and RCF. The RSA Funded Rural Programs are intended to support the JSC objectives set out in section 5.1 and are subject to JSC policies. The terms, conditions, rules, and eligibility criteria governing the RSA Funded Rural Programs may be amended by the JSC from time to time.

7.2 The **RFPLP** is a program that provides support to enable eligible Family Physicians to have reasonable periods of leave from their practices for such purposes as continuing medical education, maternity leave, vacation, and health needs, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

7.3 The **RFPALP** is a program that provides support to Family Physicians with enhanced anesthesia skills to have reasonable periods of leave from their practices for such purposes as continuing medical education, maternity leave, vacation, and health needs, in accordance with

the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

7.4 The **RSLP** is a program that provides support to enable eligible Specialist Physicians practising in certain designated specialties and in certain rural communities to have reasonable periods of leave from their practices for such purposes as continuing medical education, parental leave, vacation, health needs, and to assist in the provision of continuous specialist coverage as designated by the applicable Health Authority, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

7.5 The **RCME Community Funds Program** is a program that provides funding and resources to eligible RSA Communities to support community education needs of physicians and improves the capacity of local health systems to address the healthcare service needs of the community.

7.6 The **REEF** is a program that provides funding for eligible rural emergency departments to support physicians who collaboratively plan with Health Authorities to provide for public access to emergency department services on a regular, scheduled basis.

7.7 The **RCMPA** is a program that provides funding to cover 50% of the out-of-pocket CMPA costs for rural physicians who meet the eligibility criteria as determined by the JSC.

7.8 The **SPLP** is a program that provides compensation to supervising physicians who are assigned by a Health Authority to assess the knowledge, competencies, and clinical skills of provisionally licensed physicians who reside and practice in RSA Communities.

7.9 The **IAF** is a program that makes payments available to physicians providing necessary medical services in RSA Communities with fewer than four physicians and no hospital, who are not receiving benefits under MOCAP (including call back and/or Doctor of the Day payments), for services provided in that community, subject to the specific terms, conditions, rules, and eligibility criteria as approved or established by the JSC from time to time.

7.10 The **RBCM** is an enhancement to the RRP Flat Fee to support the business costs of physicians who reside and practice in RSA Communities, subject to the same terms, conditions, rules, and eligibility criteria as the RRP.

7.11 The **RCF** is a program that makes payments available to Health Authorities to assist in the recruitment of physicians to RSA Communities, where the difficulty in filling a vacancy is, or is expected to be, especially severe and where the failure to fill the vacancy in a timely manner would have a significant impact on the delivery of medical care as required by the applicable Health Authority's Physician Supply Plan; such payments are to be used to pay expenses associated with recruiting activities or to supplement the benefit available to a recruited physician under the RIF, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

7.12 The **REAP** is a program that provides funds to support and facilitate the education and training of the rural aspects of practice competencies for physicians to support rural practice in accordance with the specific terms, conditions, rules, and eligibility criteria as approved or established by the JSC from time to time. The JSC may provide advice and recommendations to the Government and the Doctors of BC with respect to rural undergraduate, postgraduate, and specialty medical education and training programs.

7.13 Responsibility for the governance and oversight of the RSA Funded Rural Programs resides with the JSC, with day-to-day administration of the RSA Funded Rural Programs provided by the Government, or as determined by the JSC.

7.14 The JSC will engage in regular evaluation of the RSA Funding Rural Programs, using metrics based on the application of each of the Quintuple Aim principles.

7.15 The JSC may make changes to funding amounts between the various RSA Funding Rural Programs, as well as policy changes. The JSC may also add new programs as funding allows or transition programs. The JSC must review and approve the distribution of the annual funding for the RSA Funded Rural Programs (as set out in sections 9.1 and 9.2) on an annual basis, considering the outcome of evaluations referenced in 7.14.

ARTICLE 8 - NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM

8.1 The **NITAOP** is a two-component program consisting of the Northern and Isolation Travel Assistance Program and the Physician Outreach Program, that makes funding available to provide approved physicians with travel time honorarium and reimbursement of travel expenses, for approved travel for the purpose of providing medical services to the residents of such communities, in accordance with the specific terms, conditions, rules, and eligibility criteria approved or established by the JSC from time to time.

8.2 Responsibility for the governance and oversight of the NITAOP resides with the JSC, with day-to-day administration of the NITAOP provided by the Government.

8.3 The Government will continue to fund the Northern and Isolation Travel Assistance Program at a level that meets the needs of the program as determined by the JSC.

8.4 The Physician Outreach Program portion of NITAOP will continue to be funded out of the funding for RSA Funded Rural Programs provided in Article 9.

8.5 For the purposes of the NITAOP, the Agreement applies to the communities listed in Appendix A, subject to the specific terms, conditions, rules, and eligibility criteria established by the JSC for the NITAOP from time to time.

8.6 A Health Authority, the Government, or the Doctors of BC may apply to the JSC to add a clinical program to be eligible for the NITAOP if the community is listed in Appendix A and if the JSC agrees, by consensus decision, that the community requires itinerant services.

ARTICLE 9 - FUNDING

9.1 The Government will continue to provide \$81.6 million in annual funding for the RSA Funded Rural Programs.

9.2 The Government will provide the following additional funding to be allocated by the JSC to account for the expected increased utilization of existing programs, for those programs listed in 9.4 below, to improve existing programs, and for new programs:

- (a) \$25.75 million per year in ongoing annual funding, effective April 1, 2026;

- (b) a further \$12.0 million per year in ongoing annual funding, effective April 1, 2027; and
- (c) a further \$15.0 million per year in ongoing annual funding, effective April 1, 2028.

9.3 In addition to the funding outlined in section 9.2, the Government will provide the following one-time funds to the JSC:

- (a) \$4.75 million, effective April 1, 2025.

9.4 The JSC will direct the ongoing funding in 9.2 and the one-time funding in section 9.3 to the following:

- (a) business cost increases for rural physicians;
- (b) improvements to the Rural Retention Program, including improvements to the rural Isolation Points methodology and establishment of a new fund to support rural communities with urgent recruitment/retention needs. This includes up to \$750,000 of one-time funding over the term of this Agreement for a third party to develop the new or improved points system;
- (c) the JSC will provide oversight over the Rural Business Modernization Project and will provide up to \$4 million in one-time funding for the project over the term of this Agreement to build and launch the custom application through proper change management strategies;
- (d) Rural Locum Program enhancements;
- (e) increasing support for physicians who are new to rural communities;
- (f) increasing support for physicians to provide longitudinal and hybrid care in rural, remote, and Indigenous communities; for example, to enhance physician outreach to underserved communities (NITAOP) to support a longitudinal relationship;
- (g) the JSC will transfer to the Government ongoing annual funding of \$16.75 million per year effective April 1, 2026, to increase the General Practice Full Scope Rural Areas A, B, and C Service Contract Range maximums by \$85,490 over the Rates in effect on March 31, 2025. The Service Contract Range minimums and Salary Agreement Ranges will also reflect proportional adjustments and the increase at section 1.2(a)(iv) of Appendix F to the 2025 Physician Main Agreement will apply to the increased Rates and Ranges;
- (h) covering the increased costs of converting the current MaBAL and CHARLiE contract arrangements from availability to 24/7 scheduled shifts for the purpose of supporting rural service delivery, reducing gender inequity, and targeting known disparity causing instability, effective as of the beginning of the term of the new Service Contracts as agreed between the local parties;
- (i) ensuring that the central focus of the Real Time Virtual Services (RTVS) programs is to support rural and indigenous patients by directing up to \$4 million per year in ongoing annual funding, effective April 1, 2027, to deliver non-

clinical administrative services for the RTVS pathways as well as other ancillary services, including program coordination and workforce supports;

- (j) directing any remaining new funding to fund increased utilization of existing JSC fee incentives (for which the JSC is responsible as of March 31, 2025), or for new or increased fees, or other compensation for physicians.

9.5 The amount of fee premiums currently funded by the JSC on Joint Clinical Committee fees will be transferred from the funding identified in sections 9.1 and 9.2 to the Available Amount.

9.6 Any funds identified in sections 9.1 and 9.2 that remain unexpended at the end of any Fiscal Year will be available to the JSC for use as one-time allocations to improve the quality of care. Any unallocated one-time funding available to the JSC in excess of \$3 million as of March 31 of any Fiscal Year of this Agreement will be distributed as a one-time payment to all rural physicians proportionally, based on RRP Flat Fee payments received by each physician in the prior Fiscal Year, or as otherwise determined by the JSC.

ARTICLE 10 - EXPENSES WHILE ACCOMPANYING A PATIENT

10.1 Physicians who accompany a patient who is being transferred from as RSA Community will, upon application to the Health Authority, be reimbursed for expenses reasonably incurred during, and necessitated by, the transfer.

ARTICLE 11 - DISPUTE RESOLUTION

11.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on
behalf of HIS MAJESTY THE KING IN
RIGHT OF THE PROVINCE OF
BRITISH COLUMBIA, by the Minister
of Health or their duly authorized
representative:

Signature of Authorized Signatory

Name

Position

THE CORPORATE SEAL of the
ASSOCIATION OF DOCTORS OF BC
was hereunto affixed in the presence of:

Signature of Authorized Signatory

C/S

Name _____

Position

MEDICAL SERVICES COMMISSION

Per: _____
Authorized Signatory

Name _____

Position

Appendix A

COMMUNITIES WITH AT LEAST 0.5 ISOLATION POINTS (As of April 1, 2025)

Physicians in communities listed in this Appendix may be entitled to receive RRP, RBCM, RCME Individual Program, RCME Community Funds Program, RCMPA, REAP, REEF, RFPLP, RFPALP, RSLP, SPLP, IAF, RCF, and RIF subject to the community meeting the applicable Isolation Point requirements and the physician meeting the applicable eligibility criteria

100 Mile House	Shuswap Indian Band /	Grasmere / Tobacco Plains Band
Agassiz / Harrison / Seabird	Neskonlith Indian Band	Grassy Plains
Island Band	Chemainus / Halalt First Nation	Greenville / Nisga'a Village of
Ahousaht (Flores Island)	/ Lyackson First Nation	Laxgalts'ap
Alert Bay / Namgis First Nation	Cheslatta	Greenwood / Midway / Rock
Alexandria / Alexandria Indian	Chetwynd / Saulteau / Saulteau	Creek / Westbridge
Band / ?Esdilagh	First Nations	Halfway River
Alexis Creek / Tl'etinqox-T'in	Christina Lake	Hartley Bay / Kulkayu / Gitga'at
Government / Yeneskit'in	Clearwater	Hazelton / Gitanmaax Band /
Government / Yunesti'in	Clinton / Highbar First Nations	Glen Vowell (Sik-e-Dakh) /
Anahim Lake / Ulkatcho First	Cobble Hill	Hagwilget Village (Tse-kya) /
Nation	Cortes Island / Klahoose First	Kispiox Band (Anspayaxw)
Armstrong / Spallumcheen	Nation	Holberg
Ashcroft / Cache Creek /	Courtenay / Comox /	Hope / Chawathil / Peters First
Ashcroft Indian Band /	Cumberland / K'ómoks First	Nation / Shxw'Ow'Hamel First
Bonaparte Indian Band / Oregon	Nation	Nation / Skawahlook First
Jack Creek Indian Band	Cranbrook / ?aq'am (St. Mary's)	Nation (Sq'ewá:lxw) / Union
Atlin / Taku River Tlingit First	Crescent Valley	Bar Road / Yale
Nation	Creston / Lower Kootenay Band	Hornby Island
Balfour / Procter	Dawson Creek	Hot Springs Cove / Hesquiaht
Bamfield / Huu-au-aht First	Dease Lake	Houston
Nation	Dease River First Nation	Hudson's Hope / West Moberly
Barriere / Simpcw First Nation /	Denman Island	First Nations
Whispering Pines Indian Band	Doig River	Invermere / Windermere /
(Clinton Indian Band)	Duncan / N. Cowichan /	?Akisq'nuk (Akisqnuk) /
Bella Bella / Waglisla / Heiltsuk	Cowichan Band	Shuswap Band
Bella Coola / Nuxalk Nation	Edgewood	Kaslo
Big White	Elkford	Kelly Lake
Blind Bay	Enderby / Splat'sin Tsm7aksalt'n	Keremeos / Hedley / Upper
Blue River	Fernie	Similkameen Indian Band
Blueberry River First Nation	Fort Babine	Kimberley
Boston Bar / Boston Bar First	Fort Nelson / Fort Nelson First	Kincolith / Nisga'a Village of
Nation / Spuzzum	Nation	Gingolx
Bowen Island	Fort St. James / Binche	Kingcome (Dzawada'enuxw
Bridge Lake	Fort St. John / Taylor	First Nation)
Burns Lake / Francois Lake	Fort Ware	Kitimat / Haisla Nation
Campbell River / Campbell	Fraser Lake	Kitkatla / Gitxaala Nation
River Indian Band (Wei Wai	Gabriola Island	Kitsault
Kum) / Dzawada'enuxw First	Galiano Island	Kitwanga (Gitwangak Band) /
Nation / Homalco First Nation	Gilford Island /	Gitanyow / Gitsegulka
Canal Flats	Kwikwasut'inuxw Haxwa'mis	Klemtu / Kitasoo Band
Canim Lake / Canim Lake Band	Gold Bridge / Bralorne	
Canoe Creek Band / Dog Creek	Gold River / Mowachaht-	
/ Esk'etemc First Nation	Muchalaht First Nation	
Castlegar	Golden	Kootenay Bay / Riondel /
Chase / Scotch Creek / Adams	Grand Forks	Crawford Bay
Lake Indian Band / Little	Granisle	Kyuquot
		Ladysmith
		Lake Cowichan / Lake

Cowichan First Nation
 Lasqueti Island
 Lax Kw'alaams (Port Simpson)
 Lhook'uz Dene Nation
 Lillooet / Bridge River /
 Cayoose Creek Indian Band
 (Sekw'el'was) / Lillooet Indian
 Band (T'it'q'et) / Xaxli'p First
 Nation / Xwisten
 Logan Lake
 Lower Post / Daylu Dena
 Council (Kaska Dena Council)
 Lumby
 Lytton / Lytton First Nation /
 Kanaka Bar (T'eqt'aqtn'mux) /
 Nicomen Indian Band / Siska
 Indian Band / Skuppah Indian
 Band
 Mackenzie
 Madeira Park
 Masset / Old Masset Village
 Council
 Mayne Island
 McBride
 McLeod Lake Indian Band
 Merritt / Coldwater Indian Band
 / Lower Nicola Indian Band /
 Upper Nicola Band
 Metlakatla
 Middle River
 Mill Bay
 Miocene
 Mount Currie
 Nadleh
 Nakusp
 Nee Tahi Buhn
 Nelson
 Nemaiah Valley / Xeni Gwet'in
 First Nation Government
 New Aiyansh (Nisga'a Village
 of Gitlaxt'aamiks) / Canyon
 City (Nisga'a Village of
 Gitwinksihlkw)
 New Denver
 Nitinat / Ditidaht First Nation
 Ocean Falls
 Oliver
 Osoyoos
 Parksville / Qualicum /
 Qualicum First Nation
 Pavillion / Ts'kw'aylaxw First
 Nation
 Pemberton
 Pender Island

Penelakut Island
 Port Alberni
 Port Alice
 Port Clements

 Port Hardy / Gwa'sala-
 Nakwazda'xw / Kwakiutl First
 Nation (Kwakwaka'wakw) /
 Tlatlasikwala First Nation
 Port McNeill
 Port Renfrew / Pacheedaht First
 Nation
 Powell River
 Prince George / Lheidli Tèneh
 Nation
 Prince Rupert
 Princeton
 Prophet River First Nation
 Quadra Island / Cape Mudge
 Indian Band
 Quatsino / Quatsino First Nation
 Queen Charlotte / Skidegate
 Band
 Quesnel
 Redstone Reserve
 Revelstoke
 Riske Creek / Toosey Band /
 Tl'esqox
 Rivers Inlet / Oweekeno
 (Wuikinuxv First Nation)
 Saik'uz
 Salmo
 Salmon Arm
 Saltspring Island
 Samahquam
 Sandspit
 Saturna Island
 Savary Island
 Savona / Skeetchestn Indian
 Band
 Sayward
 Sechelt / Gibsons
 Seton Portage / Seton Lake /
 N'Quatqua First Nation /
 Shalalth / Tsal'alh
 Shawnigan Lake
 Sicamous
 Sirdar
 Skatin
 Skin Tyee
 Slocan Park
 Smithers
 Sointula
 Sorrento

Sparwood
 Spences Bridge / Cook's Ferry
 Indian Band
 Squamish / Squamish First
 Nation
 Stelat'en
 Stewart
 Sun Peaks
 Tachet
 Tachie
 Tahsis
 Takla Landing / Takla Lake

 First Nation
 Tatla Lake / Alexis Creek First
 Nation (Tsi Del Del)
 Tatlayoko Lake
 Telegraph Creek / Tahltan Band
 Terrace / Kitselas First Nation /
 Kitsumkalum Band
 Texada Island
 Tipella
 Tofino / Tla-O-Qui-Aht First
 Nations
 Trail / Rossland / Fruitvale
 Tsay Keh Dene
 Ts'il Kaz Koh (Burns Lake
 Band)
 Tumbler Ridge
 Ucluelet / Macoah / Toquaht
 Nation / Ucluelet First Nation
 (Yuulu?il?ath)
 Valemount
 Vanderhoof
 Wardner
 Wasa
 Wet'suwet'en (Broman Lake)
 Whistler
 Williams Lake / Soda Creek
 Indian Band (Xatsull First
 Nation)
 Winlaw
 Witset (Moricetown)
 Woss
 Woyenne (Lake Babine)
 Yekooche
 Zeballos / Ehattesaht First
 Nation / Nuchatlaht Indian Band

Appendix B

ISOLATION POINT CRITERIA

Medical Isolation and Living Factors	Points	Max Points
Number of Designated Specialties within 70 km		
0 Specialties within 70 km	60	
1 Specialty within 70 km	50	
2 Specialties within 70 km	40	
3 Specialties within 70 km	20	
4 Specialties within 70 km	0	60
Number of Family Physicians within 35 km		
over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
Community Size (If larger community within 35 km then larger population is considered)		
30,000+	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25
Distance from Major Medical Community (Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, Prince George)		
first 70 km road distance	4	
for each 35 km over 70 km	2	
to a maximum of	30	30
Note: ferry dependent communities will have a multiplier added to sea distance		
Degree of Latitude		
Communities between 52 to 53 degrees latitude	20	
Communities above 53 degrees latitude	30	30
Specialist Centre		
- 3 or 4 Designated Specialties in Health Authority Physician Supply Plans	30	
- 5 to 7 Designated Specialties in Health Authority Physician Supply Plans	50	
- 8 Designated Specialties and more than one specialist in each specialty in Health Authority Physician Supply Plans	60	60
Location Arc		
- communities in Arc A (within 100 km air distance from Vancouver)	0.10	
- communities in Arc B (between 100 and 300 km air distance from Vancouver)	0.15	
- communities in Arc C (between 300 and 750 km air distance from Vancouver)	0.20	
- communities in Arc D (over 750 km air distance from Vancouver)	0.25	

Appendix C

PHYSICIAN SUPPLY PLANS

- 1.1 A Physician Supply Plan is a plan created by a Health Authority further to the Government's Health Human Resource Strategy, in consultation with the Health Authority's medical advisory committee, and approved by the Government, which addresses issues related to access to physician services within the geographic jurisdiction of the Health Authority.
- 1.2 For purposes of this Agreement, the key elements of a Physician Supply Plan are:
 - (a) the number of Family Physicians and Specialists required to provide the physician services identified in the Physician Supply Plan; and
 - (b) the on-call requirements necessary to ensure coverage.
- 1.3 In some cases, Health Authorities do not yet have approved Physician Supply Plans. Pending development and approval of a Physician Supply Plan covering a community within the jurisdiction of a Health Authority without a Physician Supply Plan, a reference to "Physician Supply Plan" in this Agreement means, with respect to that community:
 - (a) the number of Family Physicians and Specialists in the community as of December 31 of the previous year, plus any vacancies identified by the Health Authority as of that date where active recruitment was underway; and
 - (b) on-call requirements as determined by the Health Authority.
- 1.4 Despite any provision to the contrary, all physicians working in any RSA Community as of December 31 of the previous year are deemed to be included in the Physician Supply Plan for the term of this Agreement.

Appendix D

RURAL RETENTION PROGRAM

SPECIFIED FEES

14018	FP URGENT TELEPHONE CONFERENCE WITH A SPECIALIST
14021	FP W/CONSULT EXPERTISE TELE ADVICE - URGENT
14022	FP W/CONSULT EXPERTISE TELE PT MGMT-W/IN 1 WK
14023	FP W/CONSULT EXPERTISE TELE/VIDEO PT MGMT-FOLLOWUP
14033	GP ANNUAL COMPLEX CARE MANAGEMENT FEE (2 DIAGNOSIS)
14043	FP MENTAL HEALTH PLANNING FEE
14050	INCENTIVE FOR MRP FAMILY PHYSICIAN (DIABETES)
14051	INCENTIVE FOR MRP FAMILY PHYSICIAN (HEART FAILURE)
14052	INCENTIVE FOR MRP FAMILY PHYSICIAN (HYPERTENSION)
14053	INCENTIVE FOR MRP FAMILY PHYSICIAN (COPD)
14063	FP PALLIATIVE CARE PLANNING FEE
14066	PERSONAL HEALTH RISK ASSESSMENT (PREVENTION)
14250	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-DIABE
14251	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-HEART
14252	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-HYPER
14253	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-COPD
10001	URGENT SPECIALIST ADVICE - RESPONSE WITHIN 2 HOURS.
10002	URGENT SPECIALIST ADVICE - RESPONSE WITHIN 2 HOURS.
10003	SPECIALIST PATIENT MANAGEMENT / FOLLOW-UP - PER 15 MINUTES OR PORTION THEREOF
10004	MULTIDISCIPLINARY CONFERENCING FOR COMPLEX PATIENTS - PER 15 MINUTES; MAXIMUM ONE HOUR
10005	SPECIALIST EMAIL ADVICE FOR PATIENT MANAGEMENT RESPONSE IN ONE WEEK
10006	SPECIALIST EMAIL PATIENT MANAGEMENT / FOLLOW-UP
78717	SPECIALIST DISCHARGE CARE PLAN FOR COMPLEX PATIENTS - EXTRA
78720	SPECIALIST ADVANCE CARE PLANNING DISCUSSION -EXTRA
78763	SPECIALIST GROUP MEDICAL VISITS-THREE PATIENTS
78764	SPECIALIST GROUP MEDICAL VISITS-FOUR PATIENTS
78765	SPECIALIST GROUP MEDICAL VISITS-FIVE PATIENTS
78766	SPECIALIST GROUP MEDICAL VISITS-SIX PATIENTS
78767	SPECIALIST GROUP MEDICAL VISITS-SEVEN PATIENTS
78768	SPECIALIST GROUP MEDICAL VISITS-EIGHT PATIENTS
78769	SPECIALIST GROUP MEDICAL VISITS-NINE PATIENTS
78770	SPECIALIST GROUP MEDICAL VISITS-TEN PATIENTS
78771	SPECIALIST GROUP MEDICAL VISITS-ELEVEN PATIENTS
78772	SPECIALIST GROUP MEDICAL VISITS - TWELVE PATIENTS
78773	SPECIALIST GROUP MEDICAL VISITS-THIRTEEN PATIENTS
78774	SPECIALIST GROUP MEDICAL VISITS-FOURTEEN PATIENTS
78775	SPECIALIST GROUP MEDICAL VISITS-FIFTEEN PATIENTS
78776	SPECIALIST GROUP MEDICAL VISITS-SIXTEEN PATIENTS

78777	SPECIALIST GROUP MEDICAL VISITS-SEVENTEEN PATIENTS
78778	SPECIALIST GROUP MEDICAL VISITS-EIGHTEEN PATIENTS
78779	SPECIALIST GROUP MEDICAL VISITS-NINETEEN PATIENTS
78780	SPECIALIST GROUP MEDICAL VISITS-TWENTY PATIENTS
78781	SPECIALIST GROUP MEDICAL VISITS -GREATER THAN 20 PATIENTS

APPENDIX D

2025 ALTERNATIVE PAYMENTS SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “Government”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “Doctors of BC”)

AND:

MEDICAL SERVICES COMMISSION

(the “MSC”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Alternative Payments Subsidiary Agreement, to take effect as of April 1, 2025; and

C. The parties intend this Agreement to define compensation and the general terms and conditions that will apply to all Salary Agreements, Service Contracts, and Sessional Contracts between Physicians and Agencies for Physician Services.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

PART 1 - GENERAL MATTERS

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 - DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**After-Hours**” means Physician Services provided by Physicians on evenings, nights, weekends, and holidays, defined as follows:

- (a) Evenings: 1800 to 2300 hours;
- (b) Nights: 2300 to 0800 hours; and
- (c) Weekends/Holidays: 0800 to 2300 hours.

2.3 “**After-Hours Premiums**” means an additional payment to Physicians (in addition to payment for Physician Services under a Service Contract or Salary Agreement) for each additional hour of Physician Services provided After-Hours in-person at a facility or patient’s home as follows:

- (a) Evenings: \$25 per hour, increasing to \$35 per hour effective April 1, 2026;
- (b) Nights: \$35 per hour, increasing to \$55 per hour effective April 1, 2026; and
- (c) Weekends/Holidays: \$25 per hour, increasing to \$35 per hour effective April 1, 2026.

The requirement to attend in-person at a facility or patient’s home does not apply to Physicians providing Physician Services under a Service Contract or Salary Agreement where such Physician Services are exclusively virtual in nature.

2.4 “**this Agreement**” means this document including the Schedules, as amended from time to time as provided herein.

2.5 “**General Practice Services**” means Physician Services generally recognized as being within the practice scope of a General Practitioner.

2.6 “**Physician**” means a medical practitioner who is and remains a member in good standing of the College of Physicians and Surgeons of British Columbia, whose services require them to have a medical degree, and who is not providing exclusively administrative services, but does not include any member who is an undergraduate or an intern, resident, clinical fellow, or clinical trainee in a postgraduate training program.

2.7 “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” among the Government, the Doctors of BC, and the MSC, dated April 1, 2025.

2.8 “**Physician Placement System**” has the meaning given in section 12.6.

2.9 “**Physician Services**” means clinical and related teaching, research and clinical administrative services provided by Physicians.

2.10 “**Salary Agreement Full Time Equivalent**” means 1957.5 paid hours of employment per year for a Physician employed under a Salary Agreement.

2.11 “**Specialist Services**” means Physician Services generally recognized as requiring Specialist Physician expertise.

2.12 “**Template Service Contract**” means a Service Contract in the form(s) attached as Schedule E to this Agreement.

2.13 “**Template Sessional Contract**” means a Sessional Contract in the form(s) attached as Schedule F to this Agreement.

2.14 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - ALLOCATION COMMITTEE

4.1 By September 1, 2026 the Government and the Doctors of BC shall appoint a temporary committee (“**Allocation Committee**”) in accordance with the provisions of this Article 4, whose role it will be to increase the Salary Agreement Ranges and the Service Contract Ranges by allocating the funding identified in sections 1.1(b), 1.2 (b) 1.3(b) and 1.4(b) of Appendix F to the 2025 Physician Main Agreement effective April 1, 2025, April 1, 2026, April 1, 2027, and April 1, 2028, respectively.

4.2 The Allocation Committee will be composed of an equal number of members appointed by each of the Government and the Doctors of BC. Decisions of the Allocation Committee will be by consensus decision and must be consistent with the provisions of this Agreement and the 2025 Physician Main Agreement. If the Allocation Committee is unable to reach a decision on the distribution of the funding identified in sections 1.1(b), 1.2 (b), 1.3(b), and 1.4(b) of Appendix F to the 2025 Physician Main Agreement by March 15, 2027, the applicable funding

will be allocated, subject to the eligibility provisions of this Agreement, on the basis of an equal annual dollar increase per FTE to all Service Contract and Salary Agreement Rates and Ranges effective April 1 of the Fiscal Year for which the funding is allocated.

4.3 The Government and the Doctors of BC will each bear the costs of their own respective participation on the Allocation Committee.

4.4 The Allocation Committee will make a single decision that will apply to the 2025/26, 2026/27, 2027/28, and 2028/29 Fiscal Years.

4.5 The cost of the increases to the Salary Agreement Ranges and Rates and Service Contract Ranges and Rates for each of the 2025/26, 2026/27, 2027/28, and 2028/29 Fiscal Years will be based on the FTE distribution of Physicians on Service Contracts and Salary Agreements in Fiscal Year 2024/25 and will include the associated incremental RRP cost increases and the associated incremental benefit cost increases for salaried Physicians in Fiscal Year 2024/25.

4.6 The Government will provide the Allocation Committee with the 2024/25 FTE distribution information by September 1, 2026.

4.7 The Allocation Committee will consider the following when allocating the funding in sections 1.1(b), 1.2 (b), 1.3(b), and 1.4(b) of Appendix F to the 2025 Physician Main Agreement among the Service Contract Ranges and among the Salary Agreement Ranges:

- (a) addressing challenges with retention and recruitment of Physicians in practice categories;
- (b) reducing income disparity between practice categories, paying particular attention to:
 - (i) the new practice category, GP-Maternity, introduced in section 1.12 of Appendix F to the 2025 Physician Main Agreement, and
 - (ii) practice categories with significant range increases applied in section 1.12 of Appendix F to the 2025 Physician Main Agreement;
- (c) taking into account total compensation within the Service Contract or Salary Agreement.

4.8 In reaching a consensus decision, the Allocation Committee will update and modernize the assignment description for General Practice – Full Scope (Rural).

4.9 Schedule A and Schedule B of this Agreement will be revised to reflect the increased Salary Agreement Ranges and the increased Service Contract Ranges for the applicable Fiscal Years upon being confirmed as final by the Allocation Committee. In each case, affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum).

ARTICLE 5 –PHYSICIAN WORKLOAD

5.1 The Government commits to fund additional full time equivalents of Physician Services (the “FTEs”) to address workload pressures of Physicians on Service Contracts or Salary Agreements over the term of the 2025 Physician Main Agreement as follows:

- (a) For Fiscal Year 2025/26 of this Agreement, continue to make available \$20.2 million in ongoing annual funding within the provincial budget for Service Contracts and Salary Agreements.
- (b) For Fiscal Years 2026/27 and 2028/29 of this Agreement, increase the provincial budget for Service Contracts and Salary Agreements in effect at the end of the preceding Fiscal Year by allocating the following amounts:
 - (i) \$40 million per year in ongoing annual funding, effective April 1, 2026; and
 - (ii) a further \$40 million per year in ongoing annual funding, effective April 1, 2028.

If, in any Fiscal Year of this Agreement, the total funding request in the combined proposals submitted to Government under the process set out in section 5.3 is less than the amounts allocated pursuant to section 5.1(b), the Government may use the difference to establish, at its discretion, new Alternative Payment Arrangements.

5.2 At the end of the 2025/26, 2026/27, and 2028/29 Fiscal Years of this Agreement, the Government will report to the Doctors of BC expenditures for additional FTEs allocated in those Fiscal Years at the level of individual or group Service Contracts and Salary Agreements.

5.3 The funding process for additional FTEs in Fiscal Years 2026/27 and 2028/29 will be as follows:

- (a) Physician(s) providing services under Service Contracts or Salary Agreements who experience significant and sustained growth in workload may submit a proposal to the relevant Agency to request new funding for additional FTEs (in whole or in part) prior to July 1, 2026, for funding in Fiscal Year 2026/27, and prior to May 1, 2027, for funding in Fiscal Year 2028/29.
- (b) Physician proposals will be in a standardized template developed by Government, which, among other things, will require Physician(s) to submit objective, reliable data regarding physician workload. Government will also require that Health Authorities send a copy of the standardized template to their physicians on Service Contracts and Salary Agreements for each Fiscal Year set out in 5.3(a) above.
- (c) Following receipt of a proposal from Physician(s) for additional funding, the Agency and Physician(s) will meet to review the proposal. The Agency may provide any other relevant data not contained in the Physician(s)’ proposal and

may identify solutions other than additional FTEs to address growth in physician workload. The Agency and Physician(s) will attempt to reach agreement on whether there is a physician workload problem that should be addressed by additional FTEs.

- (d) By September 15, 2026, for Fiscal Year 2026/27, and, by September 1, 2027 for Fiscal Year 2028/2029, the Agency will submit to Government the Physician(s)' proposal(s) for funding for additional FTEs, indicating whether or not the Agency supports the proposal and, if it does not support the proposal, the reasons why.
- (e) Within two weeks of the deadline for submission to the Government of all proposals for funding for additional FTEs, Government will provide the submissions to a Workload Advisory Committee comprised of four physicians appointed by the Doctors of BC. The Government will consult with the Workload Advisory Committee to review and assess the proposals.
- (f) In assessing the proposals for funding for additional FTEs, the Government will consider the growth in hours, volume, complexity of services, and/or other measures of workload, and will not deny any proposals on the basis that hours of services have not exceeded the FTE.
- (g) Within six weeks of the last meeting between the Government and the Workload Advisory Committee, but no later than February 1, 2027 for Fiscal Year 2026/27 funding, or February 1, 2028 for Fiscal Year 2028/29 funding, the Government will report to the Doctors of BC the budget commitments/allocations at the level of individual or group Service Contract and Salary Agreements. If Government and Doctors of BC agree to any extension of these timelines, the reason for such extension will be jointly communicated to the Physicians and the Health Authorities.
- (h) Where the allocation is to support additional FTEs under a group Service Contract, funding for the additional FTEs will be made available under the same terms and conditions as the existing group Service Contract. Any renewal negotiations will occur independently of and subsequent to the allocation of the additional FTEs.
- (i) Where the allocation is to support additional FTEs under individual Service Contracts or Salary Agreements and there is urgent need for additional Physician Services, in circumstances where the existing Physician(s) agree that they have capacity, the Agency may agree to make the funding allocation available to support temporary amendments to existing Service Contracts or Salary Agreements, or to offer new Service Contracts to existing Physician(s) on a temporary basis pending recruitment of new Physician(s). Any amendments to Salary Agreements will include a requirement that the Physician provides the Agency with hours reporting.

- (j) The Government will provide the Physician(s) with reasons where a proposal submitted in accordance with section 5.3 is not approved.

5.4 The Government and Doctors of BC will continue the Provincial Workload Measures Working Group (“**PWMWG**”) composed of four members appointed by the Government/Health Authorities and four members appointed by the Doctors of BC to collaboratively develop a non-exhaustive list of standardized provincial workload measures by Practice Category/Clinical Service Area (“**Provincial Workload Measures**”). In this regard, a “**Workload Measure**” is defined as a tool to identify relevant information for the review of physician workload. The PWMWG will submit a work plan to the Physician Services Committee on an annual basis and will submit regular reports on progress at the request of the Physician Services Committee.

5.5 The Government and the Doctors of BC added an Appendix to the Template Service Contracts and the Standard Terms and Conditions of Employment Under Salary Agreements set out in Schedules D and E, respectively, to this Agreement titled “Workload Measures” (the “**WL Appendix**”), and the Government and the Doctors of BC agree that:

- (a) The Agency and Physician(s) must expressly include one to three relevant Workload Measure(s), which may include Provincial Workload Measures (if there are applicable Provincial Workload Measures) in the WL Appendix by agreement. In the event that the parties are unable to reach agreement on such workload measures, applicable Provincial Workload Measures will be added to the WL Appendix, and if there are no applicable Provincial Workload Measures, the parties will refer the matter to the Trouble Shooter for non-binding recommendations.
- (b) The WL Appendix will provide that Workload Measure(s) included in the WL Appendix:
 - (i) provide the Agency and the Physician(s) with a tool through which to inform discussion and identify relevant information for the review of physician workload;
 - (ii) may, and are expected to, change over time;
 - (iii) do not preclude an Agency and/or the Physician(s) from considering or discussing any other workload data or workload measure(s) in the assessment of physician workload;
 - (iv) do not preclude or supersede the use of any existing or future workload models used for staffing or resource allocation; and
 - (v) do not create any contractual obligations on the Agency or the Physician(s).
- (c) To support consistency in the identification of workload measure(s) in the WL Appendix, the Government and Doctors of BC agree that Physicians will be encouraged to work together in circumstances where there are multiple

individual Service Contracts or Salary Agreements for similar Physician Services with the same Health Authority.

- (d) For greater clarity, nothing in this section 5.5 precludes local parties from agreeing to more than 1-3 Workload Measure(s) or agreeing to Workload Measure(s) in Service Contracts and/or Salary Agreements prior to the addition of the WL Appendix.

ARTICLE 6 - COMPENSATION ENTITLEMENT

6.1 Subject to sections 6.2 and 6.3 of this Agreement, Physicians providing Physician Services under the terms of a Salary Agreement or Service Contract or during the time for which they are paid in accordance with a Sessional Contract, are not entitled to any additional compensation for those Physician Services and may not be paid Fees or any other fees for those Physician Services.

6.2 Physicians paid pursuant to a Salary Agreement, a Service Contract, or a Sessional Contract will be entitled to receive:

- (a) additional compensation under the Rural Practice Subsidiary Agreement; and
- (b) additional compensation under the 2025 Physician Main Agreement, the Family Practice Subsidiary Agreement, or the Specialists Subsidiary Agreement;

where eligible under those agreements and all applicable eligibility criteria.

6.3 Physicians on Service Contracts or Sessional Contracts are entitled to participate in the Benefit Plans as defined and described in the Benefits Subsidiary Agreement, subject to the terms of the Benefits Subsidiary Agreement and the Benefit Plans.

ARTICLE 7 - COMPENSATION ADMINISTRATION

7.1 Physicians providing Specialist Services who are registered to provide Specialist Services with the College of Physicians and Surgeons of British Columbia but who do not hold certification or fellowship with the Royal College of Physicians and Surgeons of Canada, will, subject to agreement of the Physician Services Committee, be paid at the appropriate Sessional Contract Rate or on the appropriate Salary Agreement Range or Service Contract Range for the practice category for such Specialist Services. Pending that agreement of the Physician Services Committee, the Physician may be so paid for a period of up to six months. A Physician being paid under a Service Contract or a Salary Agreement pursuant to this section 7.1 will normally be placed at the minimum rate on the appropriate range unless the Physician Services Committee approves placement elsewhere on the range.

7.2 The Community Medicine/Public Health Areas A-D practice categories in Schedules A and B include Physicians who practice Community Medicine and are not classified in another medical group, including Medical Health Officers, Community Medicine Consultants and First Nations Medical/Public Health Advisors. Physicians will be assigned to one of the Community

Medicine/Public Health Areas A-D practice categories on Schedule A and Schedule B in accordance with Schedule G.

7.3 Physicians who are currently being paid under a Salary Agreement or a Service Contract at an annual rate that is above the range maximum on the Salary Agreement Range or Service Contract Range for their practice category will receive the applicable compensation increases described at sections 1.1(a)(iii), 1.2(a)(iv), 1.3(a)(iv), and 1.4(a)(iv) of Appendix F to the 2025 Physician Main Agreement. Physicians who are currently being paid under a Salary Agreement or a Service Contract at an annual rate that is above the range maximum on the Salary Agreement Range or Service Contract Range for their practice category will not have their annual rate decreased as a result of the application of Schedule A or Schedule B, whichever is applicable, and will only receive compensation increases that are identified in sections 1.1(b), 1.2(b), 1.3(b), and 1.4(b) of Appendix F to the 2025 Physician Main Agreement to the extent that their resulting compensation is within the then current applicable Salary Agreement Range or Service Contract Range.

7.4 Where Schedule A or Schedule B does not list a Salary Agreement Range or a Service Contract Range for a particular practice category, the Physician Services Committee will determine an appropriate range.

ARTICLE 8 - RELATIONSHIP WITH CONTRACTING AGENCIES

8.1 All Salary Agreements, Service Contracts, and Sessional Contracts must be signed by the Physician or group of Physicians and the Agency, and the parties to such contracts shall exchange executed copies.

8.2 Subject to this Agreement, the Agency retains authority to negotiate with Physicians how Physician Services are to be delivered and what compensation is to be provided under a Salary Agreement, a Service Contract or Sessional Contract. The Agency and Physicians will work together to support the delivery of Physician Services in a way that is consistent with the Agency's legislative obligations to ensure a physically and psychologically healthy and safe workplace.

8.3 Except for the indemnity at section 4.6 of the Individual Template Service Contract and Individual Template Sessional Contract and section 4.7 of the Group Template Service Contract and the Group Template Sessional Contract, Alternative Payment Arrangements must not contain provisions requiring either the Physician or the Agency to indemnify the other in the event of a claim by a third party. For greater clarity, this clause is not intended to abrogate the common law rights of parties to an Alternative Payment Arrangement to claim indemnification from any other party.

8.4 Subject to sections 8.5 and 8.6, all Service Contracts and Sessional Contracts must be in the forms for each set out in Schedules E and F to this Agreement.

8.5 The parties to a Service Contract or a Sessional Contract may agree to contractual provisions that are in addition to those found in Schedules E and F to this Agreement provided that these additional provisions are not inconsistent with the spirit and intent of this Agreement.

8.6 The Template Service Contracts and the Template Sessional Contracts may be amended to reflect the legal status of the parties to the contract and the number of parties to the contract.

PART 2- PHYSICIANS EMPLOYED UNDER SALARY AGREEMENTS

ARTICLE 9 - COMPENSATION AND HOURS OF WORK

9.1 Physicians employed under Salary Agreements will be compensated within the Salary Agreement Range for the applicable practice category.

9.2 Physicians working less than a Salary Agreement Full Time Equivalent will receive a proportionate amount of compensation.

9.3 Annual salaries of Physicians under Salary Agreements include payment for time spent providing ongoing responsibility for patients and any necessary referred emergency and non-elective services.

9.4 When a Physician is initially employed by an Agency under a Salary Agreement, the Physician's annual salary on the Salary Agreement Range for the applicable practice category will be the subject of an agreement between the Agency and the Physician and reflected in the offer of employment. Thereafter, annual in-range movement on the Salary Agreement Range will be on the same basis as senior management employees of the Agency, provided that no such movement shall result in any Physician's annual salary exceeding the range maximum on the Salary Agreement Range for the applicable practice category.

9.5 To claim After-Hours Premiums, all Physicians under Salary Agreements must report to the Agency all hours of Physician Services provided After-Hours together with the date, name of the facility or patient's home where the Physician Services were provided, and the start and stop times, rounded to the nearest 15 minutes.

ARTICLE 10 - STANDARD TERMS AND CONDITIONS OF EMPLOYMENT UNDER SALARY AGREEMENTS

10.1 All Salary Agreements include and shall be deemed to include the standard terms and conditions of employment set out in Schedule D except in the case of Salary Agreements entered into before November 4, 2002 that reflect comparable practices. The Agency must provide the Physician with a copy of the applicable terms and conditions of employment.

10.2 The Agency retains full authority to direct the operations of its services, subject to this Agreement and the Physician's right to professional autonomy.

10.3 Notwithstanding section 10.1, terms regarding severance and current levels of support, office space, supplies and professional development entitlement and support in agreements between Physicians and Agencies in place on November 4, 2002, shall be maintained for twelve months from the date of written notice of a change to such term(s) being provided to the Physician.

10.4 Severance entitlements under all Salary Agreements must conform to the Employment Termination Standards established for the purposes of section 14.4 of the *Public Sector Employers Act* and amendments thereto.

ARTICLE 11 - BENEFITS, VACATION AND EXPENSES

11.1 Physicians employed under Salary Agreements will receive their benefits through the Agency that is their employer and, with the exception of the Physician Health Program, are not entitled to participate in the Benefit Plans as defined and described in the Benefits Subsidiary Agreement, unless otherwise specified in the Benefits Subsidiary Agreement.

11.2 Physicians employed under Salary Agreements are entitled to benefits and vacation at the same level and under the same terms as those provided to the senior management employees of the Agency that is their employer. In addition, the following will apply to Physicians employed under Salary Agreements:

- (a) reimbursement for the cost of annual dues of the College of Physicians and Surgeons of British Columbia and, where such membership is a requirement of employment, the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada;
- (b) reimbursement for other approved professional fees to the maximum permitted by existing employer policies;
- (c) reimbursement for the annual dues or premiums, as applicable, for membership in the Canadian Medical Protective Association or coverage under a comparable professional/malpractice liability protection plan;
- (d) a minimum of five days each year with pay for participation in Continuing Medical Education;
- (e) reimbursement for Continuing Medical Education expenditures which, at a minimum, will be equivalent to that available under the Benefits Subsidiary Agreement; and
- (f) for Salaried Physicians who self-identify as Indigenous, the same number of days each year with pay for participation in traditional cultural activities as those provided to senior management employees of the Agency that is their employer.

11.3 In no case will a Physician's vacation, benefits, Continuing Medical Education, and professional costs and fees under an existing Salary Agreement be diminished as result of this Agreement.

11.4 Notwithstanding the employer's vacation policy, if a Physician employed under a Salary Agreement is not permitted by their employer to take any or all of their vacation entitlement, then the Physician may:

- (a) be paid out for the unused vacation days in the form of a lump sum cash payment in the employment year immediately following the employment year to which the unused vacation days are attributable;
- (b) carry forward the unused vacation days and use them for vacation leave in the employment year immediately following the employment year to which the unused vacation days are attributable; or
- (c) in the employment year immediately following the employment year to which the unused vacation leave is attributable, choose in part, to be paid out under section 11.4(a) and, in part, to use them for vacation leave under section 11.4(b).

PART 3 – PHYSICIAN SERVICES PROVIDED UNDER A SERVICE CONTRACT

ARTICLE 12 - COMPENSATION AND HOURS OF SERVICE

12.1 Physicians providing Physician Services under Service Contracts will be compensated within the Service Contract Range for the applicable practice category.

12.2 Subject to section 12.7, Physicians shall provide a minimum of 1680 hours to a maximum of 2400 hours of Physician Services per year in order to receive an annual rate on the Service Contract Range, and such number of hours will constitute one full time equivalent for the purposes of this Article 12. The parties recognize that many Physicians must work hours in addition to their contract hours, providing ongoing responsibility for patients and any necessary referred emergency and non-elective services.

12.3 Parties to intended Service Contracts must attempt to reach agreement on the number of hours per year, between 1680 and 2400 hours, that will constitute a full time equivalent under the Service Contracts, and the following shall apply:

- (a) the parties may agree to a range of hours to address uncertainty in the expected number of hours per year;
- (b) if the parties are unable to reach agreement on the number of hours or a range of hours per year, between 1680 and 2400 hours, that will constitute a full time equivalent under the Service Contract to meet the deliverables required by the Agency, a party may request, through the Doctors of BC and the Government, the use of the Trouble Shooter by providing a written notice to the other party that includes an initial summary of facts/information upon which they rely; an outline of their arguments including as to how the facts and information support their position on the appropriate FTE, and the FTE definition sought;
- (c) within 30 days of receipt of the notice described in section 12.3(b), the other party will submit a reply to the party that submitted the notice and the Joint Agreement Administration Group;
- (d) 45 days following the notice described in section 12.3(b), or a longer period determined by the Joint Agreement Administration Group, if the parties have not

reached an agreement on what will constitute a full time equivalent under the Service Contract, either the Doctors of BC or the Government may request the Trouble Shooter to assist in resolving the disagreement and will provide the Trouble Shooter with copies of the notice and reply. The Trouble Shooter will then commence a fact-finding review and issue recommendations, consistent with section 12.2, to the Joint Agreement Administration Group and the local parties, and such recommendations will be treated by the Doctors of BC, the Government, and the local parties as confidential unless otherwise agreed by the Joint Agreement Administration Group;

- (e) in arriving at a recommendation, the Trouble Shooter will consider the annual hours of work reported in the most recent National Physician Survey, the conditions under which the Physician Services have been provided previously, and the hours of work for Physician Services under Service Contracts, Sessional Contracts, and fee for service arrangements in British Columbia and other jurisdictions, and any additional information the Trouble Shooter determines is relevant and appropriate to the fact finding review. The Trouble Shooter will determine the weight to be given to each category of information considered, and may give no weight to a particular category; and
- (f) the local parties may agree at any time to be bound by recommendations made by the Trouble Shooter, subject to section 20.2 of the 2025 Physician Main Agreement.

12.4 Physicians providing less than the hours of service per year required for a full time equivalent under any Service Contract will receive a proportionate amount of the compensation required for a full time equivalent under such Service Contract.

12.5 The Service Contract Range for emergency medicine is based on a maximum of 1680 hours of emergency medicine Physician Services per year including time spent providing indirect patient care at the beginning and end of each scheduled shift.

12.6 The Doctors of BC and the Government have developed criteria for range placement (the “**Physician Placement System**”), to be applied in determining Service Contract Range placement for Physicians providing Physician Services under Service Contracts.

12.7 Subject to section 12.9, in the case of a Service Contract for a group of Physicians, the rate for determining the financial value of the Service Contract shall be either:

- (a) the composite rate on the Service Contract Range for the applicable practice category derived from the application of the Physician Placement System to each Physician in the group; or
- (b) the rate equal to 95% of the maximum rate on the Service Contract Range for the applicable practice category;

as selected by the Physician group. The Physician group is bound by the option it selects.

12.8 In the case of any Service Contract for a group of Physicians, the Physician group will, within the total financial value of the Service Contract, determine rates of compensation for the individual Physicians in the group that the group deems appropriate (e.g. time of day, weekends, amount of time worked by an individual Physician).

12.9 A Physician or Physician group providing Physician Services under a Service Contract in existence as at March 31, 2025 may, upon renewals of that Service Contract, for the purposes of establishing a rate for determining the financial value of a renewal of the Service Contract, instead of selecting a rate as provided in section 12.7, select a rate equal to the lesser of:

- (a) the maximum rate on the Service Contract Range for the applicable practice category; and
- (b) the rate determined according to the following formula:

$$x = [(A \div B) \div C] \times D$$

where:

x = the rate;

A = the financial value of the expiring Service Contract;

B = the number of full time equivalents for the expiring Service Contract;

C = the maximum rate on the Service Contract Range for the applicable practice category at the time the expiry of the Service Contract; and

D = the maximum rate on the Service Contract Range for the applicable practice category at the time of renewal of the Service Contract.

12.10 Any dispute between an Agency and a Physician or group of Physicians as to the proper application of the Physician Placement System to the Physician or group of Physicians (a “**Local Range Placement Dispute**”) will be resolved pursuant to the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Local Range Placement Disputes.

12.11 All Service Contracts must include clear and specific provisions that identify the respective responsibilities of the Agency and the Physician or Physician group regarding the provision of support, technology, materials, and supplies.

12.12 All Service Contracts must contain a comprehensive description of the Physician Services to be provided to the Agency.

12.13 Upon renewal or establishment of Service Contracts, all Service Contracts will:

- (a) Require daily hours reporting including start and stop times and the location of the Physician Services, as follows:
 - (i) Location will be either “on-site” or “off-site” (the Physician or group of Physicians and the Agency will agree to what locations are considered “on site”).
 - (ii) For scheduled Physician Services, report daily start and stop times rounded to the nearest 15 minutes, with additional start and stop times required if needed to report blocks of Physician Services separated by periods longer than 30 minutes.
 - (iii) For unscheduled Physician Services, report total daily hours rounded to the nearest 15 minutes.
 - (iv) To claim After-Hours Premiums, report all hours of Physician Services (scheduled or unscheduled) provided After-Hours, together with the date, name of the facility or patient’s home where the Physician Services were provided, and the start and stop times rounded to the nearest 15 minutes.
 - (v) On any days where a Physician provides Physician Services under a Service Contract and also provides any services outside the scope of the Service Contract on a fee-for-service basis on the same day, the Physician will report start and stop times for both scheduled and unscheduled Physician Services, and will also, whether or not required by MSP or other paying agency, enter start and stop times and an appropriate location code for the fee-for-service patient encounter(s).
- (b) The requirements set out in (a) above will not result in a reduction in any reporting, including hours reporting, already being provided under a Service Contract. The Physician or group of Physicians and the Agency may agree to more detailed hours reporting than what is required in (a).

PART 4- PHYSICIAN SERVICES PROVIDED UNDER A SESSIONAL CONTRACT

ARTICLE 13 - COMPENSATION

13.1 Compensation for Physicians (including forensic practitioners) providing Physician Services under Sessional Contracts will be based on the applicable rate set out in Schedule C.

13.2 A session, for the purposes of a Sessional Contract, is 3.5 hours of Physician Services. A session may be an accumulation of lesser time intervals adding up to 3.5 hours. Smaller amounts of time not adding up to a full session will be recognized provided, however, that payment will not be made until such smaller amounts of time have accumulated to at least a quarter of an hour.

13.3 The hourly rate of payment for sessional time will be determined by dividing the appropriate sessional rate set out in Schedule C by 3.5 hours.

13.4 A Physician who is a party to a Sessional Contract with an Agency and who is called in by the Agency to provide a Physician Service will be compensated for the Physician Service provided at the Physician's hourly rate under the Sessional Contract, which payment will be for a minimum of one hour; such payment to be in addition to any payment the Physician is entitled to under a MOCAP Contract.

13.5 Travel expenses related to Physician Services performed by forensic practitioners under a Sessional Contract will be in accordance with the rates established for "Group 2" (public service) employees.

13.6 Required travel rates and related billing guidelines for forensic practitioners will be in accordance with the Medical Expert Witness Billing Fees and Guidelines, as amended from time to time.

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Signature of Authorized Signatory

Name

Position

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)

C/S

Signature of Authorized Signatory

Name

Position

MEDICAL SERVICES COMMISSION

Per: _____
Authorized Signatory

Name

Position

Schedule “A” to the Alternative Payments Subsidiary Agreement

2025/26 Salary Agreement Ranges, to be further increased by an average of 1.0% over those in effect on March 31, 2026, an average of 1.0% over those in effect as of March 31, 2027, and an average of 1.0% over those in effect as of March 31, 2028, with the increases applied on an equal dollar per FTE basis in accordance with Appendix F to the 2025 Physician Main Agreement. In addition, the Salary Agreement Ranges are to be adjusted by the Allocation Committee in accordance with Appendix F to the 2025 Physician Main Agreement.

PRACTICE CATEGORY	Minimum	Maximum
General Practice - Defined Scope B	228,592	285,740
General Practice - Defined Scope A	245,315	306,644
General Practice – Maternity	*	*
General Practice - Full Scope (Non-JSC Community)	256,799	320,999
General Practice - Full Scope (Rural) – Area A	277,836	347,295
General Practice - Full Scope (Rural) – Area B	267,470	334,338
General Practice - Full Scope (Rural) – Area C	260,843	326,054
Hospitalists	247,319	309,149
Community Medicine/Public Health Area A	219,061	273,826
Community Medicine/Public Health Area B	234,814	293,518
Community Medicine/Public Health Area C	269,877	337,346
Community Medicine/Public Health Area D	284,030	355,038
General Paediatrics (Defined Scope)	272,488	340,610
General Paediatrics	283,302	354,127
Psychiatry	280,470	350,588
Forensic Psychiatry	288,501	360,626
Physical Medicine	277,543	346,929
Neurology	302,957	378,696
Dermatology	294,723	368,404
Internal Medicine	280,470	350,588
Medical Genetics	294,723	368,404
Sub-specialty Paediatrics	294,723	368,404
Sub-specialty Internal Medicine	294,723	368,404
Anaesthesia	299,454	374,317
Critical Care	322,086	402,607
Critical Care (Pediatrics) at BCCH/BCWH	347,524	434,405
Haematology/Oncology	355,472	444,340
Medical Oncology	355,472	444,340
Radiation Oncology	355,472	444,340
Laboratory Medicine	311,299	389,124
Radiology	331,771	414,714
Pediatric Radiology	367,653	459,566
Nuclear Medicine	342,137	427,671
Otolaryngology	305,110	381,387
Orthopaedic Surgery	305,110	381,387
Urology	307,941	384,926

Ophthalmology	305,110	381,387
Plastic Surgery	305,110	381,387
Plastic Surgery at VGH/SPH	430,076	537,595
Obstetrics/Gynecology	319,163	398,954
General Surgery	305,110	381,387
Gynecological Oncology	348,514	435,642
Maternal Fetal Medicine	356,180	445,225
General Surgical Oncology	348,514	435,642
Orthopaedic Surgery (Enhanced Scope)	390,477	488,096
Neurosurgery	390,477	488,096
Vascular Surgery	405,142	506,427
Cardiac Surgery	508,077	635,096
Thoracic Surgery	517,461	646,826
Emergency Medicine (Non-Hospital Based)	229,530	286,912
Emergency Medicine Area A	296,984	336,631
Emergency Medicine Area B	336,631	371,230

For specific and representative assignment to Practice Categories, see the Consensus Decision the Allocation Committee effective April 1, 2022, related to the assignment to Practice Categories, and any subsequent Consensus Decisions of the Allocation Committee effective during the term of the 2025 Physician Main Agreement.

New General Practice – Maternity practice category, implementation effective April 1, 2026.

Schedule “B” to the Alternative Payments Subsidiary Agreement

2025/2026 Service Contract Ranges, to be further increased by an average of 1.0% over those in effect on March 31, 2026, an average of 1.0% over those in effect as of March 31, 2027, and an average of 1.0% over those in effect as of March 31, 2028, with the increases applied on an equal dollar per FTE basis in accordance with Appendix F to the 2025 Physician Main Agreement. In addition, the Service Contract Ranges are to be adjusted by the Allocation Committee in accordance with Appendix F to the 2025 Physician Main Agreement.

These ranges include 12% for benefits. These rates may also be increased by reasonable overhead expenses projected to be incurred by the Physician.

PRACTICE CATEGORY	Minimum	Maximum
General Practice - Defined Scope B	256,023	320,029
General Practice - Defined Scope A	274,753	343,441
General Practice - Maternity	*	*
General Practice - Full Scope (Non-JSC Community)	287,615	359,519
General Practice - Full Scope (Rural) – Area A	311,176	388,970
General Practice - Full Scope (Rural) – Area B	299,567	374,459
General Practice - Full Scope (Rural) – Area C	292,145	365,181
Hospitalists	276,998	346,247
Community Medicine/Public Health Area A	245,348	306,685
Community Medicine/Public Health Area B	262,992	328,740
Community Medicine/Public Health Area C	302,262	377,828
Community Medicine/Public Health Area D	318,114	397,643
General Paediatrics (Defined Scope)	305,186	381,483
General Paediatrics	317,298	396,622
Psychiatry	314,127	392,659
Forensic Psychiatry	323,121	403,901
Physical Medicine	310,849	388,561
Neurology	339,312	424,140
Dermatology	330,090	412,612
Internal Medicine	314,127	392,659
Medical Genetics	330,090	412,612
Sub-specialty Paediatrics	330,090	412,612
Sub-specialty Internal Medicine	330,090	412,612
Anaesthesia	335,388	419,235
Critical Care	360,736	450,920
Critical Care (Pediatrics) at BCCH/BCWH	389,227	486,534
Haematology/Oncology	398,129	497,661
Medical Oncology	398,129	497,661
Radiation Oncology	398,129	497,661
Laboratory Medicine	348,655	435,819
Radiology	371,584	464,480

Pediatric Radiology	411,771	514,714
Nuclear Medicine	383,194	478,992
Otolaryngology	341,722	427,153
Orthopaedic Surgery	341,722	427,153
Urology	344,894	431,117
Ophthalmology	341,722	427,153
Plastic Surgery	341,722	427,153
Plastic Surgery at VGH/SPH	481,685	602,106
Obstetrics/Gynecology	357,463	446,829
General Surgery	341,722	427,153
Gynecological Oncology	390,335	487,919
Maternal Fetal Medicine	398,922	498,652
General Surgical Oncology	390,335	487,919
Orthopaedic Surgery (Enhanced Scope)	437,334	546,667
Neurosurgery	437,334	546,667
Vascular Surgery	453,758	567,198
Cardiac Surgery	569,046	711,307
Thoracic Surgery	579,556	724,445
Emergency Medicine (Non-Hospital Based)	257,073	321,341
Emergency Medicine Area A	332,622	377,027
Emergency Medicine Area B	377,027	415,778

For specific and representative assignment to Practice Categories, see the Consensus Decision the Allocation Committee effective April 1, 2022, related to the assignment to Practice Categories, and any subsequent Consensus Decisions of the Allocation Committee effective during the term of the 2025 Physician Main Agreement.

New General Practice – Maternity practice category, implementation effective April 1, 2026.

Schedule “C” to the Alternative Payments Subsidiary Agreement

PROVINCIAL SESSIONAL RATES, EFFECTIVE APRIL 1, 2025

Sessional rates effective April 1, 2025 to March 31, 2026 are as follows, to be further increased by 3.0% over those in effect on March 31, 2026, 2.0% over those in effect as of March 31, 2027, and 1.0% over those in effect as of March 31, 2028 in accordance with Appendix F to the 2025 Physician Main Agreement:

General Practitioners	Specialists
\$615.02	\$725.46

The sessional rates for practitioners providing services to the Forensic Psychiatric Services Commission (and the Maples Adolescent Treatment Centre and Youth Forensic Services, now a part of the Ministry of Children and Family Development) are as follows:

General Practitioners	Specialists
\$667.07	\$1,026.81

Schedule “D” to the Alternative Payments Subsidiary Agreement

**STANDARD TERMS AND CONDITIONS OF EMPLOYMENT
UNDER SALARY AGREEMENTS**

1. Association of Doctors of BC

- (a) The Physician is entitled, at their option, to representation by the Association of Doctors of BC (the “Doctors of BC”) in the discussion or resolution of any issue arising under this Salary Agreement, including without limitation the re-negotiation or termination of this Salary Agreement.

2. Responsibilities and Workload

- (a) The Physician’s responsibilities will be defined and communicated to them by their supervisor. There will be ongoing communication between the Physician and their supervisors regarding the performance of the Services, including issues relating to workload and distribution of clinical, academic and administrative responsibilities. If they are unable to reach agreement on an approach to resolve the concerns in these areas, which may include, temporarily adjusting the service expectations, making operational changes, bringing in alternate providers or locum physicians, or temporarily compensating the Physician for additional hours of Services under this Salary Agreement or a separate agreement, either party may request, through the Doctors of BC or the Government, the use of a Trouble Shooter who will conduct a fact finding review and issue recommendations. If they are unable to reach agreement following the use of a Trouble Shooter, either the Government or the Doctors of BC may refer the matter to the Physician Services Committee as a Local Interest Issue.
- (b) The nature of the Physician’s position requires them to be flexible about hours of work. The Physician is required to be adaptable to a work situation, which may result in working hours other than those considered to be the normal hours of work. The annual salary of the Physician includes payment for additional hours spent providing ongoing responsibility for patients and any necessary referred emergency and non-elective services.
- (c) In order to claim After-Hours Premiums, the Physician must report to the Agency all hours of work provided After-Hours (as defined in the Alternative Payments Subsidiary Agreement), together with the date, name of the facility or patient’s home where the hours of work were provided, and the start and stop times, rounded to the nearest 15 minutes.

3. Probation and Termination

- (a) The Physician shall be subject to the Employer’s probation policy applicable to senior management employees, unless the Employer and Physician agree otherwise.

- (b) The Employer may, at any time, terminate the Physician's employment without notice or pay in lieu of notice if the Employer has just cause for termination.
- (c) The Employer may, at any time, terminate the Physician's employment on notice or by making payment in lieu of notice. The amount of notice or payment in lieu of notice afforded by the Employer to the Physician terminated under this provision shall be calculated in accordance with common law and statutory standards, including the Public Sector Employers Act and any applicable regulations.
- (d) Termination of employment by the Physician will require three months' notice, or a shorter period as may be agreed to by the parties.
- (e) On termination of the Physician's employment, the Employer must provide the Physician with the necessary support to abide by all applicable patient notification requirements of the College of Physicians and Surgeons of BC.

4. Fee for Service and Third Party Billings

- (a) Unless specified otherwise, the Physician will not retain fee-for-service billings or receive any other form of remuneration for the services or procedures provided under the terms of this Salary Agreement.
- (b) Where the Available Amount is not a source of funding for this Salary Agreement, the Physician will sign:
 - (i) a waiver in the form attached hereto as Appendix 1A and such other documentation in connection with such waiver as may be reasonably required; or
 - (ii) if the Physician is required to assign to the Employer any and all rights the Physician has to receive third party billings for any of the services or procedures provided under the terms of this Salary Agreement, a waiver and assignment in the form attached hereto as Appendix 1B and such other documentation in connection with such waiver and assignment as may be reasonably required.
- (c) Where the Available Amount is a source of funding for this Salary Agreement, the Physician assigns to the Employer any and all rights they may have to receive fee-for-service payments from the Available Amount for any of the services or procedures provided under the terms of this Salary Agreement, and will sign an assignment in the form attached hereto as Appendix 2.
- (d) The Physician shall retain one hundred per cent (100%) of third party billings provided they are not included within the services or procedures provided under the terms of, and do not conflict with the Physician's obligations under, this Salary Agreement. For the purposes of this clause, third party billings include but are not limited to:

- (i) billings for services associated with WorkSafeBC, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants and disability insurers,
- (ii) billings for non-insured services, excluding medical/legal services (which include ICBC physician assessments and reports), and
- (iii) billings for services provided to persons who are not beneficiaries under the Medicare Protection Act, including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

5. Autonomy

- (a) The Physician will provide the services under this Salary Agreement in accordance with applicable standards of law, professional ethics and medical practice and any Agency policies, by-laws or rules and regulations that are not inconsistent with, and do not represent a material change to, the terms of this Salary Agreement.
- (b) Subject to section (5)(a), the Physician is entitled to professional autonomy in the provision of the services covered by this Salary Agreement.

6. Locum Coverage

- (a) The Employer, at its sole discretion, shall be responsible for securing the services of a locum in consultation with the Physician.

7. Dispute Resolution

- (a) This Salary Agreement shall be governed by and construed in accordance with the laws of British Columbia.
- (b) All disputes arising out of or in connection with this Salary Agreement that the parties are unable to resolve at the local level, may be referred to mediation on notice by either party to the other, with the assistance of a neutral mediator jointly selected by the parties. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the parties in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act* and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rules may be amended from time to time, by a sole arbitrator. The place of arbitration will be a location agreed to by the parties in British Columbia and the language of the arbitration will be English.
- (c) Upon agreement of both parties, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this section 7 will prevent any party

from commencing arbitration at any time to preserve a legal right, including but not limited to relating to a limitation period.

- (d) The Employer and the Physician must advise the Ministry of Health and the Doctors of BC respectively prior to referring any dispute to arbitration. The Ministry of Health and the Doctors of BC shall have the right to apply to intervene in the arbitration and such application will rely on the common-law test for granting intervenor status. All intervenors are responsible for their own costs and any other costs the arbitrator may order them to pay.
- (e) Any dispute settlement achieved by the parties, up to the point of arbitration, will be deemed to have been concluded without prejudice to other disputes or proceedings involving other parties, and will not be referred to in any other dispute or proceeding.

8. Licenses & Qualifications

- (a) The Physician is and shall remain a registered member in good standing with the College of Physicians and Surgeons of British Columbia and conduct their practice of medicine consistent with the conditions of such registration.
- (b) The Physician is and shall remain enrolled in the Medical Services Plan.
- (c) If all or some of the services provided under this Agreement are Specialist Services, then the Physician must be and remain registered by the College of Physicians and Surgeons of British Columbia to provide these Specialist Services.
- (d) Where the Employer is subject to the *Hospital Act*, all Physicians performing Services on behalf of the Employer must first be credentialed and granted privileges by the Employer, and no physician who has not been credentialed or obtained and maintained such privileges shall be permitted by the Employer to perform the Services.
- (e) All medical services under this Agreement will be provided either directly by the Physician, by a resident under the supervision and responsibility of the Physician, or by a clinical fellow under the supervision and responsibility of the Physician.

9. Third Party Claims

- (a) Each party will provide the other with prompt notice of any action against either or both of them arising out of this Salary Agreement.

10. Medical Liability Protection

- (a) The Physician will obtain and maintain professional malpractice liability protection, at the expense of the Employer, through membership with the Canadian Medical Protective Association or an alternative

professional/malpractice protection plan and will be required to provide the Employer with evidence of the required protection on request.

11. Confidentiality

- (a) The Physician and the Employer shall maintain as confidential and not disclose any patient information, except as required or permitted by law.
- (b) The Physician must not, without the prior written consent of the Employer, publish, release or disclose or permit to be published, released, or disclosed before, during the term of this Salary Agreement, or otherwise, any other confidential information supplied to, obtained by, or which comes to the knowledge of the Physician as a result of this Salary Agreement unless the publication, release or disclosure is required or permitted by law and is:
 - (i) necessary for the Physician to fulfill their obligations under this Salary Agreement;
 - (ii) made in accordance with the Physician's professional obligations as identified by the College of Physicians and Surgeons of B.C.; or
 - (iii) in reference to the Physician's Salary Agreement.

The Physician will notify the employer prior to the publication, release, or disclosure of information under (i) and (ii) above.

- (c) For the purposes of section 11(b), information shall be deemed to be confidential where all of the following criteria are met:
 - (i) the information is not found in the public domain;
 - (ii) the information was imparted to the Physician and disclosed in circumstances of confidence, or would be understood by parties exercising reasonable business judgment to be confidential; and
 - (iii) the Employer has maintained adequate internal control to ensure information remained confidential.

12. Conflict of Interest

- (a) During the term of this Salary Agreement, absent the written consent of the Employer, the Physician must not perform a service for or provide advice to any person, firm or corporation where the performance of the service or the provision of the advice may or does give rise to a conflict of interest.
- (b) The parties will attempt to resolve at the local level any question as to whether the Physician has breached or may breach section 12(a). Should they not be able to resolve the issue, the matter will be dealt with in accordance with section 7 above.

13. Notices

- (a) Any notice, report, or any or all of the documents that either party may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:
- if mailed by prepaid double registered mail to the addressee's address listed below, on date of confirmation of delivery; or
 - if delivered by hand to the addressee's address listed below on the date of such personal delivery.
 - if delivered by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address listed below.

Either party may give notice to the other of a change of address.

Address of the Employer

-
-
-

Address of the Physician

-
-
-

14. Headings

- (a) The headings in this Salary Agreement have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Salary Agreement.

15. Enforceability and Severability

- (a) If any provision of this Salary Agreement is determined to be invalid, void, illegal or unenforceable, in whole or in part, such invalidity, voidance, or unenforceability will attach only to such provision or part of such provision, and

all other provisions or the remaining part of such provision, as the case may be, continue to have full force and effect.

16. 2025 Physician Main Agreement and Physician Main Subsidiary Agreements

- (a) This Salary Agreement is subject to the 2025 Physician Main Agreement and the Physician Main Subsidiary Agreements (as defined in the Physician Main Agreement), and amendments thereto.
- (b) In the event that during the Physician's employment a new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s) come into effect, the parties agree to meet on notice by one party to the other, to re-negotiate and amend the terms of this Salary Agreement to ensure it complies with the new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s).

17. Work Environment:

- (a) The Employer, at its discretion, shall provide the Physician with the facilities, equipment, support and supplies that are reasonably required for the Physician to provide the services covered by this Salary Agreement. If the Physician disagrees with the Employer's decision on these matters they may address them with the Physician Services Committee as a Local Interest Issue.

APPENDIX 1A

FEE FOR SERVICE AND THIRD PARTY BILLING WAIVER

Physician Name _____

MSP Practitioner Number _____

I acknowledge that the payments paid to me by _____ (the Agency) for the services provided under the terms of the Salary Agreement between us dated _____ (the “**Services**”) are payments in full for those Services, and I will make no other claim for those Services.

I will not retain and hereby waive any and all rights I have to receive any fee for service payments from the Medical Services Plan or third parties with respect to such Services.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here.

Physician’s Signature

Date

APPENDIX 1B

FEE FOR SERVICE WAIVER AND THIRD PARTY BILLING ASSIGNMENT

Physician Name _____

MSP Practitioner Number _____

I acknowledge that the payments paid to me by _____ (the Agency) for the services provided under the terms of the Salary Agreement between us dated _____ (the “**Services**”) are payments in full for those Services, and I will make no other claim for those Services.

I will not retain and hereby waive any and all rights I have to receive any fee for service payments from the Medical Services Plan with respect to such Services.

I will not retain and hereby assign to the Agency any and all rights I have to receive any payments for any such Services from any third party including but not limited to:

- (a) billings associated with WCB, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants and disability insurers,
- (b) billings for all non-insured Services, excluding medical-legal services (which include ICBC physician assessments and reports), and
- (c) billings for Services provided to persons who are not beneficiaries under the Medicare Protection Act including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

I will execute all documents and provide all information and paperwork not already in the Agency’s possession relating to the Services provided under the terms of the Salary Agreement that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, I will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here.

Physician's Signature

Date

APPENDIX 2

FEE FOR SERVICE AND THIRD PARTY BILLING ASSIGNMENT

Physician Name _____

MSP Practitioner Number _____

I acknowledge that the payments paid to me by _____ (the Agency) for the services provided under the terms of the Salary Agreement between us dated _____ are payments in full for those Services and I will make no other claim for those Services.

I will not retain and hereby assign to the Agency any and all rights I have to receive fee for service payments from the Medical Services Plan and third parties with respect to such Services.

I will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Salary Agreement that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent, (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, I will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here.

Physician's Signature

Date

APPENDIX 3

WORKLOAD MEASURES

The inclusion of one to three Workload Measures, or more by agreement, in this Appendix is mandatory. If the parties are unable to agree to the proposed Workload Measure(s), the Provincial Workload Measure(s) applicable to that Practice Category/Clinical Service Area will be included instead. For clarity, the Agency and the Physician(s) are not precluded from agreeing to include one or more Provincial Workload Measure(s) in combination with one or more other Workload Measure(s). If the parties are unable to agree to the proposed Workload Measure(s) and there are no applicable Provincial Workload Measure(s), the parties will refer the matter to the Trouble Shooter for non-binding recommendations.

Physicians under multiple individual Service Contracts or Salary Agreements for similar Physician Services are encouraged to work together to support consistency in the identification of Workload Measure(s) across those contracts.

1. A “**Workload Measure**” is a tool to identify relevant information for the review of physician workload.
2. The following Workload Measure(s) are included in this Appendix:
 - (a) [Insert Workload Measure(s) here]
 - (b) [Insert Workload Measure(s) here]
3. For clarity, the Workload Measures included in this Appendix:
 - (a) provide the Agency and the Physician(s) with a tool through which to inform discussion and identify relevant information for the review of physician workload;
 - (b) may, and are expected to, change over time;
 - (c) do not preclude the Agency and/or the Physician(s) from considering or discussing any other workload data or workload measure(s) in the assessment of physician workload;
 - (d) do not preclude or supersede the use of any existing or future workload models used for staffing or resource allocation; and
 - (e) do not create any contractual obligations on the Agency or the Physician(s).
4. The Physician(s) and the Agency will meet [insert agreed upon timeframe (e.g. quarterly, every 6 months)] to review any hours reporting and consider the Workload Measures data for the purpose of assessing workload, and where there is an identifiable growth trend, discuss potential solutions, including but not limited to submitting a proposal for workload funding through the provincial workload funding process set out in section 5.3 of the Alternative Payments Subsidiary Agreement.

Schedule “E” to the Alternative Payments Subsidiary Agreement

INDIVIDUAL TEMPLATE SERVICE CONTRACT

BETWEEN:

<name of physician/corporation>

(the “Physician”)

AND:

(the “Agency”)

WHEREAS the Physician wishes to contract with the Agency and the Agency wishes to contract with the Physician to provide clinical and related teaching, research and clinical administrative services on the terms, conditions and understandings set out in this Service Contract;

THEREFORE, in consideration of the mutual promises contained in this Contract, the Physician and the Agency agree as follows:

Article 1: Definitions

1.1 Words used in this Contract, including in the recitals and the Appendices, that are defined in the 2025 Physician Main Agreement or Physician Main Subsidiary Agreements have the same meaning as in the 2025 Physician Main Agreement or the Physician Main Subsidiary Agreements, unless otherwise defined in this Contract. In addition, in this Contract, including the recitals and Appendices, the following definitions apply:

- (a) “**Contract**” or “**Service Contract**” means this document including the Appendices, as amended from time to time in accordance with Article 24.
- (b) “**health profession corporation**” has the meaning attributed to that term under the *Health Professions and Occupations Act*.
- (c) “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” and entered into as of April 1, 2025, among the Government, the Medical Services Commission, and the Association of Doctors of BC (“**Doctors of BC**”), as subsequently amended from time to time.
- (d) “**Services**” means clinical and related teaching, research, and clinical administrative services, and those Services provided under this Contract are specifically described in

Appendix 1, as amended from time to time by written agreement between the Agency and the Physician.

Article 2: Term & Renewal

- 2.1 This Contract will be in effect from <insert date> to <insert date> notwithstanding the date of its execution, unless terminated earlier as provided herein (the “Term”).
- 2.2 This Contract may be renewed for such period of time and on the terms as the parties may mutually agree to in writing. If either party wishes to renew this Contract, it must provide written notice to the other party no later than ninety (90) days prior to the end of the Term and, as soon as practical thereafter, the parties will meet to discuss and endeavour to settle in a timely manner the terms of such a renewal.
- 2.3 Subject to clause 2.4, if both parties agree to renew the Contract the terms and conditions of this Contract must remain in effect until the new contract is signed and any continuation past the Term is without prejudice to issues of retroactivity.
- 2.4 In the event that notice is given by either party in accordance with clause 2.2 above and if a new contract is not completed within six (6) months following the end of the Term, this Contract and any extensions will terminate without further obligation on either party.

Article 3: Termination

- 3.1 Subject to clause 3.2, either party may terminate the Contract without cause upon six (6) months’ written notice to the other party.
- 3.2 Either party may terminate this Contract immediately upon written notice if the other party breaches a fundamental term of this Contract. For clarity, loss of privileges related to the Services provided under this Contract by the Physician is a breach of a fundamental term of this Contract.

Article 4: Relationship of Parties

- 4.1 The Physician is an independent contractor and not the servant, employee, or agent of the Agency. No employment relationship is created by this Contract or by the provision of the Services to the Agency by the Physician.
- 4.2 Neither the Physician nor the Agency will in any manner commit or purport to commit the other to the payment of any monies or to the performance of any other duties or responsibilities except as provided for in this Contract, or as otherwise agreed to in writing between the parties.
- 4.3 If the Physician employs other persons or is a health profession corporation, the Physician will apply to register with WorkSafeBC and:

- (a) if registered as an employer maintain that registration during the Term and provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible, or
 - (b) if advised by WorkSafeBC that the Physician is a “worker”, advise the Agency and provide the Agency with any related documentation from WorkSafeBC.
- 4.4 If the Physician purchases Personal Coverage with WorkSafeBC as an independent operator (at the Physician’s option), the Physician will provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible.
- 4.5 The Physician must pay any and all payments and/or deductions required to be paid by the Physician, including those required for income tax, Employment Insurance premiums, workers’ compensation premiums, Canada Pension Plan premiums or contributions, and any other statutory payments or assessments of any nature or kind whatsoever that the Physician is required to pay to any government (whether federal, provincial or municipal) or to any body, agency, or authority of any government in respect of any money paid to the Physician pursuant to this Contract.
- 4.6 The Physician agrees to indemnify the Agency from any and all losses, claims, damages, actions, causes of action, liabilities, charges, penalties, assessments, re-assessments, costs or expenses suffered by it arising from the Physician’s failure to make any payments referred to in clause 4.5.
- 4.7 The indemnity in clause 4.6 survives the expiry or earlier termination of this Contract.

Article 5: Waiver/Assignment

- 5.1 Unless specified otherwise, the Physician must not retain fee-for-service billings, including third party billings, for the Services provided under the terms of this Contract. The Physician may bill fee-for-service or directly for any and all services delivered outside the scope of this Contract. For the purposes of this Article, third party billings include but are not limited to:
- (a) billings for Services associated with WorkSafeBC, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants and disability insurers,
 - (b) billings for non-insured Services, excluding medical/legal services (which include ICBC physician assessments and reports), and
 - (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act*, including but not limited to billings for persons in respect of whom

MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

- 5.2 Where the Available Amount is not a source of funding for this Contract, the Physician will sign:
- (a) a waiver in the form attached hereto as Appendix 3A and such other documentation in connection with such waiver as may be reasonably required; or
 - (b) if the Physician is required to assign to the Agency any and all rights the Physician has to receive third party billings for any of the Services provided under the terms of this Contract, a waiver and assignment in the form attached hereto as Appendix 3B and such other documentation in connection with such waiver and assignment as may be reasonably required.
- 5.3 Where the Available Amount is a source of funding for this Contract, the Physician will assign to the Agency any and all rights the Physician has to receive fee-for-service payments from the Available Amount for any of the Services provided under the terms of this Contract and will sign an assignment in the form attached hereto as Appendix 3C and such other documentation in connection with such assignment as may be reasonably required.

Article 6: Autonomy

- 6.1 The Physician will provide the Services under this Contract in accordance with applicable standards of law, professional ethics and medical practice, and any Agency policies, by-laws, rules, and regulations that are not inconsistent with or represent a material change to the terms of this Contract.
- 6.2 Subject to clause 6.1, the Physician is entitled to professional autonomy in the provision of the Services.

Article 7: Doctors of BC

- 7.1 The Physician is entitled, at the Physician's option, to representation by the Doctors of BC in the discussion or resolution of any issue arising under this Contract, including without limitation the re-negotiation or termination of this Contract.

Article 8: Dispute Resolution

- 8.1 This Contract is governed by and is to be construed in accordance with the laws of British Columbia.
- 8.2 All disputes with respect to the interpretation, application, or alleged breach of this Contract that the parties are unable to resolve informally at the local level, may be referred to mediation on notice by either party to the others, with the assistance of a neutral

mediator jointly selected by the parties. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the parties in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act* and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rules may be amended from time to time, by a sole arbitrator. The place of arbitration will be _____, British Columbia and the language of the arbitration will be English.

- 8.3 Upon agreement of both parties, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this Article 8 will prevent any party from commencing arbitration at any time in order to preserve a legal right, including but not limited to relating to a limitation period.
- 8.4 The Agency and the Physician must advise the Ministry of Health and the Doctors of BC respectively prior to referring any dispute to arbitration. The Ministry of Health and the Doctors of BC will have the right to apply to intervene in the arbitration and such application will rely on the common-law test for granting intervenor status. All intervenors are responsible for their own costs and any other costs the arbitrator may order them to pay.
- 8.5 Any dispute settlement achieved by the parties, up to the point of arbitration, will be deemed to have been concluded without prejudice to other disputes or proceedings involving other parties, and will not be referred to in any other dispute or proceeding.

Article 9: Service Requirements

- 9.1 The Physician will provide the Services as described in Appendix 1 and will schedule the Physician's availability, as set out in Appendix 1, to reasonably ensure the provision of the Services.
- 9.2 Hours are as agreed upon by the parties at Appendix 1. It is understood that many circumstances require flexibility of hours, and the Physician will respond to these needs.
- 9.3 If the Physician is unable to provide the Services under the terms of this Contract on a persistent basis due to significant unanticipated increases in volume or the departure of one or more Physicians, then the parties will meet to discuss and develop an approach to attempt to resolve the concern, which may include, temporarily adjusting the contract deliverables/service expectations, making operational changes, bringing in alternate providers or locum physicians, or temporarily compensating the Physician for additional hours of Services under this Contract or a separate contract. If they are unable to reach an agreement, either party may request, through the Doctors of BC or the Government, the use of a Trouble Shooter who will conduct a fact-finding review and issue recommendations. If they are unable to reach agreement following the use of a Trouble Shooter, either the Doctors of BC or the Government may refer the matter to the Physician Services Committee as a Local Interest Issue.

Article 10: Licenses & Qualifications

10.1 During the Term, the Physician will maintain:

- (a) registered membership in good standing with the College of Physicians and Surgeons of British Columbia and will conduct the practice of medicine consistent with the conditions of such registration; and
- (b) all other licences, qualifications, privileges, and credentials required to deliver the Services.

10.2 During the Term, it is a fundamental term of the Contract that the Physician maintains enrolment in the Medical Services Plan (MSP).

- (a) For clarity, an order of the Medical Services Commission under section 15(2)(a) of the *Medicare Protection Act* for the duration of that order, is a breach of a fundamental term of this Contract.
- (b) If the Physician is no longer enrolled in MSP or is de-enrolled from MSP, the Physician must immediately notify the Agency of the period of the lack of enrollment or de-enrollment.

10.3 If all or some of the Services provided under this Contract are Specialist Services, as defined in the Alternative Payments Subsidiary Agreement, then the Physician will be and remain registered by the College of Physicians and Surgeons of BC to provide these Specialist Services.

10.4 All medical Services under this Contract will be provided either directly by the Physician, or a resident under the supervision and responsibility of the Physician, or by a clinical fellow under the supervision and responsibility of the Physician.

Article 11: Locum Coverage

11.1 The Physician and the Agency will work together in recruiting and retaining qualified locum physicians when necessary. Locum physicians are subject to the approval of the Agency, whose approval will not be unreasonably withheld

11.2 In circumstances where a locum physician is providing Services and will report their hours under the Contract, the locum physician will be paid from the amounts available to be paid to the Physician under this Contract and the Physician will ensure that locum physicians:

- (a) do not bill FFS for the Services;

(b) sign a waiver/assignment in the form set out at Appendix 3, and the Physician will provide the waiver/assignment to the Agency prior to the locum physician providing Services under the Contract; and

(c) provide any reporting as required by the Contract.

11.3 In the event a locum is not available, the Agency and the Physician may agree that the Physician will provide hours of service in excess of the annual hours of service specified at Appendix 1. In this event the parties must agree upon appropriate compensation for the additional hours of service.

Article 12: Subcontracting

12.1 The Physician may, with the written consent of the Agency, subcontract or assign any of the Services. The consent of the Agency will not be unreasonably withheld.

12.2 The Physician will ensure that any contract between the Physician and a subcontractor will require that the subcontractor comply with all relevant terms of the Contract, including that the subcontractor sign a waiver/assignment in the form set out at Appendix 3. Further, the Physician will provide a copy of that waiver/assignment to the Agency prior to the subcontractor providing any Services under this Contract.

12.3 Prior to subcontracting any of their obligations, the Physician will review the capabilities, knowledge and experience of the potential subcontractor in a manner sufficient to establish that the potential subcontractor is able to meet the requirements of this Contract.

12.4 No subcontract relieves the Physician from their obligations or liabilities under this Contract.

Article 13: Parental Leave/Indigenous Child Care Leave

13.1 The Physician must make all reasonable efforts to obtain a locum (per Article 11) or a subcontractor (per Article 12) in advance of taking a Parental Leave or Indigenous Child Care Leave. The Physician will inform the Agency of the Physician's intention to take a Parental Leave or Indigenous Child Care Leave and the anticipated start date and length of the Parental Leave or Indigenous Child Care Leave as soon as practicable, and no less than 16 weeks from the anticipated start date of the Parental Leave or Indigenous Child Care Leave. The Physician will work together with the Agency to recruit a locum or subcontractor.

13.2 In the event that either a locum or a subcontractor is not available to replace the Physician for a Parental Leave or Indigenous Child Care Leave, the Physician and the Agency agree that the rights and obligations of both the Physician and the Agency under this Contract may be suspended for the duration of the Parental Leave or Indigenous Child Care Leave. For clarity, the Term will continue for the duration of the Parental Leave or Indigenous Child Care Leave.

- 13.3 The Physician will provide the Agency with formal written notice a minimum of four weeks in advance of the anticipated start date of the Parental Leave or Indigenous Child Care Leave, such written notice to include the start date and length of the Parental Leave or Indigenous Child Care Leave. If requested by the Agency, the Physician will provide any required supporting documentation.
- 13.4 For the purposes of this Article 13, “**Parental Leave**” means a leave taken upon the Physician becoming a parent by birth, adoption or surrogacy. Parental Leave must begin no earlier than 12 weeks before the expected birth or placement date of the child and must conclude no later than 78 weeks after the actual birth or placement date of the child. The maximum length of a Parental Leave is 78 consecutive weeks.
- 13.5 For the purposes of this Article 13 “**Indigenous Child Care Leave**” is as defined in Schedule E of the Benefits Subsidiary Agreement. The maximum length of an Indigenous Child Care Leave is 62 consecutive weeks.
- 13.6 A leave of up to a maximum of 17 consecutive weeks may be taken by the Physician in the event the Physician is pregnant for more than 19 weeks, or has recently given birth, and does not become a parent. The notice requirements set out in this Article 13 may not be applicable in these circumstances. The rights and obligations of both the Physician and Agency under this Contract may be suspended for the duration of a leave pursuant to this clause 13.6. For clarity, the Term will continue for the duration of this leave.

Article 14: Compensation

- 14.1 The Physician will invoice the Agency for all the Services provided in a form acceptable to the Agency, substantially in the form set out at Appendix 2A.
- 14.2 The Agency will pay the Physician pursuant to Appendix 2.
- 14.3 The Physician is entitled to access the Benefit Plans as defined and described in the Benefits Subsidiary Agreement (as defined in the Physician Main Agreement).
- 14.4 The Agency must forward the necessary information with respect to the Physician to the Doctors of BC Benefits Department, at the address set out below, prior to March 31 of each year in which the Contract is in effect. The Physician will provide the Agency with any information necessary for the Physician to access the Benefit Plans not in the possession of the Agency.

Benefits Manager
Doctors of BC
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

- 14.5 The Physician is not entitled under this Contract to any benefit from the Agency including Canada Pension Plan contributions, Employment Insurance premiums, supplemental health coverage for Physicians or their families, health benefits for travel outside Canada, dental insurance for preventative dental care and dental procedures, supplemental group life insurance, accidental death and dismemberment insurance death benefits, overtime, or statutory holidays.

Article 15: Reporting

- 15.1 The parties acknowledge that the Agency has a responsibility to transmit the details of the Services to the Ministry of Health, the same as required for physicians billing fee-for-service, including:
- 15.1.1 the name and identity number of the patient;
 - 15.1.2 the practitioner number of the practitioner who personally rendered or was responsible for the service;
 - 15.1.3 the details of the service, including the location where the service was rendered, the date and time the service was rendered, the length of time spent rendering the service, the diagnosis, and the equivalent fee item or encounter record code.
- 15.2 The Physician will co-operate with the Agency and make all reasonable efforts to provide it with the information it requires in order to meet its obligation referred to in clause 15.1, by providing the information listed at Appendix 4.
- 15.3 The Physician will also:
- 15.3.1 report to the Agency all work done by the Physician in connection with the provision of the Services;
 - 15.3.2 comply with the reporting obligations set out in Appendix 4 of this Contract; and
 - 15.3.3 complete and submit to the Agency all reports reasonably required by the Agency within 30 days (subject to the specific requirements in Appendix 4) of the Agency's written request.
- 15.4 The Physician is responsible for the accuracy of all information and reports submitted by the Physician to the Agency.

Article 16: Records

- 16.1 Where the Physician is providing Services in an Agency facility and the Agency has procedures in place, the Physician will create Clinical Records in the clinical charts that are established by and owned by the Agency and used by the facility where the Services are provided.

- 16.2 Where the Physician is providing Services in an Agency facility, and the Agency does not have procedures in place, the Physician will create and maintain Clinical Records in the manner provided for in the Bylaws of the College of Physicians and Surgeons of British Columbia.
- 16.3 The Physician will keep business accounts, including records of expenses incurred in connection with the Services and invoices, receipts and vouchers for the expenses.
- 16.4 For the purposes of this Article 16, "**Clinical Record**" means a clinical record maintained in accordance with the Bylaws of the College of Physicians and Surgeons of British Columbia and an adequate medical record in accordance with the Medical Services Commission Payment Schedule.
- 16.5 If requested to do so by the Agency the Physician will promptly return to the Agency all materials, including all findings, data, reports, documents and records, whether complete or otherwise, that have been produced or developed by the Physician or provided to the Physician by the Agency in connection with the Services, that are in the Physician's possession or control.

Article 17: Third Party Claims

- 17.1 Each party will provide the other with prompt notice of any action against either or both of them arising out of this Contract.

Article 18: Liability Protection

- 18.1 The Physician will, without limiting the Physician's obligations or liabilities herein, purchase, maintain, and cause any sub-contractors to maintain, throughout the Term:
 - 18.1.1 Where the Physician owns or rents the premises where the Services are provided, comprehensive or commercial general liability insurance with a limit of not less than \$2,000,000. The Physician will add the Agency as an additional insured and the policy(s) will contain a cross liability clause. It is understood by the parties that this comprehensive or commercial general liability insurance is a reasonable overhead expense.
 - 18.1.2 Membership with the Canadian Medical Protective Association or alternative professional/malpractice protection plan.
- 18.2 All of the insurance required under clause 18.1.1 will be primary and will not require the sharing of any loss by any insurer of the Agency and must be endorsed to provide the Agency with 30 days' advance written notice of cancellation or material change.
- 18.3 The Physician agrees to provide the Agency with evidence of the membership/protection plan or insurance coverage required under this Article 18 at the time of execution of this Contract and otherwise from time to time as requested by the Agency.

Article 19: Confidentiality

- 19.1 The Physician and the Agency will maintain as confidential and not disclose any patient information, except as required or permitted by law.
- 19.2 The Physician must not, without the prior written consent of the Agency, publish, release, or disclose or permit to be published, released, or disclosed before, during the Term or otherwise, any other confidential information supplied to, obtained by, or which comes to the knowledge of the Physician as a result of this Contract unless the publication, release, or disclosure is required or permitted by law and is:
- 19.2.1 necessary to fulfill the Physician's obligations under this Contract; or
 - 19.2.2 made in accordance with professional obligations as identified by the College of Physicians and Surgeons of BC; or
 - 19.2.3 in reference to this Contract.
- 19.3 For the purposes of this Article 19, information will be deemed to be confidential where all of the following criteria are met:
- 19.3.1 the information is not found in the public domain;
 - 19.3.2 the information was imparted to the Physician and disclosed in circumstances of confidence, or would be understood by parties exercising reasonable business judgement to be confidential; and
 - 19.3.3 the Agency has maintained adequate internal control to ensure the information remained confidential.

Article 20: Conflict of Interest

- 20.1 During the Term, absent the written consent of the Agency, the Physician must not perform a service for or provide advice to any person, firm, or corporation where the performance of the service or the provision of the advice may or does give rise to a conflict of interest under this Contract.
- 20.2 The parties will attempt to resolve at the local level any question as to whether the Physician has breached or may breach clause 20.1. If the parties are unable to resolve the issue, it will be referred to mediation and/or arbitration pursuant to Article 8 of this Contract.

Article 21: Ownership

- 21.1 The parties acknowledge that in the course of providing the Services intellectual or like property may be developed. The Physician agrees to be bound by and observe the relevant patent and licensing policies of the Agency in effect from time to time. Where such policies require the assignment of intellectual property to the Agency, the Physician will execute and deliver all documents and do all such further things as are reasonably required to achieve the assignment.

Article 22: Audit, Evaluation and Assessment

- 22.1 The Physician acknowledges and agrees that the auditing authority of the Medical Services Commission under section 36 of the *Medicare Protection Act* (the “*Act*”), as amended from time to time, is incorporated and applies in relation to this Contract. The Agency and the Physician agree that the terms in sections 15, 37, and 38 of the *Act* are hereby incorporated into this Contract, as modified by sections 22.2 and 22.3 below.
- 22.2 Without limiting section 22.1, the Physician acknowledges and agrees that for audits of this Contract conducted by the Medical Services Commission: (i) the Physician is a “practitioner” as defined in the *Act*; and (ii) the terms in sections 36(3) to 36(11) of the *Act* are hereby incorporated into this Contract for the purposes of audits in relation to this Contract.
- 22.3 Without limiting sections 22.1 and 22.2, in relation to this Contract, the Physician acknowledges and agrees that: (i) the incorporated reference in section 37(1) of the *Act* which states “the commission had paid an amount” also includes an amount paid by the Agency under this Contract; and (ii) the requirement to repay the Medical Services Commission under sections 37(1)(d) and (1.1) includes that the Medical Services Commission may require the Physician to pay money to the Agency.
- 22.4 Prior to attending the clinic/practice for audit under this Article, a notice of inspection of an audit must be provided to the Physician. Unless determined otherwise by the Medical Services Commission, which in no case would include a random audit, notice of inspection must be provided at least 14 days prior to the inspection.
- 22.5 The Physician must reasonably cooperate with Medical Services Commission auditors for an audit in relation to this Contract, including by producing and allowing Medical Services Commission auditors to access relevant records, including the clinic/practice EMR.
- 22.6 Notwithstanding Article 8 (Dispute Resolution) or any other provision of this Contract, the parties agree that the Medical Services Commission has exclusive jurisdiction to determine disputes about alleged misbilling for Services under this Contract. The parties acknowledge and agree that the hearing process and rules for a hearing by the Medical Services Commission will be the same as those that the Medical Services Commission would follow in a hearing for a physician billing fee-for-service under the *Act*, unless the

Medical Services Commission recommends that a different process or rules would be more appropriate in the circumstances and the parties agree to adopt the recommendation. Further, the parties acknowledge and agree that a Medical Services Commission audit or hearing for the Physician in relation to this Contract may occur simultaneously with one or more audits or hearings in relation to fee-for-service claims under the *Act* or other contracts.

Article 23: Notices

23.1 Any notice, report, or any or all of the documents that either party may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:

23.1.1 If mailed by prepaid double registered mail to the addressee's address listed below, on date of confirmation of delivery; or

23.1.2 If delivered by hand to the addressee's address listed below on the date of such personal delivery; or

23.1.3 If sent by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address provided in this Article 23.

23.2 Either party must give notice to the other of a change of address.

23.3 Address and e-mail address of Agency:

Address and e-mail address of Physician:

Article 24: Amendments

24.1 This Contract must not be amended except by written agreement of both parties.

Article 25: Entire Contract

25.1 This Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements embody the entire understanding and agreement between the parties relating to the Services and there are no covenants, representations, warranties, or agreements other than those contained or specifically preserved under the terms of this Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements.

Article 26: No Waiver Unless in Writing

- 26.1 No provision of this Contract and no breach by either party of any such provision will be deemed to have been waived unless such waiver is in writing signed by the other party. The written waiver of a party of any breach of any provision of this Contract by the other party must not be construed as a waiver of any subsequent breach of the same or of any other provision of this Contract.

Article 27 Headings

- 27.1 The headings in this Contract have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Contract.

Article 28: Enforceability and Severability

- 28.1 If any provision of this Contract is determined to be invalid, void, illegal, or unenforceable, in whole or in part, such invalidity, voidance, or unenforceability will attach only to such provision or part of such provision, and all other provisions or the remaining part of such provision, as the case may be, continue to have full force and effect.

Article 29: Physician Main Agreement and Physician Main Subsidiary Agreements

- 29.1 This Contract is subject to the 2025 Physician Main Agreement and the Physician Main Subsidiary Agreements, and amendments thereto.
- 29.2 In the event that during the Term, a new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s) come into effect, the parties agree to meet on notice by one party to the other to re-negotiate and amend the terms of this Contract to ensure compliance with the new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s).

Article 30: Execution of the Contract

- 30.1 This Contract and any amendments thereto may be executed in any number of counterparts with the same effect as if all parties hereto had signed the same document. All counterparts will be construed together and will constitute one and the same original agreement.
- 30.2 This Contract may be validly executed by transmission of a signed copy thereof by e-mail.
- 30.3 The parties to this Contract may execute the contract electronically via e-mail by typing their name above the appropriate signature line in the document attached to the e-mail, saving that document, and returning it by way of an e-mail address that can be verified as

belonging to that party. The parties to this Contract agree that this Contract in electronic form will be the equivalent of an original written paper agreement between the parties.

Article 31: Physicians as Health Profession Corporations

31.1 Where the Physician is a health profession corporation:

- (a) the Physician will ensure that its physician owner, being the individual signing this Contract on the Physician's behalf (the "**Physician's Owner**"), performs and fulfills, in accordance with the terms of this Contract, all obligations of the Physician under this Contract that cannot be performed or fulfilled by a health profession corporation;
- (b) the Agency agrees to confer on the Physician's Owner, for the Physician's benefit, all rights of the Physician under this Contract that cannot be held by a health profession corporation; and
- (c) for clarity, all remuneration for the Services will be paid to the health profession corporation.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this Contract have duly executed this Contract as of the date written above.

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered by the Physician:

[Sign here if you are a Physician who is not incorporated]

Dr.

[Sign here, on behalf of your health profession corporation, if you are a Physician who is incorporated and do not sign your personal name above]

[] Inc.

Authorized Signatory

APPENDIX 1

SERVICES/DELIVERABLES

1. The Physician agrees to provide _____ hours of service per year.

2. The Physician will provide the following Services:

-
-
-

It is understood and agreed that more detailed descriptions of the Services will be included in this Appendix as negotiated at the local level between the Physician and the Agency. Such detailed descriptions of the Services will contribute to the Agency's legislative obligations to ensure a physically and psychologically safe workplace, and must include the following:

- (a) Participation in the evaluation of the efficiency, quality, and delivery of the Services, including and without limiting the generality of the foregoing, participation in medical audits, peer and interdisciplinary reviews, chart reviews, and incident report reviews.
- (b) Those activities that are necessary to satisfy the Physician's obligations under Article 15 and Appendix 3 of this Contract.

3. The Physician will supply the following support, technology, material and supplies:

4. The Agency will provide the following support, technology, material and supplies:

APPENDIX 2

PAYMENT

The Agency will pay the Physician [*bi-weekly/monthly/other*] at the rate of \$_____ per day/month/year that the Physician provides Services under the terms of this Contract.

It is understood and agreed that a more detailed description of the payment processes will be included in this Appendix 2 as negotiated at the local level, and will include either payment on receipt of an invoice for the Services provided or payment on installment with reconciliation where hours worked and reported are less than the minimum contracted hours set out in Appendix 1. Periodic variation in hours will not affect regular installment payments, but will affect payments on receipt of an invoice.

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APPENDIX 2A

INVOICE

Insert form of invoice used by Agency.

APPENDIX 3A

FEE FOR SERVICE AND THIRD PARTY BILLING WAIVER

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [name of Agency] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan or third parties with respect to such Services.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3B

FEE FOR SERVICE WAIVER AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [name of Agency] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan with respect to such Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive any payments for any such Services from any third party including but not limited to:

- (a) billings associated with, WCB, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,
- (b) billings for all non-insured Services, excluding medical-legal services (which include ICBC physician assessments and reports), and
- (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act* including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3C

FEE FOR SERVICE AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [name of Agency] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive fee for service payments from the Medical Service Plan and third parties with respect to such Services.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent, (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 4

REPORTING

The Physician will comply with the reporting requirements set out below. It is the Physician's responsibility to ensure that all reports/forms are completed and submitted as set out below, and in particular:

1. On a [*monthly/quarterly*] basis during the Term, the Physician will provide to the Agency an hours report with respect to the Services provided under the Contract which identifies:
 - (a) the days Services were provided;
 - (b) the location of the Services, identified by either "on-site" or "off-site" (the Physician and the Agency have agreed that the following locations are "on site": [*insert locations*]);
 - (c) for hours provided when the Physician is scheduled to provide Services, daily start and stop times rounded to the nearest 15 minutes, with additional start and stop times required if needed to report blocks of Services separated by periods longer than 30 minutes; and
 - (d) for hours provided when the Physician is not scheduled to provide Services (exclusive of Services provided while the Physician is scheduled), total daily hours rounded to the nearest 15 minutes.
2. To claim After-Hours Premiums, the Physician must report to the Agency all hours of Services (scheduled or unscheduled) provided After-Hours (as defined in the Alternative Payments Subsidiary Agreement), together with the date, name of the facility or patient's home where the Services were provided, and the start and stop times rounded to the nearest 15 minutes.
3. In the event that the Physician provides services outside the scope of this Contract on a fee-for-service basis on the same day the Physician provides Services under this Contract, the Physician, whether or not required by MSP or another paying agency, will enter start and stop times and an appropriate location code (e.g. "A" – Practitioner's Office – In Community) for the patient encounter(s). The Physician will also provide start and stop times for unscheduled Services in the same manner as for scheduled Services.
4. The Physician acknowledges that information collected by the Medical Services Commission under the authority of the *Medicare Protection Act*, including details of physician fee-for-service billings and encounter billings, may be disclosed to the Agency for any purposes authorized by law, including the purposes of administering, evaluating, and monitoring the Contract. Personal information in the custody or under the control of the Agency is protected from unauthorized use and disclosure in accordance with the

Freedom of Information and Protection of Privacy Act and may be disclosed only as permitted by that Act.

It is understood and agreed that more detailed descriptions of the reporting requirements will be included in this Appendix 4 as negotiated at the local level between the Physician(s) and the Agency, and the Physician and the Agency may agree to more detailed hours reporting than what is required in 1 above. See APSA s. 12.13(b).

APPENDIX 5

WORKLOAD MEASURES

The inclusion of one to three Workload Measures, or more by agreement, in this Appendix is mandatory. If the parties are unable to agree to the proposed Workload Measure(s), the Provincial Workload Measure(s) applicable to that Practice Category/Clinical Service Area will be included instead. For clarity, the Agency and the Physician(s) are not precluded from agreeing to include one or more Provincial Workload Measure(s) in combination with one or more other Workload Measure(s). If the parties are unable to agree to the proposed Workload Measure(s) and there are no applicable Provincial Workload Measure(s), the parties will refer the matter to the Trouble Shooter for non-binding recommendations.

Physicians under multiple individual Service Contracts or Salary Agreements for similar Physician Services are encouraged to work together to support consistency in the identification of Workload Measure(s) across those contracts.

1. A “**Workload Measure**” is a tool to identify relevant information for the review of physician workload.
2. The following Workload Measure(s) are included in this Appendix:
 - (a) *[Insert Workload Measure(s) here]*
 - (b) *[Insert Workload Measure(s) here]*
3. For clarity, the Workload Measures included in this Appendix:
 - (a) provide the Agency and the Physician(s) with a tool through which to inform discussion and identify relevant information for the review of physician workload;
 - (b) may, and are expected to, change over time;
 - (c) do not preclude the Agency and/or the Physician(s) from considering or discussing any other workload data or workload measure(s) in the assessment of physician workload;
 - (d) do not preclude or supersede the use of any existing or future workload models used for staffing or resource allocation; and
 - (e) do not create any contractual obligations on the Agency or the Physician(s).
4. The Physician(s) and the Agency will meet *[insert agreed upon timeframe (e.g. quarterly, every 6 months)]* to review any hours reporting and consider the Workload Measures data for the purpose of assessing workload, and where there is an identifiable growth trend, discuss potential solutions, including but not limited to submitting a proposal for workload funding through the provincial workload funding process set out in section 5.3 of the Alternative Payments Subsidiary Agreement.

Schedule “E” to the Alternative Payments Subsidiary Agreement

GROUP TEMPLATE SERVICE CONTRACT

BETWEEN:

**THOSE PHYSICIANS AND HEALTH PROFESSION CORPORATIONS LISTED ON
THE SIGNATURE PAGE OF THIS CONTRACT**

(each is individually a “**Physician**” and collectively all
are referred to as the “**Physicians**”)

OR

[PARTNERSHIP NAME]

(the “**Partnership**”)

OR

[CORPORATION NAME]

(the “**Corporation**”)

*If this Contract is between the Agency and a partnership or a corporation, the Contract requires
amendments that reflect the legal status of the parties.*

AND:

(the “**Agency**”)

WHEREAS the Physicians wish to contract with the Agency and the Agency wishes to contract
with the Physicians to provide clinical and related teaching, research and clinical administrative
services on the terms, conditions and understandings set out in this Service Contract;

THEREFORE in consideration of the mutual promises contained in this Contract, the
Physicians and the Agency agree as follows:

Article 1: Definitions

- 1.1 Words used in this Contract, including in the recitals and the Appendices, that are defined
in the 2025 Physician Main Agreement or Physician Main Subsidiary Agreements have
the same meaning as in the 2025 Physician Main Agreement or the Physician Main

Subsidiary Agreements, unless otherwise defined in this Contract. In addition, in this Contract, including the recitals and Appendices, the following definitions apply:

- (a) “**Contract**” or “**Service Contract**” means this document including the Appendices, as amended from time to time in accordance with Article 25.
- (b) “**Fiscal Quarter**” means a three-month period consisting of one of April 1 to June 30, July 1 to September 30, October 1 to December 31, or January 1 to March 31, in any given year.
- (c) “**health profession corporation**” has the meaning attributed to that term under the *Health Professions and Occupations Act*.
- (d) “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” and entered into as of April 1, 2025, among the Government, the Medical Services Commission, and the Association of Doctors of BC (“**Doctors of BC**”), as subsequently amended from time to time.
- (e) “**Services**” means clinical and related teaching, research and clinical administrative services, and those Services provided under this Contract are specifically described in Appendix 1, as amended from time to time by written agreement between the Agency and the Physician.

Article 2: Term & Renewal

- 2.1 This Contract will be in effect from <insert date> to <insert date> notwithstanding the date of its execution, unless terminated earlier as provided herein (the “**Term**”).
- 2.2 This Contract may be renewed for such period of time and on the terms as the parties may mutually agree to in writing:
 - (a) If the Physicians wish to renew this Contract, the Physicians must provide written notice to the Agency no later than ninety (90) days prior to the end of the Term.
 - (b) If the Agency wishes to renew this Contract, it must provide written notice to the Physicians no later than ninety (90) days prior to the end of the Term.

As soon as practical after either the Physicians or the Agency has provided notice in accordance with this clause 2.2, the parties will meet to discuss and endeavour to settle in a timely manner the terms of such a renewal.

- 2.3 Subject to clause 2.4, if both the Physicians and the Agency agree to renew the Contract the terms and conditions of this Contract must remain in effect until the new contract is signed and any continuation past the Term is without prejudice to issues of retroactivity.

- 2.4 In the event that notice is given by either the Physicians or the Agency in accordance with clause 2.2 above and if a new contract is not completed within six (6) months following the end of the Term, this Contract and any extensions will terminate without further obligation on either party.

Article 3: Termination

- 3.1 The Physicians (collectively) or the Agency may terminate the Contract without cause upon six (6) months' written notice to the other, or immediately upon written notice if the other breaches a fundamental term of this Contract.
- 3.2 Subject to clause 3.3 and without affecting the rights and obligations of the remaining Physicians:
- (a) each Physician has the separate and distinct right to terminate the Contract as between that Physician and the Agency without cause upon six (6) months' written notice to the Agency, with an information copy of such notice to the remaining Physicians; and
 - (b) the Agency may terminate the Contract as between the Agency and any individual Physician without cause upon six (6) months' written notice to that Physician, with an information copy of such notice to the remaining Physicians.
- 3.3 Each Physician or the Agency may terminate the Contract as between that Physician and the Agency immediately upon written notice if the other breaches a fundamental term of this Contract. For clarity, loss of privileges by a Physician related to the Services provided under this Contract is a breach of a fundamental term of this Contract.
- 3.4 No Physician will be required to resign privileges as a result of a termination of the Contract except in accordance with a fully executed and attached Appendix 7 (Resignation of Privileges Under Exclusive Contracts), if applicable. If Appendix 7 is not attached to this Contract or fully executed by the Physicians (collectively) and the Agency, it does not apply or form part of this Contract.

Article 4: Relationship of Parties

- 4.1 Each Physician is an independent contractor to the Agency and not the servant, employee, or agent of the Agency. No employment relationship is created by this Contract or by the provision of the Services to the Agency by the Physician. No partnership relationship between the Physicians is created by this Contract or by the provision of the Services to the Agency by the Physicians. None of the Physicians intends to carry on a business with a view to profit with the other Physicians in respect of the Services.
- 4.2 None of the Physicians nor the Agency will in any manner commit or purport to commit the other to the payment of any monies or to the performance of any other duties or

responsibilities except as provided for in this Contract, or as otherwise agreed to in writing between the parties.

- 4.3 If a Physician employs other persons or is a health profession corporation, the Physician will apply to register with WorkSafeBC and:
- (a) if registered as an employer maintain that registration during the Term and provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible, or
 - (b) if advised by WorkSafeBC that the Physician is a “worker”, advise the Agency and provide the Agency with any related documentation from WorkSafeBC.
- 4.4 If a Physician purchases Personal Coverage with WorkSafeBC as an independent operator (at the Physician’s option), the Physician will provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible.
- 4.5 Each Physician must pay any and all payments and/or deductions required to be paid by the Physician, including those required for income tax, Employment Insurance premiums, workers’ compensation premiums, Canada Pension Plan premiums or contributions, and any other statutory payments or assessments of any nature or kind whatsoever that the Physician is required to pay to any government (whether federal, provincial or municipal) or to any body, agency, or authority of any government in respect of any money paid to the Physician pursuant to this Contract.
- 4.6 The liability of the Physicians for payments referred to in clause 4.5 is several and not joint.
- 4.7 Each Physician agrees to indemnify the Agency from any and all losses, claims, damages, actions, causes of action, liabilities, charges, penalties, assessments, re-assessments, costs or expenses suffered by it arising from that Physician’s failure to make any payments referred to in clause 4.5.
- 4.8 The indemnity in clause 4.7 survives the expiry or earlier termination of this Contract.

Article 5: Unincorporated Groups

- 5.1 As the Services are provided under this Contract by multiple Physicians, each Physician will be party to, and bound by, this Contract.

Parties to select one of three options for clause 5.2 in negotiations.

5.2 The Physicians will develop a process or agreement to govern their intra-group relationship.

OR

5.2 The Physicians will develop an intra-physician group governance agreement. Each of the Physicians will be a party to the intra-physician group governance agreement, and the Physicians will ensure that any physician who becomes a Physician during the Term also becomes a party to the intra-physician group governance agreement. If the Physicians are failing to provide the Services pursuant to the terms of this Contract on a persistent basis and the Agency reasonably believes that such failure is related to the Physicians' intra-physician group governance agreement, the Agency may request a copy of the intra-physician group governance agreement from the Physicians, and the Physicians will not unreasonably deny the Agency's request.

OR

5.2 The Physicians will develop an intra-physician group governance agreement. Each of the Physicians will be a party to the intra-physician group governance agreement, and the Physicians will ensure that any physician who becomes a Physician during the Term also becomes a party to the intra-physician group governance agreement. The Physicians will provide the Agency with a copy of the intra-physician group governance agreement within two months of the first day of the Term. Any amendments to the intra-physician group governance agreement made during the Term will be promptly disclosed to the Agency.

5.3 Subject to sub-clause 3.2(b), the Physicians may designate a representative from among the Physicians to represent the Physicians with respect to notices, the proposed addition of new physicians to the Contract and all invoicing and payment matters under this Contract (the "**Representative**") and will notify the Agency of the identity of the Representative. If the Representative changes during the Term, the Physicians will notify the Agency of the new Representative.

5.4 Where a notice under any term of this Contract is to be given to all of the Physicians, the Physicians agree that a single notice to the Representative sent to the address provided in Article 23 will constitute notice to all of the Physicians. Where notice is to be given to less than all of the Physicians, it must be given to those individual Physicians at the address(es) provided at Appendix 5.

5.5 In the event of the departure of a Physician pursuant to clauses 3.2 or 3.3, the parties will meet to discuss whether amendments to any Appendices are required and to make agreed changes.

5.6 The Physicians must use reasonable efforts to replace departing Physicians.

- 5.7 Any replacement or new physicians that the Physicians propose to add are subject to approval by the Agency in accordance with its normal policies, by-laws, and rules. Such approval will not be unreasonably withheld.
- 5.8 Subject to clause 5.7, for any new physician added to this Contract who is not an initial signatory to this Contract, the Physicians (collectively) or their Representative, the Agency, and the new physician will sign and deliver to the others an acknowledgement and agreement in the form set out in Appendix 6 (“**New Physician – Agreement to Join**”), agreeing that the new physician will become party to and bound by the terms of this Contract.

Article 6: Waiver/Assignment

- 6.1 Unless specified otherwise, each Physician must not retain fee-for-service billings, including third party billings, for the Services provided under the terms of this Contract. Physicians may bill fee-for-service or directly for any and all services delivered outside the scope of this Contract. For the purposes of this Article, third party billings include but are not limited to:
- (a) billings for Services associated with WorkSafeBC, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,
 - (b) billings for non-insured Services, excluding medical/legal services (which include ICBC physician assessments and reports), and
 - (c) billings for Services provided to persons who are not beneficiaries under the Medicare Protection Act, including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.
- 6.2 Where the Available Amount is not a source of funding for this Contract, each Physician will sign:
- (a) a waiver in the form attached hereto as Appendix 3A and such other documentation in connection with such waiver as may be reasonably required;
 - (b) if the Physician is required to assign to the Agency any and all rights the Physician has to receive third party billings for any of the Services provided under the terms of this Contract, a waiver and assignment in the form attached hereto as Appendix 3B and such other documentation in connection with such waiver and assignment as may be reasonably required.
- 6.3 Where the Available Amount is a source of funding for this Contract, each Physician will assign to the Agency any and all rights the Physician has to receive fee-for-service payments from the Available Amount for any of the Services provided under the terms of

this Contract and will sign an assignment in the form attached hereto as Appendix 3C and such documentation in connection with such assignment as may be reasonably required.

Article 7: Autonomy

- 7.1 Each Physician will provide the Services under this Contract in accordance with applicable standards of law, professional ethics, and medical practice and any Agency policies, by-laws, rules, and regulations that are not inconsistent with or represent a material change to the terms of this Contract.
- 7.2 Subject to clause 7.1, each Physician is entitled to professional autonomy in the provision of the Services.

Article 8: Doctors of BC

- 8.1 Each Physician separately and the Physicians collectively are entitled, at their option, to representation by the Doctors of BC in the discussion or resolution of any issue arising under this Contract, including without limitation the re-negotiation or termination of this Contract.

Article 9: Dispute Resolution

- 9.1 This Contract is governed by and is to be construed in accordance with the laws of British Columbia.
- 9.2 All disputes with respect to the interpretation, application or alleged breach of this Contract that any Physician(s) and the Agency (the Physician(s) or the Agency, each a “**Party to the Dispute**” or collectively “**Parties to the Dispute**”) are unable to resolve informally at the local level, may be referred to mediation on notice by either Party to the Dispute to the other, with the assistance of a neutral mediator jointly selected by the Parties to the Dispute. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the Parties to the Dispute in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act* and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rules may be amended from time to time, by a sole arbitrator. The place of arbitration will be _____, British Columbia and the language of the arbitration will be English.
- 9.3 Upon agreement of the Parties to the Dispute, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this Article 9 will prevent any party from commencing arbitration at any time in order to preserve a legal right, including but not limited to relating to a limitation period.
- 9.4 The Parties to the Dispute must advise the Ministry of Health and the Doctors of BC respectively prior to referring any dispute to arbitration. The Ministry of Health and the Doctors of BC will have the right to apply to intervene in the arbitration and such

application will rely on the common-law test for granting intervenor status. All intervenors are responsible for their own costs and any other costs the arbitrator may order them to pay.

- 9.5 Any dispute settlement achieved by the Parties to the Dispute, up to the point of arbitration, will be deemed to have been concluded without prejudice to other disputes or proceedings involving other parties, and will not be referred to in any other dispute or proceeding.

Article 10: Service Requirements

- 10.1 The Physicians will provide the Services as described in Appendix 1 and will schedule their availability, as set out in Appendix 1, to reasonably ensure the provision of the Services.
- 10.2 Hours are as agreed upon by the parties at Appendix 1. It is understood that many circumstances require flexibility of hours, and the Physicians will respond to these needs.
- 10.3 If the Physicians are unable to provide the Services under the terms of this Contract on a persistent basis due to significant unanticipated increases in volume or the departure of one or more Physicians, then the Agency and the Physicians will meet to discuss and develop an approach to attempt to resolve the concern, which may include, temporarily adjusting the contract deliverables/service expectations, making operational changes, bringing in alternate providers or locum physicians, or temporarily compensating the Physician for additional hours of Services under this Contract or a separate contract. If they are unable to reach an agreement, either the Physicians or the Agency may request, through the Doctors of BC or the Government, the use of a Trouble Shooter who will conduct a fact-finding review and issue recommendations. If they are unable to reach an agreement following the use of a Trouble Shooter, either the Doctors of BC or the Government may refer the matter to the Physician Services Committee as a Local Interest Issue.

Article 11: Licenses & Qualifications

- 11.1 During the Term, each Physician will maintain:
- (a) registered membership in good standing with the College of Physicians and Surgeons of British Columbia and will conduct the practice of medicine consistent with the conditions of such registration; and
 - (b) all other licences, qualifications, privileges, and credentials required to deliver the Services.
- 11.2 During the Term, it is a fundamental term of the Contract that each Physician maintains enrolment in the Medical Services Plan (MSP).

- (a) For clarity, an order of the Medical Services Commission under section 15(2)(a) of the *Medicare Protection Act* for the duration of that order, is a breach of a fundamental term of this Contract.
 - (b) If a Physician is no longer enrolled in MSP or is de-enrolled from MSP, the Physician must immediately notify the Agency of the period of the lack of enrollment or de-enrollment.
- 11.3 If all or some of the Services provided under this Contract are Specialist Services, as defined in the Alternative Payments Subsidiary Agreement, then the Physicians providing the Specialist Services will be and remain registered by the College of Physicians and Surgeons of BC to provide these Specialist Services.
- 11.4 All medical Services under this Contract will be provided either directly by a Physician, or a resident under the supervision and responsibility of a Physician, or by a clinical fellow under the supervision and responsibility of a Physician.

Article 12: Locum Coverage

- 12.1 The Physicians and the Agency will work together in recruiting and retaining qualified locum physicians when necessary. Locum physicians are subject to the approval of the Agency, whose approval will not be unreasonably withheld
- 12.2 In circumstances where a locum physician is providing Services and will report their hours under the Contract, the locum physician will be paid from the amounts available to be paid to the Physicians under this Contract and the Physicians will ensure that locum physicians:
- (a) do not bill FFS for the Services;
 - (b) sign a waiver/assignment in the form set out at Appendix 3, and the Physicians will provide the waiver/assignment to the Agency prior to the locum physician providing Services under the Contract; and
 - (c) provide any reporting as required by the Contract.
- 12.3 In the event a locum is not available, the Agency and the Physicians may agree that the Physicians will provide hours of service in excess of the annual hours of service specified at Appendix 1. In this event the parties must agree upon appropriate compensation for the additional hours of service.

Article 13: Subcontracting

- 13.1 Each Physician may, with the written consent of the Agency, subcontract or assign any of the Services. The consent of the Agency will not be unreasonably withheld.

- 13.2 Each Physician will ensure that any contract between the Physician and a subcontractor will require that the subcontractor comply with all relevant terms of the Contract, including that the subcontractor sign a waiver/assignment in the form set out at Appendix 3. Further, the Physician will provide a copy of that waiver/assignment to the Agency prior to the subcontractor providing any Services under this Contract.
- 13.3 Prior to subcontracting any of their obligations, each Physician will review the capabilities, knowledge and experience of the potential subcontractor in a manner sufficient to establish that the potential subcontractor is able to meet the requirements of this Contract.
- 13.4 No subcontract relieves a Physician from their obligations or liabilities under this Contract.

Article 14: Parental Leave/Indigenous Child Care Leave

- 14.1 The Physicians will ensure that their intra-physician group governance agreement is not inconsistent with the terms of this Article 14.
- 14.2 A Physician taking Parental Leave or Indigenous Child Care Leave will inform the Agency of the Physician's intention to take a Parental Leave or Indigenous Child Care Leave and the anticipated start date and length of the Parental Leave or Indigenous Child Care Leave as soon as practicable, and no less than 16 weeks from the anticipated start date of the Parental Leave or Indigenous Child Care Leave.
- 14.3 Upon notification in accordance with 14.2, the Agency and Physicians will meet to discuss whether the Physicians will require a locum (per Article 12) or subcontractor (per Article 13) to replace the Physician taking Parental Leave or Indigenous Child Care Leave.
- 14.4 If a locum or subcontractor is required, the Physicians will work together with the Agency to recruit a locum or subcontractor. If the Agency recruits a qualified locum physician, the Physicians will not unreasonably withhold their agreement to that locum physician being added to the Contract to replace the Physician taking Parental Leave or Indigenous Child Care Leave.
- 14.5 In the event that either a locum or a subcontractor is not available to replace the Physician for a period of Parental Leave, Indigenous Child Care Leave, or a leave under 14.10, the Physicians and the Agency agree that the rights and obligations of the Physician taking Parental Leave, Indigenous Child Care Leave, or a leave under 14.10 under this Contract may be suspended for the duration of the Parental Leave, Indigenous Child Care Leave, or a leave under 14.10 without affecting the rights and obligations of the remaining Physicians under the Contract. For clarity, the Term will continue for the duration of the Parental Leave, Indigenous Child Care Leave or a leave under 14.10.

- 14.6 The Physician taking Parental Leave or Indigenous Child Care Leave will provide the Agency with formal written notice a minimum of four weeks in advance of the anticipated start date of the Parental Leave or Indigenous Child Care Leave, such written notice to include the start date and length of the Parental Leave or Indigenous Child Care Leave. If requested by the Agency, the Physician will provide any required supporting documentation.
- 14.7 Upon formal notification of a Parental Leave or Indigenous Child Care Leave in accordance with 14.6, the Physicians and the Agency will meet to discuss whether any amendments to the Contract are required and to make agreed changes.
- 14.8 For the purposes of this Article 14, “**Parental Leave**” means a leave taken upon a Physician becoming a parent by birth, adoption or surrogacy. Parental Leave must begin no earlier than 12 weeks before the expected birth or placement date of the child and must conclude no later than 78 weeks after the actual birth or placement date of the child. The maximum length of a Parental Leave is 78 consecutive weeks.
- 14.9 For the purposes of this Article 14 “**Indigenous Child Care Leave**” is as defined in Schedule E of the Benefits Subsidiary Agreement. The maximum length of an Indigenous Child Care Leave is 62 consecutive weeks.
- 14.10 A leave of up to a maximum of 17 consecutive weeks may be taken by the Physician in the event the Physician is pregnant for more than 19 weeks, or has recently given birth, and does not become a parent. The notice requirements set out in this Article 14 may not be applicable in these circumstances.

Article 15: Compensation

- 15.1 The Physicians will invoice the Agency for all the Services provided in a form acceptable to the Agency, substantially in the form set out at Appendix 2A.
- 15.2 The Agency will pay the Physicians pursuant to Appendix 2.
- 15.3 Each Physician is entitled to access the Benefit Plans as defined and described in the Benefits Subsidiary Agreement (as defined in the Physician Main Agreement).
- 15.4 The Agency must forward the necessary information with respect to each Physician to the Doctors of BC Benefits Department, at the address set out below, prior to March 31 of each year in which the Contract is in effect. The Physicians will provide the Agency with any information necessary for the Physicians to access the Benefit Plans not in the possession of the Agency.

Benefits Manager
Doctors of BC
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

- 15.5 No Physician is entitled under this Contract to any benefit from the Agency including Canada Pension Plan contributions, Employment Insurance premiums, supplemental health coverage for the Physicians or their families, health benefits for travel outside Canada, dental insurance for preventative dental care and dental procedures, supplemental group life insurance, accidental death and dismemberment insurance death benefits, overtime, or statutory holidays.

Article 16: Reporting

- 16.1 The parties acknowledge that the Agency has a responsibility to transmit the details of the Services to the Ministry of Health the same as required for physicians billing fee-for-service, including:
- 16.1.1 the name and identity number of the patient;
 - 16.1.2 the practitioner number of the practitioner who personally rendered or was responsible for the service;
 - 16.1.3 the details of the service, including the location where the service was rendered, the date and time the service was rendered, the length of time spent rendering the service, the diagnosis, and the equivalent fee item or encounter record code.
- 16.2 Each Physician will co-operate with the Agency and make all reasonable efforts to provide it with the information it requires in order to meet its obligation referred to in clause 16.1, by providing the information listed at Appendix 4.
- 16.3 Each Physician will also:
- 16.3.1 report to the Agency all work done by the Physician in connection with the provision of the Services;
 - 16.3.2 comply with the reporting obligations set out in Appendix 4 of this Contract; and
 - 16.3.3 complete and submit to the Agency all reports reasonably required by the Agency within 30 days (subject to the specific requirements in Appendix 4) of the Agency's written request.
- 16.4 Each Physician is responsible for the accuracy of all information and reports submitted by the Physician to the Agency.

Article 17: Records

- 17.1 Where a Physician is providing Services in an Agency facility and the Agency has procedures in place, each Physician will create Clinical Records in the clinical charts that are established by and owned by the Agency and used by the facility where the Services are provided.

- 17.2 Where a Physician is providing Services in an Agency facility and the Agency does not have procedures in place, each Physician will create and maintain Clinical Records in the manner provided for in the Bylaws of the College of Physicians and Surgeons of British Columbia.
- 17.3 The Physicians will keep business accounts, including records of expenses incurred in connection with the Services and invoices, receipts and vouchers for the expenses.
- 17.4 For the purposes of this Article 17, "**Clinical Record**" means a clinical record maintained in accordance with the Bylaws of the College of Physicians and Surgeons of British Columbia and an adequate medical record in accordance with the Medical Services Commission Payment Schedule.
- 17.5 If requested to do so by the Agency each Physician will promptly return to the Agency all materials, including all findings, data, reports, documents and records, whether complete or otherwise, that have been produced or developed by the Physician or provided to the Physician by the Agency in connection with the Services, that are in that Physician's possession or control.

Article 18: Third Party Claims

- 18.1 The Physicians and the Agency will provide the others with prompt notice of any action against any of them arising out of this Contract.

Article 19: Liability Protection

- 19.1 Each Physician will, without limiting the Physician's obligations or liabilities herein, purchase, maintain, and cause any sub-contractors to maintain, throughout the Term:
- 19.1.1 Where a Physician owns or rents the premises where the Services are provided, comprehensive or commercial general liability insurance with a limit of not less than \$2,000,000. The Physician will add the Agency as an additional insured and the policy(s) will contain a cross liability clause. It is understood by the parties that this comprehensive or commercial general liability insurance is a reasonable overhead expense.
- 19.1.2 Membership with the Canadian Medical Protective Association or an alternative professional/malpractice protection plan.
- 19.2 All of the insurance required under clause 19.1.1 will be primary and will not require the sharing of any loss by any insurer of the Agency and must be endorsed to provide the Agency with 30 days' advance written notice of cancellation or material change.

- 19.3 Each Physician agrees to provide the Agency with evidence of the membership/protection plan or insurance coverage required under this Article 19 at the time of execution of this Contract and otherwise from time to time as requested by the Agency.

Article 20: Confidentiality

- 20.1 Each Physician and the Agency will maintain as confidential and not disclose any patient information, except as required or permitted by law.
- 20.2 Each Physician must not, without the prior written consent of the Agency, publish, release, or disclose or permit to be published, released, or disclosed before, during the Term or otherwise, any other confidential information supplied to, obtained by, or which comes to the knowledge of the Physician as a result of this Contract unless the publication, release or disclosure is required or permitted by law and is:
- 20.2.1 necessary for the Physician to fulfill the Physician's obligations under this Contract; or
- 20.2.2 made in accordance with the Physician's professional obligations as identified by the College of Physicians and Surgeons of BC; or
- 20.2.3 in reference to this Contract.
- 20.3 For the purposes of this Article 20, information will be deemed to be confidential where all of the following criteria are met:
- 20.3.1 the information is not found in the public domain;
- 20.3.2 the information was imparted to the Physician and disclosed in circumstances of confidence, or would be understood by parties exercising reasonable business judgement to be confidential; and
- 20.3.3 the Agency has maintained adequate internal control to ensure the information remained confidential.

Article 21: Conflict of Interest

- 21.1 During the Term, absent the written consent of the Agency, each Physician must not perform a service for or provide advice to any person, firm or corporation where the performance of the service or the provision of the advice may or does give rise to a conflict of interest under this Contract.
- 21.2 The parties will attempt to resolve at the local level any question as to whether the Physician has breached or may breach clause 21.1. If the parties are unable to resolve the issue, it will be referred to mediation and/or arbitration pursuant to Article 9 of this Contract.

Article 22: Ownership

- 22.1 The parties acknowledge that in the course of providing the Services intellectual or like property may be developed. Each Physician agrees to be bound by and observe the relevant patent and licensing policies of the Agency in effect from time to time. Where such policies require the assignment of intellectual property to the Agency, each Physician will execute and deliver all documents and do all such further things as are reasonably required to achieve the assignment.

Article 23: Audit, Evaluation and Assessment

- 23.1 Each Physician acknowledges and agrees that the auditing authority of the Medical Services Commission under section 36 of the *Medicare Protection Act*, (the “*Act*”), as amended from time to time, is incorporated and applies in relation to this Contract. The Agency and the Physician agree that the terms in sections 15, 37 and 38 of the *Act* are hereby incorporated into this Contract, as modified by sections 23.2 and 23.3 below.
- 23.2 Without limiting sections 23.1, each Physician acknowledges and agrees that for audits of this Contract conducted by the Medical Services Commission: (i) the Physician is a “practitioner” as defined in the *Act*; and (ii) the terms in sections 36(3) to 36(11) of the *Act* are hereby incorporated into this Contract.
- 23.3 Without limiting sections 23.1 and 23.2 in relation to this Contract, each Physician acknowledges and agrees that: (i) the incorporated reference in section 37(1) of the *Act* which states “the commission had paid an amount” also includes an amount paid by the Agency under this Contract; and (ii) the requirement to repay the Medical Services Commission under sections 37(1)(d) and (1.1) includes that the Medical Services Commission may require the Physician to pay money to the Agency.
- 23.4 Prior to attending the clinic/practice for audit under this Article, a notice of inspection of an audit must be provided to the Physicians. Unless determined otherwise by the Medical Services Commission, which in no case would include a random audit, notice of inspection must be provided at least 14 days prior to the inspection
- 23.5 Each Physician must reasonably cooperate with Medical Services Commission auditors for an audit in relation to this Contract including by producing and allowing Medical Services Commission auditors to access relevant records, including the clinic/practice EMR.
- 23.6 Notwithstanding Article 9 (Dispute Resolution) or any other provision of this Contract, the Physicians and the Agency agree that the Medical Services Commission has exclusive jurisdiction to determine disputes about alleged misbilling for Services under this Contract. The Physicians and the Agency acknowledge and agree that the hearing process and rules for a hearing by the Medical Services Commission will be the same as those that the Medical Services Commission would follow in a hearing for a physician billing

fee-for-service under the *Act*, unless the Medical Services Commission determines that a different process or rules would be more appropriate in the circumstances and the parties agree to adopt the recommendation. Further, the Physicians and the Agency acknowledge and agree that a Medical Services Commission audit or hearing for a Physician in relation to this Contract may occur simultaneously with one or more audits or hearings in relation to fee-for-service claims under the *Act* or other contracts.

Article 24: Notices

24.1 Any notice, report, or any or all of the documents that either the Physicians or the Agency may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:

24.1.1 If mailed by prepaid double registered mail to the addressee's address listed below or in Appendix 5 (as applicable), on date of confirmation of delivery; or

24.1.2 If delivered by hand to the addressee's address listed below or in Appendix 5 (as applicable), on the date of such personal delivery; or

24.1.3 If sent by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address provided in this Article 24 or in Appendix 5 (as applicable).

24.2 Each Physician and the Agency must give notice to the other of a change of address.

24.3 Address and e-mail address of Agency:

Address and e-mail address of the individual Physicians – see Appendix 5:

If the Physicians have selected a Representative as per Article 5:

Address and e-mail address of the Representative:

Article 25: Amendments

25.1 This Contract must not be amended except by written agreement of both parties.

Article 26: Entire Contract

26.1 This Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements embody the entire understanding and agreement between the parties relating to the Services and there are no covenants, representations, warranties or agreements other than those contained or specifically preserved under the terms of this Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements.

Article 27: No Waiver Unless in Writing

- 27.1 No provision of this Contract and no breach by either a Physician or the Agency of any such provision will be deemed to have been waived unless such waiver is in writing signed by the other. The written waiver of a Physician or the Agency of any breach of any provision of this Contract by the other must not be construed as a waiver of any subsequent breach of the same or of any other provision of this Contract.

Article 28: Headings

- 28.1 The headings in this Contract have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Contract.

Article 29: Enforceability and Severability

- 29.1 If any provision of this Contract is determined to be invalid, void, illegal or unenforceable, in whole or in part, such invalidity, voidance, or unenforceability will attach only to such provision or part of such provision, and all other provisions or the remaining part of such provision, as the case may be, continue to have full force and effect.

Article 30: Physician Main Agreement and Physician Main Subsidiary Agreements

- 30.1 This Contract is subject to the Physician Main Agreement and the Physician Main Subsidiary Agreements, and amendments thereto.
- 30.2 In the event that during the Term, a new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s) come into effect, the Physicians and the Agency agree to meet on notice by one to the other to re-negotiate and amend the terms of this Contract to ensure compliance with the new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s).

Article 31: Execution of the Contract

- 31.1 This Contract and any amendments thereto may be executed in any number of counterparts with the same effect as if all parties hereto had signed the same document. All counterparts will be construed together and will constitute one and the same original agreement.
- 31.2 This Contract may be validly executed by transmission of a signed copy thereof by e-mail.
- 31.3 The parties to this Contract may execute the contract electronically via e-mail by typing their name above the appropriate signature line in the document attached to the e-mail, saving that document, and returning it by way of an e-mail address that can be verified as

belonging to that party. The parties to this Contract agree that this Contract in electronic form will be the equivalent of an original written paper agreement between the parties.

Article 32: Physicians as Health Profession Corporations

32.1 Where a Physician in this Contract is a health profession corporation:

- (a) the Physician will ensure that its physician owner, being the individual signing this Contract on the Physician's behalf (the "**Physician's Owner**"), performs and fulfills, in accordance with the terms of this Contract, all obligations of the Physician under this Contract that cannot be performed or fulfilled by a health profession corporation;
- (b) the Agency agrees to confer on the Physician's Owner, for the Physician's benefit, all rights of the Physician under this Contract that cannot be held by a health profession corporation; and
- (c) for clarity, all remuneration for the Services will be paid to the health profession corporation.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this Contract have duly executed this Contract as of the date written above.

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered by the Physicians:

[Sign here if you are a Physician who is not incorporated]

Dr.

Dr.

Dr.

[Sign here, on behalf of your health profession corporation, if you are a Physician who is incorporated and do not sign your personal name above]

[] Inc.

Authorized Signatory

APPENDIX 1

SERVICES/DELIVERABLES

1. The Physicians agree to provide _____ hours of service per year.

2. The Physicians will provide the following Services:

-
-
-

It is understood and agreed that more detailed descriptions of the Services will be included in this Appendix as negotiated at the local level between the Physicians and the Agency. Such detailed descriptions of the Services will contribute to the Agency's legislative obligations to ensure a physically and psychologically safe workplace, and must include the following:

- (a) Participation in the evaluation of the efficiency, quality, and delivery of the Services, including and without limiting the generality of the foregoing, participation in medical audits, peer and interdisciplinary reviews, chart reviews, and incident report reviews.
- (b) Those activities that are necessary to satisfy the Physicians' obligations under Article 16 and Appendix 3 of this Contract.

3. Scheduling

It is understood and agreed that the following scheduling provisions are a minimum standard and will not replace specific, more detailed, or site-specific scheduling provisions agreed to by the Physicians and the Agency. These scheduling provisions do not override Physicians' obligations as set out in Article 10.1, but rather outline how those obligations will be fulfilled.

- (a) Not less than thirty (30) days in advance of the first day of each Fiscal Quarter, the Physicians will submit to the Agency a schedule that identifies how the Physicians will provide coverage of the Services (including, if applicable, all shifts and shift lengths to be covered) (the "**Quarterly Schedule**").
- (b) The Physicians will populate the Quarterly Schedule with the names of particular Physicians and make the populated Quarterly Schedule available to the Agency at least one month in advance, on a rolling basis (e.g. by January 31st the Quarterly Schedule will be populated and provided to the Agency for March 1st).
- (c) The Quarterly Schedule may be amended by the Physicians, after submission to the Agency, as necessary to accommodate seasonal fluctuations and other variations in patient demand with agreement of the Agency, as well as ad hoc changes to the particular Physicians providing coverage of the Services (including, if applicable, of particular

shifts). The Physicians will notify the Agency of any material and ongoing changes to the Quarterly Schedule as soon as practicable.

4. The Physicians will supply the following support, technology, material and supplies:
5. The Agency will provide the following support, technology, material and supplies:

APPENDIX 2

PAYMENT

The Agency will pay the Physicians [*bi-weekly/monthly/other*] at the rate of \$_____ per day/month/year that the Physicians provide Services under the terms of this Contract.

If the Agency is paying the individual Physicians, replace “Physicians” above with “each Physician”.

If payment is being made to the group via a Representative, additional language should be added to Appendix 2 as follows:

Payments will be made to the Representative. It is the responsibility of the Physicians and the Representative to allocate payments among the Physicians providing the Services in accordance with this Contract and their intra-physician process or agreement. Each Physician hereby acknowledges that the Agency is not and will not be responsible for such allocation and for any disagreements between the Physicians over such allocation of payments from the Agency.

It is understood and agreed that a more detailed description of the payment processes will be included in this Appendix 2 as negotiated at the local level, and will include either payment on receipt of an invoice for the Services provided or payment on installment with reconciliation where hours worked and reported are less than the minimum contracted hours set out in Appendix 1. Periodic variation in hours will not affect regular installment payments, but will affect payments on receipt of an invoice.

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APPENDIX 2A

INVOICE

Insert form of invoice used by Agency.

APPENDIX 3A

FEE FOR SERVICE AND THIRD PARTY BILLING WAIVER

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services covered by and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan or third parties with respect to such Services.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3B

FEE FOR SERVICE WAIVER AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [name of Agency] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan with respect to such Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive any payments for any such Services from any third party including but not limited to:

- (a) billings associated with, WCB, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,
- (b) billings for all non-insured Services, excluding medical-legal services (which include ICBC physician assessments and reports), and
- (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act* including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the

Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3C

FEE FOR SERVICE AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Service Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive fee for service payments from the Medical Service Plan and third parties with respect to such Services.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent, (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 4

REPORTING

Each Physician will comply with the reporting requirements set out below. It is the Physicians' responsibility to ensure that all reports/forms are completed and submitted as set out below, and in particular:

1. On a [*monthly/quarterly*] basis during the Term, the Physicians will provide to the Agency an hours report with respect to the Services provided under the Contract which identifies:
 - (a) the days Services were provided;
 - (b) the location of the Services, identified by either "on-site" or "off-site" (the Physicians and the Agency have agreed that the following locations are "on site": [*insert locations*]);
 - (c) for hours provided when a Physician is scheduled to provide Services, daily start and stop times rounded to the nearest 15 minutes, with additional start and stop times required if needed to report blocks of Services separated by periods longer than 30 minutes; and
 - (d) for hours provided when a Physician is not scheduled to provide Services (exclusive of Services provided while the Physician is scheduled), total daily hours rounded to the nearest 15 minutes.
2. To claim After-Hours Premiums, the Physicians must report to the Agency all hours of Services (scheduled or unscheduled) provided After-Hours (as defined in the Alternative Payments Subsidiary Agreement), together with the date, name of the facility or patient's home where the Services were provided, and the start and stop times rounded to the nearest 15 minutes.
3. In the event that a Physician provides services outside the scope of this Contract on a fee-for-service basis on the same day the Physician provides Services under this Contract, the Physician, whether or not required by MSP or another paying agency, will enter start and stop times and an appropriate location code (e.g. "A" – Practitioner's Office – In Community) for the patient encounter(s). The Physician will also provide start and stop times for unscheduled Services in the same manner as for scheduled Services.
4. Each Physician acknowledges that information collected by the Medical Services Commission under the authority of the *Medicare Protection Act*, including details of physician fee-for-service billings and encounter billings, may be disclosed to the Agency for any purposes authorized by law, including the purposes of administering, evaluating and monitoring the Contract. Personal information in the custody or under the control of the Agency is protected from unauthorized use and disclosure in accordance with the

Freedom of Information and Protection of Privacy Act and may be disclosed only as permitted by that Act.

It is understood and agreed that more detailed descriptions of the reporting requirements will be included in this Appendix 4 as negotiated at the local level between the Physician(s) and the Agency, and the Physician(s) and the Agency may agree to more detailed hours reporting than what is required in 1 above. See APSA s. 12.13(b).

APPENDIX 5

PHYSICIAN NAMES AND CONTACT INFORMATION

[illegible]

APPENDIX 6

NEW PHYSICIAN - AGREEMENT TO JOIN

("New Physician-Agreement to Join")

Re: **Service Contract effective <insert date> (the "Contract") between the Agency and those physicians named on the signature page of the Contract, or who subsequently became a party to the Contract by entering into this New Physician - Agreement to Join.**

[Note: if a Representative has not been designated, replace all references to the "Representative" below with "Physicians" and make other consequential amendments]

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the undersigned:

1. The Representative, on behalf of and with the authority of all of the Physicians, confirms that the Physicians wish to add Dr. _____ (the "New Physician") as a "Physician" under the Contract to provide Services to the Agency under the terms of the Contract.
2. The New Physician acknowledges having received a copy of the Contract and hereby agrees with the Agency and the other Physicians that the New Physician will be bound by, and will comply with, all of the terms and conditions of the Contract as a "Physician". The New Physician acknowledges that all payments for Services under the Contract will be made by the Agency to the Physicians as provided in the Contract and that the Representative, currently Dr. _____, has been granted certain authority to act as the representative of the Physicians, including the New Physician, under the Contract. [The New Physician confirms that Dr. _____ is the "Physician Owner" for the New Physician]
3. The New Physician will become party to any intra-group governance agreement between the Physicians.
4. The New Physician confirms that notices to the Physicians will be delivered as set out in clause 24.3 of the Contract. Where a notice is to be given to less than all of the Physicians, the address for notice for the New Physician is:

▼ ▼

▼ ▼

5. The Agency's agreement to the New Physician joining is subject to the New Physician meeting all credentialing, licensing, and other qualifications set out in the Contract (if not already met).
6. All capitalized terms used in this New Physician – Agreement to Join and not otherwise defined will have the meaning given to them in the Contract. This New Physician – Agreement to Join may be executed in multiple counterparts and all such counterparts will constitute one and the same agreement.
7. The addition of the New Physician to the contract is effective the date the New Physician signatory actually commences providing Services under the Contract.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this New Physician – Agreement to Join have duly executed this New Physician – Agreement to Join as of the date written above.

Dr. _____ as the Representative

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered on behalf of the New Physician:

New Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

APPENDIX 7

RESIGNATION OF PRIVILEGES UNDER EXCLUSIVE CONTRACTS

1. By executing this Appendix 7, the Physicians (collectively) and the Agency agree that the services provided under the terms of this Contract (in effect from <insert date> to <insert date>) are exclusive to the Contract, such that no such services may be provided to the Agency by any physician that is not a party to the Contract except as provided under Articles 12 and 13 of this Contract.
2. Accordingly, each Physician acknowledges and agrees that an individual Physician who voluntarily terminates this Contract with the Agency pursuant to sub-clause 3.2(a) of the Contract will resign that Physician's privileges related to the Services provided under this Contract. For clarity, this clause does not apply to any other termination under Article 3 of the Contract.

DATED: _____

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and delivered by the Physicians:

[Sign here if you are a Physician who is not incorporated]

Dr.

Dr.

[Sign here, on behalf of your health profession corporation, if you are a Physician who is incorporated and do not sign your personal name above]

[] Inc.

Authorized Signatory

APPENDIX 8

WORKLOAD MEASURES

The inclusion of one to three Workload Measures, or more by agreement, in this Appendix is mandatory. If the parties are unable to agree to the proposed Workload Measure(s), the Provincial Workload Measure(s) applicable to that Practice Category/Clinical Service Area will be included instead. For clarity, the Agency and the Physician(s) are not precluded from agreeing to include one or more Provincial Workload Measure(s) in combination with one or more other Workload Measure(s). If the parties are unable to agree to the proposed Workload Measure(s) and there are no applicable Provincial Workload Measure(s), the parties will refer the matter to the Trouble Shooter for non-binding recommendations.

Physicians under multiple individual Service Contracts or Salary Agreements for similar Physician Services are encouraged to work together to support consistency in the identification of Workload Measure(s) across those contracts.

1. A “**Workload Measure**” is a tool to identify relevant information for the review of physician workload.
2. The following Workload Measure(s) are included in this Appendix:
 - (a) *[Insert Workload Measure(s) here]*
 - (b) *[Insert Workload Measure(s) here]*
3. For clarity, the Workload Measures included in this Appendix:
 - (a) provide the Agency and the Physician(s) with a tool through which to inform discussion and identify relevant information for the review of physician workload;
 - (b) may, and are expected to, change over time;
 - (c) do not preclude the Agency and/or the Physician(s) from considering or discussing any other workload data or workload measure(s) in the assessment of physician workload;
 - (d) do not preclude or supersede the use of any existing or future workload models used for staffing or resource allocation; and
 - (e) do not create any contractual obligations on the Agency or the Physician(s).
4. The Physician(s) and the Agency will meet *[insert agreed upon timeframe (e.g. quarterly, every 6 months)]* to review any hours reporting and consider the Workload Measures data for the purpose of assessing workload, and where there is an identifiable growth trend, discuss potential solutions, including but not limited to submitting a proposal for workload funding through the provincial workload funding process set out in section 5.3 of the Alternative Payments Subsidiary Agreement.

Schedule “F” to the Alternative Payments Subsidiary Agreement

INDIVIDUAL TEMPLATE SESSIONAL CONTRACT

BETWEEN:

<name of physician/corporation>

(the “Physician”)

AND:

(the “Agency”)

WHEREAS the Physician wishes to contract with the Agency and the Agency wishes to contract with the Physician to provide clinical and related teaching, research and clinical administrative services on the terms, conditions and understandings set out in this Sessional Contract;

THEREFORE, in consideration of the mutual promises contained in this Contract, the Physician and the Agency agree as follows:

Article 1: Definitions

1.1 Words used in this Contract, including in the recitals and the Appendices, that are defined in the 2025 Physician Main Agreement or Physician Main Subsidiary Agreements have the same meaning as in the 2025 Physician Main Agreement or the Physician Main Subsidiary Agreements, unless otherwise defined in this Contract. In addition, in this Contract, including the recitals and Appendices, the following definitions apply:

- (a) “**Contract**” or “**Sessional Contract**” means this document including the Appendices, as amended from time to time in accordance with Article 22.
- (b) “**Fiscal Quarter**” means a three-month period consisting of one of April 1 to June 30, July 1 to September 30, October 1 to December 31, or January 1 to March 31, in any given year.
- (c) “**health profession corporation**” has the meaning attributed to that term under the *Health Professions and Occupations Act*.
- (d) “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” and entered into as of April 1, 2025, among the Government, the Medical Services Commission, and the Association of Doctors of BC (“**Doctors of BC**”), as subsequently amended from time to time.

- (e) “**Services**” means clinical and related teaching, research and clinical administrative services, and those Services provided under this Contract are specifically described in Appendix 1, as amended from time to time by written agreement between the Agency and the Physician.
- (f) “**Session**” means 3.5 hours of Services and may be an accumulation of lesser time intervals adding up to 3.5 hours.

Article 2: Term & Renewal

- 2.1 This Contract will be in effect from <insert date> to <insert date> notwithstanding the date of its execution, unless terminated earlier as provided herein (the “**Term**”).
- 2.2 This Contract may be renewed for such period of time and on the terms as the parties may mutually agree to in writing. If either party wishes to renew this Contract, it must provide written notice to the other party no later than ninety (90) days prior to the end of the Term and, as soon as practical thereafter, the parties will meet to discuss and endeavour to settle in a timely manner the terms of such a renewal.
- 2.3 Subject to clause 2.4, if both parties agree to renew the Contract the terms and conditions of this Contract must remain in effect until the new contract is signed and any continuation past the Term is without prejudice to issues of retroactivity.
- 2.4 In the event that notice is given by either party in accordance with clause 2.2 above and if a new contract is not completed within six (6) months following the end of the Term, this Contract and any extensions will terminate without further obligation on either party.

Article 3: Termination

- 3.1 Subject to clause 3.2, either party may terminate the Contract without cause upon six (6) months’ written notice to the other party.
- 3.2 Either party may terminate this Contract immediately upon written notice if the other party breaches a fundamental term of this Contract. For clarity, loss of privileges related to the Services provided under this Contract by the Physician is a breach of a fundamental term of this Contract.

Article 4: Relationship of Parties

- 4.1 The Physician is an independent contractor and not the servant, employee, or agent of the Agency. No employment relationship is created by this Contract or by the provision of the Services to the Agency by the Physician.
- 4.2 Neither the Physician nor the Agency will in any manner commit or purport to commit the other to the payment of any monies or to the performance of any other duties or responsibilities except as provided for in this Contract, or as otherwise agreed to in writing between the parties.

- 4.3 If the Physician employs other persons or is a health profession corporation, the Physician will apply to register with WorkSafeBC and:
- (a) if registered as an employer maintain that registration during the Term and provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible, or
 - (b) if advised by WorkSafeBC that the Physician is a “worker”, advise the Agency and provide the Agency with any related documentation from WorkSafeBC.
- 4.4 If the Physician purchases Personal Coverage with WorkSafeBC as an independent operator (at the Physician’s option), the Physician will provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible.
- 4.5 The Physician must pay any and all payments and/or deductions required to be paid by the Physician, including those required for income tax, Employment Insurance premiums, workers’ compensation premiums, Canada Pension Plan premiums or contributions, and any other statutory payments or assessments of any nature or kind whatsoever that the Physician is required to pay to any government (whether federal, provincial or municipal) or to any body, agency, or authority of any government in respect of any money paid to the Physician pursuant to this Contract.
- 4.6 The Physician agrees to indemnify the Agency from any and all losses, claims, damages, actions, causes of action, liabilities, charges, penalties, assessments, re-assessments, costs or expenses suffered by it arising from the Physician’s failure to make any payments referred to in clause 4.5.
- 4.7 The indemnity in clause 4.6 survives the expiry or earlier termination of this Contract.

Article 5: Waiver/Assignment

- 5.1 Unless specified otherwise, the Physician must not retain fee-for-service billings, including third party billings, for the Services provided under the terms of this Contract. The Physician may bill fee-for-service or directly for any and all services delivered outside the scope of this Contract. For the purposes of this Article, third party billings include but are not limited to:
- (a) billings for Services associated with WorkSafeBC, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,

- (b) billings for non-insured Services, excluding medical/legal services (which include ICBC physician assessments and reports), and
 - (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act*, including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.
- 5.2 Where the Available Amount is not a source of funding for this Contract, the Physician will sign:
- (a) a waiver in the form attached hereto as Appendix 3A and such other documentation in connection with such waiver as may be reasonably required; or
 - (b) if the Physician is required to assign to the Agency any and all rights the Physician has to receive third party billings for any of the Services provided under the terms of this Contract, a waiver and assignment in the form attached hereto as Appendix 3B and such other documentation in connection with such waiver and assignment as may be reasonably required.
- 5.3 Where the Available Amount is a source of funding for this Contract, the Physician will assign to the Agency any and all rights the Physician has to receive fee-for-service payments from the Available Amount for any of the Services provided under the terms of this Contract and will sign an assignment in the form attached hereto as Appendix 3C and such other documentation in connection with such assignment as may be reasonably required.

Article 6: Autonomy

- 6.1 The Physician will provide the Services under this Contract in accordance with applicable standards of law, professional ethics and medical practice, and any Agency policies, by-laws, rules, and regulations that are not inconsistent with or represent a material change to the terms of this Contract.
- 6.2 Subject to clause 6.1, the Physician is entitled to professional autonomy in the provision of the Services.

Article 7: Doctors of BC

- 7.1 The Physician is entitled, at the Physician's option, to representation by the Doctors of BC in the discussion or resolution of any issue arising under this Contract, including without limitation the re-negotiation or termination of this Contract.

Article 8: Dispute Resolution

- 8.1 This Contract is governed by and is to be construed in accordance with the laws of British Columbia.
- 8.2 All disputes with respect to the interpretation, application or alleged breach of this Contract that the parties are unable to resolve informally at the local level, may be referred to mediation on notice by either party to the others, with the assistance of a neutral mediator jointly selected by the parties. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the parties in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act* and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rule may be amended from time to time, by a sole arbitrator. The place of arbitration will be _____, British Columbia and the language of the arbitration will be English.
- 8.3 Upon agreement of both parties, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this Article 8 will prevent any party from commencing arbitration at any time in order to preserve a legal right, including but not limited to relating to a limitation period.
- 8.4 The Agency and the Physician must advise the Ministry of Health and the Doctors of BC respectively prior to referring any dispute to arbitration. The Ministry of Health and the Doctors of BC will have the right to apply to intervene in the arbitration and such application will rely on the common-law test for granting intervenor status. All intervenors are responsible for their own costs and any other costs the arbitrator may order them to pay.
- 8.5 Any dispute settlement achieved by the parties, up to the point of arbitration, will be deemed to have been concluded without prejudice to other disputes or proceedings involving other parties, and will not be referred to in any other dispute or proceeding.

Article 9: Service Requirements

- 9.1 The Physician will provide the Services and the number of Sessions as described in Appendix 1.

Article 10: Licenses & Qualifications

- 10.1 During the Term, the Physician will maintain:
- (a) registered membership in good standing with the College of Physicians and Surgeons of British Columbia and will conduct the practice of medicine consistent with the conditions of such registration; and

- (b) all other licences, qualifications, privileges and credentials required to deliver the Services.
- 10.2 During the Term, it is a fundamental term of the Contract that the Physician maintains enrolment in the Medical Services Plan (MSP).
- (a) For clarity, an order of the Medical Services Commission under section 15(2)(a) of the *Medicare Protection Act* for the duration of that order, is a breach of a fundamental term of this Contract.
 - (b) If the Physician is no longer enrolled in MSP or is de-enrolled from MSP, the Physician must immediately notify the Agency of the period of the lack of enrollment or de-enrollment.
- 10.3 If all or some of the Services provided under this Contract are Specialist Services, as defined in the Alternative Payments Subsidiary Agreement, then the Physician will be and remain registered by the College of Physicians and Surgeons of BC to provide these Specialist Services.
- 10.4 All medical Services under this Contract will be provided either directly by the Physician, or a resident under the supervision and responsibility of the Physician, or by a clinical fellow under the supervision and responsibility of the Physician.

Article 11: Subcontracting

- 11.1 The Physician may, with the written consent of the Agency, subcontract or assign any of the Services. The consent of the Agency will not be unreasonably withheld.
- 11.2 The Physician will ensure that any contract between the Physician and a subcontractor will require that the subcontractor comply with all relevant terms of the Contract, including that the subcontractor sign a waiver/assignment in the form set out at Appendix 3. Further, the Physician will provide a copy of that waiver/assignment to the Agency prior to the subcontractor providing any Services under this Contract.
- 11.3 Prior to subcontracting any of their obligations, the Physician will review the capabilities, knowledge and experience of the potential subcontractor in a manner sufficient to establish that the potential subcontractor is able to meet the requirements of this Contract.
- 11.4 No subcontract relieves the Physician from their obligations or liabilities under this Contract.

Article 12: Compensation

- 12.1 The Physician will invoice the Agency for all the Services provided in a form acceptable to the Agency, substantially in the form set out at Appendix 2A.

- 12.2 The Agency will pay the Physician pursuant to Appendix 2.
- 12.3 The Physician is entitled to access the Benefit Plans as defined and described in the Benefits Subsidiary Agreement (as defined in the Physician Main Agreement).
- 12.4 The Agency must forward the necessary information with respect to the Physician to the Doctors of BC Benefits Department, at the address set out below, prior to March 31 of each year in which the Contract is in effect. The Physician will provide the Agency with any information necessary for the Physician to access the Benefit Plans not in the possession of the Agency.

Benefits Manager
Doctors of BC
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

- 12.5 The Physician is not entitled under this Contract to any benefit from the Agency including Canada Pension Plan contributions, Employment Insurance premiums, supplemental health coverage for Physicians or their families, health benefits for travel outside Canada, dental insurance for preventative dental care and dental procedures, supplemental group life insurance, accidental death and dismemberment insurance death benefits, overtime, or statutory holidays.

Article 13: Reporting

- 13.1 The parties acknowledge that the Agency has a responsibility to transmit the details of the Services to the Ministry of Health, the same as required for physicians billing fee-for-service, including:
 - 13.1.1 the name and identity number of the patient;
 - 13.1.2 the practitioner number of the practitioner who personally rendered or was responsible for the service;
 - 13.1.3 the details of the service, including the location where the service was rendered, the date and time the service was rendered, the length of time spent rendering the service, the diagnosis, and the equivalent fee item or encounter record code.
- 13.2 The Physician will co-operate with the Agency and make all reasonable efforts to provide it with the information it requires in order to meet its obligation referred to in clause 13.1, by providing the information listed at Appendix 4.
- 13.3 The Physician will also:
 - 13.3.1 report to the Agency all work done by the Physician in connection with the provision of the Services;

- 13.3.2 comply with the reporting obligations set out in Appendix 4 of this Contract; and
- 13.3.3 complete and submit to the Agency all reports reasonably required by the Agency within 30 days (subject to the specific requirements in Appendix 4) of the Agency's written request.
- 13.4 The Physician is responsible for the accuracy of all information and reports submitted by the Physician to the Agency.

Article 14: Records

- 14.1 Where the Physician is providing Services in an Agency facility and the Agency has procedures in place, the Physician will create Clinical Records in the clinical charts that are established by and owned by the Agency and used by the facility where the Services are provided.
- 14.2 Where the Physician is providing Services in an Agency facility, and the Agency does not have procedures in place, the Physician will create and maintain Clinical Records in the manner provided for in the Bylaws of the College of Physicians and Surgeons of British Columbia.
- 14.3 The Physician will keep business accounts, including records of expenses incurred in connection with the Services and invoices, receipts and vouchers for the expenses.
- 14.4 For the purposes of this Article 14, "**Clinical Record**" means a clinical record maintained in accordance with the Bylaws of the College of Physicians and Surgeons of British Columbia and an adequate medical record in accordance with the Medical Services Commission Payment Schedule.
- 14.5 If requested to do so by the Agency the Physician will promptly return to the Agency all materials, including all findings, data, reports, documents and records, whether complete or otherwise, that have been produced or developed by the Physician or provided to the Physician by the Agency in connection with the Services, that are in the Physician's possession or control.

Article 15: Third Party Claims

- 15.1 Each party will provide the other with prompt notice of any action against either or both of them arising out of this Contract.

Article 16: Liability Protection

- 16.1 The Physician will, without limiting the Physician's obligations or liabilities herein, purchase, maintain, and cause any sub-contractors to maintain, throughout the Term:

16.1.1 Where the Physician owns or rents the premises where the Services are provided, comprehensive or commercial general liability insurance with a limit of not less than \$2,000,000. The Physician will add the Agency as an additional insured and the policy(s) will contain a cross liability clause. It is understood by the parties that this comprehensive or commercial general liability insurance is a reasonable overhead expense.

16.1.2 Membership with the Canadian Medical Protective Association or alternative professional/malpractice protection plan.

16.2 All of the insurance required under clause 16.1.1 will be primary and will not require the sharing of any loss by any insurer of the Agency and must be endorsed to provide the Agency with 30 days' advance written notice of cancellation or material change.

16.3 The Physician agrees to provide the Agency with evidence of the membership/protection plan or insurance coverage required under this Article 16 at the time of execution of this Contract and otherwise from time to time as requested by the Agency.

Article 17: Confidentiality

17.1 The Physician and the Agency will maintain as confidential and not disclose any patient information, except as required or permitted by law.

17.2 The Physician must not, without the prior written consent of the Agency, publish, release, or disclose or permit to be published, released, or disclosed before, during the Term or otherwise, any other confidential information supplied to, obtained by, or which comes to the knowledge of the Physician as a result of this Contract unless the publication, release or disclosure is required or permitted by law and is:

17.2.1 necessary to fulfill the Physician's obligations under this Contract; or

17.2.2 made in accordance with professional obligations as identified by the College of Physicians and Surgeons of BC; or

17.2.3 in reference to this Contract.

17.3 For the purposes of this Article 17, information will be deemed to be confidential where all of the following criteria are met:

17.3.1 the information is not found in the public domain;

17.3.2 the information was imparted to the Physician and disclosed in circumstances of confidence, or would be understood by parties exercising reasonable business judgement to be confidential; and

17.3.3 the Agency has maintained adequate internal control to ensure the information remained confidential.

Article 18: Conflict of Interest

- 18.1 During the Term, absent the written consent of the Agency, the Physician must not perform a service for or provide advice to any person, firm or corporation where the performance of the service or the provision of the advice may or does give rise to a conflict of interest under this Contract.
- 18.2 The parties will attempt to resolve at the local level any question as to whether the Physician has breached or may breach clause 18.1. If the parties are unable to resolve the issue, it will be referred to mediation and/or arbitration pursuant to Article 8 of this Contract.

Article 19: Ownership

- 19.1 The parties acknowledge that in the course of providing the Services intellectual or like property may be developed. The Physician agrees to be bound by and observe the relevant patent and licensing policies of the Agency in effect from time to time. Where such policies require the assignment of intellectual property to the Agency, the Physician will execute and deliver all documents and do all such further things as are reasonably required to achieve the assignment.

Article 20: Audit, Evaluation and Assessment

- 20.1 The Physician acknowledges and agrees that the auditing authority of the Medical Services Commission under section 36 of the *Medicare Protection Act*, (the “*Act*”), as amended from time to time, is incorporated and applies in relation to this Contract. The Agency and the Physician agree that the terms in sections 15, 37, and 38 of the *Act* are hereby incorporated into this Contract, as modified by sections 20.2 and 20.3 below.
- 20.2 Without limiting section 20.1, the Physician acknowledges and agrees that for audits of this Contract conducted by the Medical Services Commission: (i) the Physician is a “practitioner” as defined in the *Act*; and (ii) the terms in sections 36(3) to 36(11) of the *Act* are hereby incorporated into this Contract for the purposes of audits in relation to this Contract.
- 20.3 Without limiting sections 20.1 and 20.2, in relation to this Contract, the Physician acknowledges and agrees that: (i) the incorporated reference in section 37(1) of the *Act* which states “the commission had paid an amount” also includes an amount paid by the Agency under this Contract; and (ii) the requirement to repay the Medical Services Commission under sections 37(1)(d) and (1.1) includes that the Medical Services Commission may require the Physician to pay money to the Agency.

- 20.4 Prior to attending the clinic/practice for audit under this Article, a notice of inspection of an audit must be provided to the Physician. Unless determined otherwise by the Medical Services Commission, which in no case would include a random audit, notice of inspection must be provided at least 14 days prior to the inspection.
- 20.5 The Physician must reasonably cooperate with Medical Services Commission auditors for an audit in relation to this Contract, including by producing and allowing Medical Services Commission auditors to access relevant records, including the clinic/practice EMR.
- 20.6 Notwithstanding Article 8 (Dispute Resolution) or any other provision of this Contract, the parties agree that the Medical Services Commission has exclusive jurisdiction to determine disputes about alleged misbilling for Services under this Contract. The parties acknowledge and agree that the hearing process and rules for a hearing by the Medical Services Commission will be the same as those that the Medical Services Commission would follow in a hearing for a physician billing fee-for-service under the *Act*, unless the Medical Services Commission recommends that a different process or rules would be more appropriate in the circumstances and the parties agree to adopt the recommendation. Further, the parties acknowledge and agree that a Medical Services Commission audit or hearing for the Physician in relation to this Contract may occur simultaneously with one or more audits or hearings in relation to fee-for-service claims under the *Act* or other contracts.

Article 21: Notices

- 21.1 Any notice, report, or any or all of the documents that either party may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:
 - 21.1.1 If mailed by prepaid double registered mail to the addressee's address listed below, on date of confirmation of delivery; or
 - 21.1.2 If delivered by hand to the addressee's address listed below on the date of such personal delivery; or
 - 21.1.3 If sent by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address provided in this Article 21.
- 21.2 Either party must give notice to the other of a change of address.
- 21.3 Address and e-mail address of Agency:

Address and e-mail address of Physician:

Article 22: Amendments

22.1 This Contract must not be amended except by written agreement of both parties.

Article 23: Entire Contract

23.1 This Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements embody the entire understanding and agreement between the parties relating to the Services and there are no covenants, representations, warranties or agreements other than those contained or specifically preserved under the terms of this Contract, the 2025 Physician Main Agreement, and the Physician Main Subsidiary Agreements.

Article 24: No Waiver Unless in Writing

24.1 No provision of this Contract and no breach by either party of any such provision will be deemed to have been waived unless such waiver is in writing signed by the other party. The written waiver of a party of any breach of any provision of this Contract by the other party must not be construed as a waiver of any subsequent breach of the same or of any other provision of this Contract.

Article 25: Headings

25.1 The headings in this Contract have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Contract.

Article 26: Enforceability and Severability

26.1 If any provision of this Contract is determined to be invalid, void, illegal, or unenforceable, in whole or in part, such invalidity, voidance, or unenforceability will attach only to such provision or part of such provision, and all other provisions or the remaining part of such provision, as the case may be, continue to have full force and effect.

Article 27: Physician Main Agreement and Physician Main Subsidiary Agreements

27.1 This Contract is subject to the 2025 Physician Main Agreement and the Physician Main Subsidiary Agreements, and amendments thereto.

27.2 In the event that during the Term, a new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s) come into effect, the parties agree to meet on notice by one party to the other to re-negotiate and amend the terms of this Contract to ensure compliance with the new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s).

Article 28: Execution of the Contract

- 28.1 This Contract and any amendments thereto may be executed in any number of counterparts with the same effect as if all parties hereto had signed the same document. All counterparts will be construed together and will constitute one and the same original agreement.
- 28.2 This Contract may be validly executed by transmission of a signed copy thereof by e-mail.
- 28.3 The parties to this Contract may execute the contract electronically via e-mail by typing their name above the appropriate signature line in the document attached to the e-mail, saving that document, and returning it by way of an e-mail address that can be verified as belonging to that party. The parties to this Contract agree that this Contract in electronic form will be the equivalent of an original written paper agreement between the parties.

Article 29: Physicians as Health Profession Corporations

- 29.1 Where the Physician is a health profession corporation:
- (a) the Physician will ensure that its physician owner, being the individual signing this Contract on the Physician's behalf (the "**Physician's Owner**"), performs and fulfills, in accordance with the terms of this Contract, all obligations of the Physician under this Contract that cannot be performed or fulfilled by a health profession corporation;
 - (b) the Agency agrees to confer on the Physician's Owner, for the Physician's benefit, all rights of the Physician under this Contract that cannot be held by a health profession corporation; and
 - (c) for clarity, all remuneration for the Services will be paid to the health profession corporation.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this Contract have duly executed this Contract as of the date written above.

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered by the Physician:

[Sign here if you are a Physician who is not incorporated]

Dr.

[Sign here, on behalf of your health profession corporation, if you are a Physician who is incorporated and do not sign your personal name above]

[] Inc.

Authorized Signatory

APPENDIX 1

SERVICES/DELIVERABLES

1. Subject to paragraph 2 of this Appendix 1, the Physician shall provide _____ Sessions per fiscal year during the Term in the _____ [insert Program/Department], at _____ [insert site or sites].
2. If during any Fiscal Quarter during the Term, the Physician provides fewer than _____ Sessions [*The number to be inserted here will be ¼ of the number noted in paragraph 1 above*] then the Agency may reallocate from this Contract a number of sessions up to the number that is equal to the difference between _____ [*The number to be inserted here will be ¼ of the number noted in paragraph 1 above*] and the number of Sessions provided by the Physician during the Fiscal Quarter in question, in which case the total number of Sessions to be provided by the Physician under this Contract will be automatically reduced by the number of Sessions reallocated.
3.
 - (a) Subject to paragraph 3 (b) of this Appendix 1, the Physician will provide the Sessions in accordance with a schedule established by the parties, in advance for each Fiscal Quarter.
 - (b) It is understood that the schedule established in accordance with paragraph 3 (a) of this Appendix 1 will be the expected and typical schedule but that variations may occur to it from time to time due to planned time off for the Physician, and client needs and care commitments of greater urgency. Unless impracticable, such variations will be discussed between the Physician and the _____ in advance.
4. In the event that in order to meet operational requirements, the Agency and the Physician agree that the Physician will provide Services beyond the Sessions agreed to in paragraph 1 above, the Agency will ensure that the Physician receives payment for such Services at the appropriate sessional rate.
5. The Physician will provide the following Services:

It is understood and agreed that more detailed descriptions of the Services will be included in this Appendix as negotiated at the local level between the Physician and the Agency. Such detailed descriptions of the Services will contribute to the Agency's legislative obligations to ensure a physically and psychologically safe workplace, and must include the following:

- (a) Participation in the evaluation of the efficiency, quality and delivery of the Services, including and without limiting the generality of the foregoing, participation in medical audits, peer and interdisciplinary reviews, chart reviews, and incident report reviews.
- (b) Those activities that are necessary to satisfy the Physician's obligations under Article 13 and Appendix 3 of this Contract.

6. The Physician will supply the following support, technology, material and supplies:
7. The Agency will provide the following support, technology, material and supplies:

APPENDIX 2

PAYMENT

1. The Agency will pay the Physician at the rate of \$_____ per Session that the Physician provides under the terms of this Contract upon receipt of the invoice for the Services provided.
2. Subject to section 4 of Appendix 1, the total amount paid by the Agency to the Physician under this Contract will not exceed \$_____.
3. All invoices for Services provided under this Contract must:
 - (a) identify by date and hours the Sessions or partial Sessions for which payment is claimed;
 - (b) in the event that the Physician provides services on a fee-for-service basis on the same day the Physician provides services under this Contract, the Physician will:
 - (i) provide start and stop times for the hours of Sessions or partial Sessions for which payment is claimed that day; and
 - (ii) confirm that the hours of Sessions for which payment is claimed that day do not overlap with time spent providing services on a fee-for-service basis on that day;
 - (c) be accompanied by an identification of the specific Service(s) provided during each such Session or partial Session using the Agency's sessional coding system; and
 - (d) be submitted to the Agency within 30 days following the end of the month during which the Services were provided.

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APPENDIX 2A

INVOICE

Insert form of invoice used by Agency.

APPENDIX 3A

FEE FOR SERVICE AND THIRD PARTY BILLING WAIVER

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan or third parties with respect to such Services.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3B

FEE FOR SERVICE WAIVER AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan with respect to such Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive any payments for any such Services from any third party including but not limited to:

- (a) billings associated with, WCB, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,
- (b) billings for all non-insured Services, excluding medical-legal services (which include ICBC physician assessments and reports), and
- (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act* including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3C

FEE FOR SERVICE AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive fee for service payments from the Medical Service Plan and third parties with respect to such Services.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent, (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 4

REPORTING

The Physician will comply with the reporting requirements set out below. It is the Physician's responsibility to ensure that all reports/forms are completed and submitted as set out below, and in particular:

It is understood and agreed that more detailed descriptions of the reporting requirements will be included in this Appendix 4 as negotiated at the local level between the Physician and the Agency.

Schedule “F” to the Alternative Payments Subsidiary Agreement

GROUP TEMPLATE SESSIONAL CONTRACT

BETWEEN:

**THOSE PHYSICIANS AND HEALTH PROFESSION CORPORATIONS LISTED ON
THE SIGNATURE PAGE OF THIS CONTRACT**

(each is individually a “**Physician**” and collectively all
are referred to as the “**Physicians**”)

OR

[PARTNERSHIP NAME]

(the “**Partnership**”)

OR

[CORPORATION NAME]

(the “**Corporation**”)

*If this Contract is between the Agency and a partnership or a corporation, the Contract requires
amendments that reflect the legal status of the parties.*

AND:

(the “**Agency**”)

WHEREAS the Physicians wish to contract with the Agency and the Agency wishes to contract with the Physicians to provide clinical and related teaching, research and clinical administrative services on the terms, conditions and understandings set out in this Sessional Contract;

THEREFORE, in consideration of the mutual promises contained in this Contract, the Physicians and the Agency agree as follows:

Article 1: Definitions

- 1.1 Words used in this Contract, including in the recitals and the Appendices, that are defined in the 2025 Physician Main Agreement or Physician Main Subsidiary Agreements have the same meaning as in the 2025 Physician Main Agreement or the Physician Main

Subsidiary Agreements, unless otherwise defined in this Contract. In addition, in this Contract, including the recitals and Appendices, the following definitions apply:

- (a) “**Contract**” or “**Sessional Contract**” means this document including the Appendices, as amended from time to time in accordance with Article 23.
- (b) “**Fiscal Quarter**” means a three-month period consisting of one of April 1 to June 30, July 1 to September 30, October 1 to December 31, or January 1 to March 31, in any given year.
- (c) “**health profession corporation**” has the meaning attributed to that term under the *Health Professions and Occupations Act*
- (d) “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” and entered into as of April 1, 2025, among the Government, the Medical Services Commission, and the Association of Doctors of BC (“**Doctors of BC**”), as subsequently amended from time to time.
- (e) “**Services**” means clinical and related teaching, research, and clinical administrative services, and those Services provided under this Contract are specifically described in Appendix 1, as amended from time to time by written agreement between the Agency and the Physician.
- (f) “**Session**” means 3.5 hours of Services and may be an accumulation of lesser time intervals adding up to 3.5 hours.

Article 2: Term & Renewal

- 2.1 This Contract will be in effect from <insert date> to <insert date> notwithstanding the date of its execution, unless terminated earlier as provided herein (the “**Term**”).
- 2.2 This Contract may be renewed for such period of time and on the terms as the parties may mutually agree to in writing:
 - (a) If the Physicians wish to renew this Contract, the Physicians must provide written notice to the Agency no later than ninety (90) days prior to the end of the Term.
 - (b) If the Agency wishes to renew this Contract, it must provide written notice to the Physicians no later than ninety (90) days prior to the end of the Term.

As soon as practical after either the Physicians or the Agency has provided notice in accordance with this clause 2.2, the parties will meet to discuss and endeavour to settle in a timely manner the terms of such a renewal.

- 2.3 Subject to clause 2.4, if both the Physicians and the Agency agree to renew the Contract the terms and conditions of this Contract must remain in effect until the new contract is signed and any continuation past the Term is without prejudice to issues of retroactivity.

- 2.4 In the event that notice is given by either the Physicians or the Agency in accordance with clause 2.2 above and if a new contract is not completed within six (6) months following the end of the Term, this Contract and any extensions will terminate without further obligation on either party.

Article 3: Termination

- 3.1 The Physicians (collectively) or the Agency may terminate the Contract without cause upon six (6) months' written notice to the other, or immediately upon written notice if the other breaches a fundamental term of this Contract.
- 3.2 Subject to clause 3.3 and without affecting the rights and obligations of the remaining Physicians:
- (a) each Physician has the separate and distinct right to terminate the Contract as between that Physician and the Agency without cause upon six (6) months' written notice to the Agency, with an information copy of such notice to the remaining Physicians; and
 - (b) the Agency may terminate the Contract as between the Agency and any individual Physician without cause upon six (6) months' written notice to that Physician, with an information copy of such notice to the remaining Physicians.
- 3.3 Each Physician or the Agency may terminate the Contract as between that Physician and the Agency immediately upon written notice if the other breaches a fundamental term of this Contract. For clarity, loss of privileges by a Physician related to the Services provided under this Contract is a breach of a fundamental term of this Contract.

Article 4: Relationship of Parties

- 4.1 Each Physician is an independent contractor to the Agency and not the servant, employee, or agent of the Agency. No employment relationship is created by this Contract or by the provision of the Services to the Agency by the Physician. No partnership relationship between the Physicians is created by this Contract or by the provision of the Services to the Agency by the Physicians. None of the Physicians intends to carry on a business with a view to profit with the other Physicians in respect of the Services.
- 4.2 None of the Physicians nor the Agency will in any manner commit or purport to commit the other to the payment of any monies or to the performance of any other duties or responsibilities except as provided for in this Contract, or as otherwise agreed to in writing between the parties.
- 4.3 If a Physician employs other persons or is a health profession corporation, the Physician will apply to register with WorkSafeBC and:

- (a) if registered as an employer maintain that registration during the Term and provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible, or
 - (b) if advised by WorkSafeBC that the Physician is a “worker”, advise the Agency and provide the Agency with any related documentation from WorkSafeBC.
- 4.4 If a Physician purchases Personal Coverage with WorkSafeBC as an independent operator (at the Physician’s option), the Physician will provide the Agency with proof of that registration in the form of the registration number, copies of whatever documentation is issued by WorkSafeBC to confirm registration, and a clearance letter with a clearance date as far into the future as possible.
- 4.5 Each Physician must pay any and all payments and/or deductions required to be paid by the Physician, including those required for income tax, Employment Insurance premiums, workers’ compensation premiums, Canada Pension Plan premiums or contributions, and any other statutory payments or assessments of any nature or kind whatsoever that the Physician is required to pay to any government (whether federal, provincial or municipal) or to any body, agency, or authority of any government in respect of any money paid to the Physician pursuant to this Contract.
- 4.6 The liability of the Physicians for payments referred to in clause 4.5 is several and not joint.
- 4.7 Each Physician agrees to indemnify the Agency from any and all losses, claims, damages, actions, causes of action, liabilities, charges, penalties, assessments, re-assessments, costs, or expenses suffered by it arising from that Physician’s failure to make any payments referred to in clause 4.5.
- 4.8 The indemnity in clause 4.7 survives the expiry or earlier termination of this Contract.

Article 5: Unincorporated Groups

- 5.1 As the Services are provided under this Contract by multiple Physicians, each Physician will be party to, and bound by, this Contract.

Parties to select one of three options for clause 5.2 in negotiations.

- 5.2 The Physicians will develop a process or agreement to govern their intra-group relationship.

OR

- 5.2 The Physicians will develop an intra-physician group governance agreement. Each of the Physicians will be a party to the intra-physician group governance agreement, and the

Physicians will ensure that any physician who becomes a Physician during the Term also becomes a party to the intra-physician group governance agreement. If the Physicians are failing to provide the Services pursuant to the terms of this Contract on a persistent basis and the Agency reasonably believes that such failure is related to the Physicians' intra-physician group governance agreement, the Agency may request a copy of the intra-physician group governance agreement from the Physicians, and the Physicians will not unreasonably deny the Agency's request.

OR

- 5.2 The Physicians will develop an intra-physician group governance agreement. Each of the Physicians will be a party to the intra-physician group governance agreement, and the Physicians will ensure that any physician who becomes a Physician during the Term also becomes a party to the intra-physician group governance agreement. The Physicians will provide the Agency with a copy of the intra-physician group governance agreement within two months of the first day of the Term. Any amendments to the intra-physician group governance agreement made during the Term will be promptly disclosed to the Agency.
- 5.3 Subject to sub-clause 3.2(b), the Physicians may designate a representative from among the Physicians to represent the Physicians with respect to notices, the proposed addition of new physicians to the Contract and all invoicing and payment matters under this Contract (the "**Representative**") and will notify the Agency of the identity of the Representative. If the Representative changes during the Term, the Physicians will notify the Agency of the new Representative.
- 5.4 Where a notice under any term of this Contract is to be given to all of the Physicians, the Physicians agree that a single notice to the Representative sent to the address provided in Article 22 will constitute notice to all of the Physicians. Where notice is to be given to less than all of the Physicians, it must be given to those individual Physicians at the address(es) provided at Appendix 5.
- 5.5 In the event of the departure of a Physician pursuant to clauses 3.2 or 3.3, the parties will meet to discuss whether amendments to any Appendices are required and to make agreed changes.
- 5.6 The Physicians must use reasonable efforts to replace departing Physicians.
- 5.7 Any replacement or new physicians that the Physicians propose to add are subject to approval by the Agency in accordance with its normal policies, by-laws, and rules. Such approval will not be unreasonably withheld.
- 5.8 Subject to clause 5.7, for any new physician added to this Contract who is not an initial signatory to this Contract, the Physicians (collectively) or their Representative, the Agency, and the new physician will sign and deliver to the others an acknowledgement and agreement in the form set out in Appendix 6 ("**New Physician – Agreement to**

Join”), agreeing that the new physician will become party to and bound by the terms of this Contract.

Article 6: Waiver/Assignment

- 6.1 Unless specified otherwise, each Physician must not retain fee-for-service billings, including third party billings, for the Services provided under the terms of this Contract. Physicians may bill fee-for-service or directly for any and all services delivered outside the scope of this Contract. For the purposes of this Article, third party billings include but are not limited to:
- (a) billings for Services associated with WorkSafeBC, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants and disability insurers,
 - (b) billings for non-insured Services, excluding medical/legal services (which include ICBC physician assessments and reports), and
 - (c) billings for Services provided to persons who are not beneficiaries under the Medicare Protection Act, including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.
- 6.2 Where the Available Amount is not a source of funding for this Contract, each Physician will sign:
- (a) a waiver in the form attached hereto as Appendix 3A and such other documentation in connection with such waiver as may be reasonably required;
 - (b) if the Physician is required to assign to the Agency any and all rights the Physician has to receive third party billings for any of the Services provided under the terms of this Contract, a waiver and assignment in the form attached hereto as Appendix 3B and such other documentation in connection with such waiver and assignment as may be reasonably required.
- 6.3 Where the Available Amount is a source of funding for this Contract, each Physician will assign to the Agency any and all rights the Physician has to receive fee-for-service payments from the Available Amount for any of the Services provided under the terms of this Contract and will sign an assignment in the form attached hereto as Appendix 3C and such documentation in connection with such assignment as may be reasonably required.

Article 7: Autonomy

- 7.1 Each Physician will provide the Services under this Contract in accordance with applicable standards of law, professional ethics and medical practice, and any Agency policies, by-laws, rules, and regulations that are not inconsistent with or represent a material change to the terms of this Contract.

- 7.2 Subject to clause 7.1, each Physician is entitled to professional autonomy in the provision of the Services.

Article 8: Doctors of BC

- 8.1 Each Physician separately and the Physicians collectively are entitled, at their option, to representation by the Doctors of BC in the discussion or resolution of any issue arising under this Contract, including without limitation the re-negotiation or termination of this Contract.

Article 9: Dispute Resolution

- 9.1 This Contract is governed by and is to be construed in accordance with the laws of British Columbia.
- 9.2 All disputes with respect to the interpretation, application or alleged breach of this Contract that any Physician(s) and the Agency (the Physician(s) or the Agency, each a **“Party to the Dispute”** or collectively **“Parties to the Dispute”**) are unable to resolve informally at the local level, may be referred to mediation on notice by either Party to the Dispute to the other, with the assistance of a neutral mediator jointly selected by the Parties to the Dispute. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the Parties to the Dispute in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act* and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rules may be amended from time to time, by a sole arbitrator. The place of arbitration will be _____, British Columbia and the language of the arbitration will be English.
- 9.3 Upon agreement of the Parties to the Dispute, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this Article 9 will prevent any party from commencing arbitration at any time in order to preserve a legal right, including but not limited to relating to a limitation period.
- 9.4 The Parties to the Dispute must advise the Ministry of Health and the Doctors of BC respectively prior to referring any dispute to arbitration. The Ministry of Health and the Doctors of BC will have the right to apply to intervene in the arbitration and such application will rely on the common-law test for granting intervenor status. All intervenors are responsible for their own costs and any other costs the arbitrator may order them to pay.
- 9.5 Any dispute settlement achieved by the Parties to the Dispute, up to the point of arbitration, will be deemed to have been concluded without prejudice to other disputes or proceedings involving other parties, and will not be referred to in any other dispute or proceeding.

Article 10: Service Requirements

- 10.1 The Physicians will provide the Services and the number of Sessions as described in Appendix 1.

Article 11: Licenses & Qualifications

- 11.1 During the Term, each Physician will maintain:

- (a) registered membership in good standing with the College of Physicians and Surgeons of British Columbia and will conduct the practice of medicine consistent with the conditions of such registration; and
- (b) all other licences, qualifications, privileges, and credentials required to deliver the Services.

- 11.2 During the Term, it is a fundamental term of the Contract that each Physician maintains enrolment in the Medical Services Plan (MSP).

- (a) For clarity, an order of the Medical Services Commission under section 15(2)(a) of the *Medicare Protection Act* for the duration of that order, is a breach of a fundamental term of this Contract.
- (b) If a Physician is no longer enrolled in MSP or is de-enrolled from MSP, the Physician must immediately notify the Agency of the period of the lack of enrollment or de-enrollment.

- 11.3 If all or some of the Services provided under this Contract are Specialist Services, as defined in the Alternative Payments Subsidiary Agreement, then the Physicians providing the Specialist Services will be and remain registered by the College of Physicians and Surgeons of BC to provide these Specialist Services.

- 11.4 All medical Services under this Contract will be provided either directly by a Physician, or a resident under the supervision and responsibility of a Physician, or by a clinical fellow under the supervision and responsibility of a Physician.

Article 12: Subcontracting

- 12.1 Each Physician may, with the written consent of the Agency, subcontract or assign any of the Services. The consent of the Agency will not be unreasonably withheld.
- 12.2 Each Physician will ensure that any contract between the Physician and a subcontractor will require that the subcontractor comply with all relevant terms of the Contract, including that the subcontractor sign a waiver/assignment in the form set out at Appendix

3. Further, the Physician will provide a copy of that waiver/assignment to the Agency prior to the subcontractor providing any Services under this Contract.

12.3 Prior to subcontracting any of their obligations, each Physician will review the capabilities, knowledge and experience of the potential subcontractor in a manner sufficient to establish that the potential subcontractor is able to meet the requirements of this Contract.

12.4 No subcontract relieves a Physician from their obligations or liabilities under this Contract.

Article 13: Compensation

13.1 The Physicians will invoice the Agency for all the Services provided in a form acceptable to the Agency, substantially in the form set out at Appendix 2A.

13.2 The Agency will pay the Physicians pursuant to Appendix 2.

13.3 Each Physician is entitled to access the Benefit Plans as defined and described in the Benefits Subsidiary Agreement (as defined in the Physician Main Agreement).

13.4 The Agency must forward the necessary information with respect to each Physician to the Doctors of BC Benefits Department, at the address set out below, prior to March 31 of each year in which the Contract is in effect. The Physicians will provide the Agency with any information necessary for the Physicians to access the Benefit Plans not in the possession of the Agency.

Benefits Manager
Doctors of BC
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

13.5 No Physician is entitled under this Contract to any benefit from the Agency including Canada Pension Plan contributions, Employment Insurance premiums, supplemental health coverage for the Physicians or their families, health benefits for travel outside Canada, dental insurance for preventative dental care and dental procedures, supplemental group life insurance, accidental death and dismemberment insurance death benefits, overtime, or statutory holidays.

Article 14: Reporting

14.1 The parties acknowledge that the Agency has a responsibility to transmit the details of the Services to the Ministry of Health the same as required for physicians billing fee-for-service, including:

14.1.1 the name and identity number of the patient;

- 14.1.2 the practitioner number of the practitioner who personally rendered or was responsible for the service;
- 14.1.3 the details of the service, including the location where the service was rendered, the date and time the service was rendered, the length of time spent rendering the service, the diagnosis, and the equivalent fee item or encounter record code.
- 14.2 Each Physician will co-operate with the Agency and make all reasonable efforts to provide it with the information it requires in order to meet its obligation referred to in clause 14.1, by providing the information listed at Appendix 4.
- 14.3 Each Physician will also:
 - 14.3.1 report to the Agency all work done by the Physician in connection with the provision of the Services;
 - 14.3.2 comply with the reporting obligations set out in Appendix 4 of this Contract; and
 - 14.3.3 complete and submit to the Agency all reports reasonably required by the Agency within 30 days (subject to the specific requirements in Appendix 4) of the Agency's written request.
- 14.4 Each Physician is responsible for the accuracy of all information and reports submitted by the Physician to the Agency.

Article 15: Records

- 15.1 Where a Physician is providing Services in an Agency facility and the Agency has procedures in place, each Physician will create Clinical Records in the clinical charts that are established by and owned by the Agency and used by the facility where the Services are provided.
- 15.2 Where a Physician is providing Services in an Agency facility and the Agency does not have procedures in place, each Physician will create and maintain Clinical Records in the manner provided for in the Bylaws of the College of Physicians and Surgeons of British Columbia.
- 15.3 The Physicians will keep business accounts, including records of expenses incurred in connection with the Services and invoices, receipts and vouchers for the expenses.
- 15.4 For the purposes of this Article 15, "**Clinical Record**" means a clinical record maintained in accordance with the Bylaws of the College of Physicians and Surgeons of British Columbia and an adequate medical record in accordance with the Medical Services Commission Payment Schedule.
- 15.5 If requested to do so by the Agency each Physician will promptly return to the Agency all materials, including all findings, data, reports, documents and records, whether complete

or otherwise, that have been produced or developed by the Physician or provided to the Physician by the Agency in connection with the Services, that are in that Physician's possession or control.

Article 16: Third Party Claims

- 16.1 The Physicians and the Agency will provide the others with prompt notice of any action against any of them arising out of this Contract.

Article 17: Liability Protection

- 17.1 Each Physician will, without limiting the Physician's obligations or liabilities herein, purchase, maintain, and cause any sub-contractors to maintain, throughout the Term:

17.1.1 Where a Physician owns or rents the premises where the Services are provided, comprehensive or commercial general liability insurance with a limit of not less than \$2,000,000. The Physician will add the Agency as an additional insured and the policy(s) will contain a cross liability clause. It is understood by the parties that this comprehensive or commercial general liability insurance is a reasonable overhead expense.

17.1.2 Membership with the Canadian Medical Protective Association or an alternative professional/malpractice protection plan.

- 17.2 All of the insurance required under clause 17.1.1 will be primary and will not require the sharing of any loss by any insurer of the Agency and must be endorsed to provide the Agency with 30 days' advance written notice of cancellation or material change.
- 17.3 Each Physician agrees to provide the Agency with evidence of the membership/protection plan or insurance coverage required under this Article 17 at the time of execution of this Contract and otherwise from time to time as requested by the Agency.

Article 18: Confidentiality

- 18.1 Each Physician and the Agency will maintain as confidential and not disclose any patient information, except as required or permitted by law.
- 18.2 Each Physician must not, without the prior written consent of the Agency, publish, release, or disclose or permit to be published, released, or disclosed before, during the Term or otherwise, any other confidential information supplied to, obtained by, or which comes to the knowledge of the Physician as a result of this Contract unless the publication, release or disclosure is required or permitted by law and is:
- 18.2.1 necessary for the Physician to fulfill the Physician's obligations under this Contract; or

18.2.2 made in accordance with the Physician's professional obligations as identified by the College of Physicians and Surgeons of BC; or

18.2.3 in reference to this Contract.

18.3 For the purposes of this Article 18, information will be deemed to be confidential where all of the following criteria are met:

18.3.1 the information is not found in the public domain;

18.3.2 the information was imparted to the Physician and disclosed in circumstances of confidence, or would be understood by parties exercising reasonable business judgement to be confidential; and

18.3.3 the Agency has maintained adequate internal control to ensure the information remained confidential.

Article 19: Conflict of Interest

19.1 During the Term, absent the written consent of the Agency, each Physician must not perform a service for or provide advice to any person, firm or corporation where the performance of the service or the provision of the advice may or does give rise to a conflict of interest under this Contract.

19.2 The parties will attempt to resolve at the local level any question as to whether the Physician has breached or may breach clause 19.1. If the parties are unable to resolve the issue, it will be referred to mediation and/or arbitration pursuant to Article 9 of this Contract.

Article 20: Ownership

20.1 The parties acknowledge that in the course of providing the Services intellectual or like property may be developed. Each Physician agrees to be bound by and observe the relevant patent and licensing policies of the Agency in effect from time to time. Where such policies require the assignment of intellectual property to the Agency, each Physician will execute and deliver all documents and do all such further things as are reasonably required to achieve the assignment.

Article 21: Audit, Evaluation and Assessment

21.1 Each Physician acknowledges and agrees that the auditing authority of the Medical Services Commission under section 36 of the *Medicare Protection Act*: (the "Act"), as amended from time to time, is incorporated and applies in relation to this Contract. The Agency and the Physician agree that the terms in sections 15, 37, and 38 of the Act are hereby incorporated into this Contract, as modified by sections 21.2 and 21.3 below.

- 21.2 Without limiting sections 21.1, each Physician acknowledges and agrees that for audits of this Contract conducted by the Medical Services Commission: (i) the Physician is a “practitioner” as defined in the *Act*; and (ii) the terms in sections 36(3) to 36(11) of the *Act* are hereby incorporated into this Contract.
- 21.3 Without limiting sections 21.1 and 21.2 in relation to this Contract, each Physician acknowledges and agrees that: (i) the incorporated reference in section 37(1) of the *Act* which states “the commission had paid an amount” also includes an amount paid by the Agency under this Contract; and (ii) the requirement to repay the Medical Services Commission under sections 37(1)(d) and (1.1) includes that the Medical Services Commission may require the Physician to pay money to the Agency.
- 21.4 Prior to attending the clinic/practice for audit under this Article, a notice of inspection of an audit must be provided to the Physicians. Unless determined otherwise by the Medical Services Commission, which in no case would include a random audit, notice of inspection must be provided at least 14 days prior to the inspection.
- 21.5 Each Physician must reasonably cooperate with Medical Services Commission auditors for an audit in relation to this Contract including by producing and allowing Medical Services Commission auditors to access relevant records, including the clinic/practice EMR.
- 21.6 Notwithstanding Article 9 (Dispute Resolution) or any other provision of this Contract, the Physicians and the Agency agree that the Medical Services Commission has exclusive jurisdiction to determine disputes about alleged misbilling for Services under this Contract. The Physicians and the Agency acknowledge and agree that the hearing process and rules for a hearing by the Medical Services Commission will be the same as those that the Medical Services Commission would follow in a hearing for a physician billing fee-for-service under the *Act*, unless the Medical Services Commission determines that a different process or rules would be more appropriate in the circumstances and the parties agree to adopt the recommendation. Further, the Physicians and the Agency acknowledge and agree that a Medical Services Commission audit or hearing for a Physician in relation to this Contract may occur simultaneously with one or more audits or hearings in relation to fee-for-service claims under the *Act* or other contracts.

Article 22: Notices

- 22.1 Any notice, report, or any or all of the documents that either the Physicians or the Agency may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail, or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:
- 22.1.1 If mailed by prepaid double registered mail to the addressee’s address listed below or in Appendix 5 (as applicable), on date of confirmation of delivery; or

22.1.2 If delivered by hand to the addressee's address listed below or in Appendix 5 (as applicable), on the date of such personal delivery; or

22.1.3 If sent by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address provided in this Article 22 or in Appendix 5 (as applicable).

22.2 Each Physician and the Agency must give notice to the other of a change of address.

22.3 Address and e-mail address of Agency:

Address and e-mail address of the individual Physicians – see Appendix 5:

If the Physicians have selected a Representative as per Article 5:

Address and e-mail address of the Representative:

Article 23: Amendments

23.1 This Contract must not be amended except by written agreement of both parties.

Article 24: Entire Contract

24.1 This Contract, the 2025 Physician Main Agreement and the Physician Main Subsidiary Agreements embody the entire understanding and agreement between the parties relating to the Services and there are no covenants, representations, warranties, or agreements other than those contained or specifically preserved under the terms of this Contract, the 2025 Physician Main Agreement and the Physician Main Subsidiary Agreements.

Article 25: No Waiver Unless in Writing

25.1 No provision of this Contract and no breach by either a Physician or the Agency of any such provision will be deemed to have been waived unless such waiver is in writing signed by the other. The written waiver of a Physician or the Agency of any breach of any provision of this Contract by the other must not be construed as a waiver of any subsequent breach of the same or of any other provision of this Contract.

Article 26: Headings

26.1 The headings in this Contract have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Contract.

Article 27: Enforceability and Severability

- 27.1 If any provision of this Contract is determined to be invalid, void, illegal or unenforceable, in whole or in part, such invalidity, voidance, or unenforceability will attach only to such provision or part of such provision, and all other provisions or the remaining part of such provision, as the case may be, continue to have full force and effect.

Article 28: Physician Main Agreement and Physician Main Subsidiary Agreements

- 28.1 This Contract is subject to the Physician Main Agreement and the Physician Main Subsidiary Agreements, and amendments thereto.
- 28.2 In the event that during the Term, a new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s) come into effect, the Physicians and the Agency agree to meet on notice by one to the other to re-negotiate and amend the terms of this Contract to ensure compliance with the new Physician Main Agreement and/or new Physician Main Subsidiary Agreement(s).

Article 29: Execution of the Contract

- 29.1 This Contract and any amendments thereto may be executed in any number of counterparts with the same effect as if all parties hereto had signed the same document. All counterparts will be construed together and will constitute one and the same original agreement.
- 29.2 This Contract may be validly executed by transmission of a signed copy thereof by e-mail.
- 29.3 The parties to this Contract may execute the contract electronically via e-mail by typing their name above the appropriate signature line in the document attached to the e-mail, saving that document, and returning it by way of an e-mail address that can be verified as belonging to that party. The parties to this Contract agree that this Contract in electronic form will be the equivalent of an original written paper agreement between the parties.

Article 30: Physicians as Health Profession Corporations

- 30.1 Where a Physician in this Contract is a health profession corporation:
- (a) the Physician will ensure that its physician owner, being the individual signing this Contract on the Physician's behalf (the "**Physician's Owner**"), performs and fulfills, in accordance with the terms of this Contract, all obligations of the Physician under this Contract that cannot be performed or fulfilled by a health profession corporation;
 - (b) the Agency agrees to confer on the Physician's Owner, for the Physician's benefit, all rights of the Physician under this Contract that cannot be held by a health profession corporation; and

(c) for clarity, all remuneration for the Services will be paid to the health profession corporation.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this Contract have duly executed this Contract as of the date written above.

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered by the Physicians:

[Sign here if you are a Physician who is not incorporated]

Dr.

Dr.

Dr.

[Sign here, on behalf of your professional medical corporation, if you are a Physician who is incorporated and do not sign your personal name above]

[] Inc.

Authorized Signatory

APPENDIX 1

SERVICES/DELIVERABLES

1. Subject to paragraph 2 of this Appendix 1, the Physicians shall provide _____ Sessions per fiscal year during the Term in the _____ [*insert Program/Department*], at _____ [*insert site or sites*].
2. If during any Fiscal Quarter during the Term, the Physicians provide fewer than _____ Sessions [*The number to be inserted here will be ¼ of the number noted in paragraph 1 above*] then the Agency may reallocate from this Contract a number of sessions up to the number that is equal to the difference between _____ [*The number to be inserted here will be ¼ of the number noted in paragraph 1 above*] and the number of Sessions provided by the Physicians during the Fiscal Quarter in question, in which case the total number of Sessions to be provided by the Physicians under this Contract will be automatically reduced by the number of Sessions reallocated.
3. Scheduling

It is understood and agreed that the following scheduling provisions are a minimum standard and will not replace specific, more detailed, or site-specific scheduling provisions agreed to by the Physicians and the Agency. These scheduling provisions do not override Physicians' obligations as set out in Article 10.1, but rather outline how those obligations will be fulfilled.

- (a) Not less than thirty (30) days in advance of the first day of each Fiscal Quarter, the Physicians will submit to the Agency a schedule that identifies how the Physicians will provide coverage of the Services (including, if applicable, all shifts and shift lengths to be covered) (the “Quarterly Schedule”).
 - (b) The Physicians will populate the Quarterly Schedule with the names of particular Physicians and make the populated Quarterly Schedule available to the Agency at least one month in advance, on a rolling basis (e.g. by January 31st the Quarterly Schedule will be populated and provided to the Agency for March 1st).
 - (c) The Quarterly Schedule may be amended by the Physicians, after submission to the Agency, as necessary to accommodate seasonal fluctuations and other variations in patient demand with agreement of the Agency, as well as ad hoc changes to the particular Physicians providing coverage of the Services (including, if applicable, of particular shifts). The Physicians will notify the Agency of any material and ongoing changes to the Quarterly Schedule as soon as practicable.
4. In the event that in order to meet operational requirements, the Agency and the Physicians agree that the Physicians will provide Services beyond the Sessions agreed to in paragraph 1 above, the Agency will ensure that the Physicians receive payment for such Services at the appropriate sessional rate.

5. The Physicians will provide the following Services:

It is understood and agreed that more detailed descriptions of the Services will be included in this Appendix as negotiated at the local level between the Physicians and the Agency. Such detailed descriptions of the Services will contribute to the Agency's legislative obligations to ensure a physically and psychologically safe workplace, and must include the following:

- (a) Participation in the evaluation of the efficiency, quality and delivery of the Services, including and without limiting the generality of the foregoing, participation in medical audits, peer and interdisciplinary reviews, chart reviews, and incident report reviews.
- (b) Those activities that are necessary to satisfy the Physicians' obligations under Article 14 and Appendix 3 of this Contract.

6. The Physicians will supply the following support, technology, material and supplies:

7. The Agency will provide the following support, technology, material and supplies:

APPENDIX 2

PAYMENT

1. The Agency will pay the Physicians at the rate of \$_____ per Session that the Physicians provide under the terms of this Contract upon receipt of the invoice for the Services provided.
2. Subject to section 4 of Appendix 1, the total amount paid by the Agency to the Physicians under this Contract will not exceed \$_____.
3. All invoices for Services provided under this Contract must:
 - (a) identify by date and hours the Sessions or partial Sessions for which payment is claimed;
 - (b) in the event that a Physician provides services on a fee-for-service basis on the same day the Physician provides Services under this Contract, the Physician will;
 - (i) provide start and stop times for the hours of Sessions or partial Sessions for which payment is claimed that day; and
 - (ii) confirm that the hours of Sessions for which payment is claimed that day do not overlap with time spent providing services on a fee-for-service basis on that day;
 - (c) be accompanied by an identification of the specific Service(s) provided during each such Session or partial Session using the Agency's sessional coding system; and
 - (d) be submitted to the Agency within 30 days following the end of the month during which the Services were provided.

If the Agency is paying the individual Physicians, replace "Physicians" above with "each Physician".

If payment is being made to the group via a Representative, additional language should be added to Appendix 2 as follows:

Payments will be made to the Representative. It is the responsibility of the Physicians and the Representative to allocate payments among the Physicians providing the Services in accordance with this Contract and their intra-physician process or agreement. Each Physician hereby acknowledges that the Agency is not and will not be responsible for such allocation and for any disagreements between the Physicians over such allocation of payments from the Agency.

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APPENDIX 2A

INVOICE

Insert form of invoice used by Agency.

APPENDIX 3A

FEE FOR SERVICE AND THIRD PARTY BILLING WAIVER

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services covered by and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan or third parties with respect to such Services.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3B

FEE FOR SERVICE WAIVER AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby waives any and all rights the Physician has to receive any fee for service payments from the Medical Services Plan with respect to such Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive any payments for any such Services from any third party including but not limited to:

- (a) billings associated with, WCB, Armed Forces, Corrections (provincial and federal), Interim Federal Health Programs for Refugee Claimants, and disability insurers,
- (b) billings for all non-insured Services, excluding medical-legal services (which include ICBC physician assessments and reports, and
- (c) billings for Services provided to persons who are not beneficiaries under the *Medicare Protection Act* including but not limited to billings for persons in respect of whom MSP may seek payment from another Canadian province under a reciprocal payment arrangement.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the

Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 3C

FEE FOR SERVICE AND THIRD PARTY BILLING ASSIGNMENT

Physician/Corporation Name _____

MSP Practitioner Number _____

All capitalized terms herein have the meaning given to them in the Sessional Contract between the undersigned and [*name of Agency*] dated _____.

The Physician acknowledges that the payments paid to the Physician (or to the Representative on the Physician's behalf) by the Agency for the Services provided under the terms of the Contract are payments in full for those Services and the Physician will make no other claim for those Services.

The Physician will not retain and hereby assigns to the Agency any and all rights the Physician has to receive fee for service payments from the Medical Service Plan and third parties with respect to such Services.

The Physician will execute all documents and provide all information and paperwork not already in the Agency's possession relating to the Services provided under the terms of the Contract that are necessary for the Agency to bill, and/or to permit and assist the Agency to bill, the Medical Services Plan according to the Medical Services Commission Payment Schedule for all third party billings with respect to those third parties for whom MSP acts as a processing agent, (including but not limited to those Canadian provinces that have reciprocal payment arrangements with the province of British Columbia). For all other third party billings, the Physician will, as reasonably required, assist the Agency to submit claims directly to, or otherwise as required by, the relevant third party.

Note: If any Services are billable on a fee-for-service basis, they must be specifically excluded here and in the Contract.

Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Date

APPENDIX 4

REPORTING

Each Physician will comply with the reporting requirements set out below. It is the Physicians' responsibility to ensure that all reports/forms are completed and submitted as set out below, and in particular:

It is understood and agreed that more detailed descriptions of the reporting requirements will be included in this Appendix 4 as negotiated at the local level between the Physicians and the Agency.

APPENDIX 5

PHYSICIAN NAMES AND CONTACT INFORMATION

[illegible]

APPENDIX 6

NEW PHYSICIAN - AGREEMENT TO JOIN

("New Physician-Agreement to Join")

Re: Sessional Contract effective <insert date> (the "Contract") between the Agency and those physicians named on the signature page of the Contract, or who subsequently became a party to the Contract by entering into this New Physician - Agreement to Join.

[Note: if a Representative has not been designated, replace all references to the "Representative" below with "Physicians" and make other consequential amendments]

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the undersigned:

1. The Representative, on behalf of and with the authority of all of the Physicians, confirms that the Physicians wish to add Dr. _____ (the "New Physician") as a "Physician" under the Contract to provide Services to the Agency under the terms of the Contract.
2. The New Physician acknowledges having received a copy of the Contract and hereby agrees with the Agency and the other Physicians that the New Physician will be bound by, and will comply with, all of the terms and conditions of the Contract as a "Physician". The New Physician acknowledges that all payments for Services under the Contract will be made by the Agency to the Physicians as provided in the Contract and that the Representative, currently Dr. _____, has been granted certain authority to act as the representative of the Physicians, including the New Physician, under the Contract. [The New Physician confirms that Dr. _____ is the "Physician Owner" for the New Physician]
3. The New Physician will become party to any intra-group governance agreement between the Physicians.
4. The New Physician confirms that notices to the Physicians will be delivered as set out in clause 22.3 of the Contract. Where a notice is to be given to less than all of the Physicians, the address for notice for the New Physician is:

▼ ▼

▼ ▼

5. The Agency's agreement to the New Physician joining is subject to the New Physician meeting all credentialing, licensing and other qualifications set out in the Contract (if not already met).
6. All capitalized terms used in this New Physician – Agreement to Join and not otherwise defined will have the meaning given to them in the Contract. This New Physician – Agreement to Join may be executed in multiple counterparts and all such counterparts will constitute one and the same agreement.
7. The addition of the New Physician to the Contract is effective the date the New Physician signatory actually commences providing Services under the Contract

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this New Physician – Agreement to Join have duly executed this New Physician – Agreement to Join as of the date written above.

Dr. _____ as the Representative

Signed and Delivered On behalf of the Agency:

Authorized Signatory

Signed and Delivered on behalf of the New Physician:

New Physician's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

Schedule “G” to the Alternative Payments Subsidiary Agreement

**CLASSIFICATION CRITERIA FOR COMMUNITY MEDICINE/PUBLIC HEALTH
AREAS A-D PRACTICE CATEGORIES –
Salary Agreements and Service Contracts**

Subject to amendment by the Allocation Committee under Article 4.

General Principles

Community Medicine/Public Health (CMPH) Physician shall be the title of the job group used to classify physician positions that require the practice of Public Health or Community Medicine. This includes, for example, Medical Health Officers (MHOs), Public Health Epidemiologists, Community Medicine Consultants, and First Nations Medical/Public Health Advisors.

Physician positions that are matched to the CMPH classification require graduation from a medical school of recognized standing with a degree of Doctor of Medicine and membership in good standing with the College of Physicians and Surgeons of British Columbia.

Physician positions that are matched to the CMPH classification and are compensated through a Salary Agreement or Service Contract shall be paid in accordance with the Salary Agreement Range or Service Contract Range, as applicable, for the Community Medicine/Public Health Areas A-D in accordance with the Application section below.

Application

1. Area A is reserved for physician positions that require the practice of Public Health or Community Medicine, that do not include the administrative roles of supervising other physicians and establishing program policy, and where the physician is not certified by the Royal College of Physicians and Surgeons of Canada as a specialist in Community Medicine or a related specialty and does not have a Master’s degree in Public Health (e.g., a GP working in the job of MHO) or where such specialty or degree is not relevant to the duties of the job.
2. Area B is reserved for physician positions that require the practice of Public Health or Community Medicine, that do not include the administrative roles of supervising other physicians and establishing program policy, and where the physician has the additional training of a Master’s degree in Public Health or the equivalent Master’s degree, provided that the degree is relevant to the duties of the job.
3. Area C is reserved for physician positions that require the practice of Public Health or Community Medicine, that do not include the administrative roles of supervising other physicians and establishing program policy, and where the physician is certified by the Royal College of Physicians and Surgeons of Canada as a specialist in Community Medicine or a related specialty, provided that the specialty is relevant to the duties of the job.

4. Physician positions that include the administrative roles of supervising other physicians and establishing program policy (e.g., Chief Medical Health Officer, Director Epidemiology) move to the next higher Area (e.g., a Chief MHO who is a GP would fall within Area B; a Chief MHO who has a relevant Master's degree would fall within Area C; a Chief MHO who has a relevant Specialist certification would fall within Area D).
5. Area D is reserved for physician positions that include the administrative roles of supervising other physicians and establishing program policy AND where the physician is certified by the Royal College of Physicians and Surgeons of Canada as a specialist in Community Medicine or a related specialty, provided that the specialty is relevant to the duties of the job (i.e., all criteria must be met).

APPENDIX E

2025 BENEFITS SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

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

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

- A. The Doctors of BC, the MSC and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Physician Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;
- B. The parties have agreed that this Agreement will constitute the new Benefits Subsidiary Agreement, to take effect as of April 1, 2025; and
- C. The parties intend this Agreement to:
- (a) identify the benefits that are available to physicians through agreements between the parties;
 - (b) describe threshold eligibility for participation in the Benefit Plans, subject to the specific terms, conditions, rules, and eligibility criteria applicable to each Benefit Plan;
 - (c) assign responsibility for the oversight and administration of the Benefit Plans; and
 - (d) identify the funding for the Benefit Plans.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 – DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 “**this Agreement**” means this document including the Schedules, as amended from time to time as provided herein.

2.3 “**Benefit Plans**” means the CME, the PDI, the CMPA Rebate Program, the CPRSP, the PHP, the Parental Leave Program, and the CCSL.

2.4 “**CCSL**” means the Ceremonial, Cultural and Spiritual Leave referred to in Schedule “F” to this Agreement.

2.5 “**CMPA Rebate Program**” means the Canadian Medical Protective Association Rebate Program referred to in Schedule “C” to this Agreement.

2.6 “**CME**” means the Continuing Medical Education Fund referred to in Schedule “B” to this Agreement.

2.7 “**CPRSP**” means the Contributory Professional Retirement Savings Plan referred to in Schedule “D” to this Agreement.

2.8 “**Parental Leave Program**” means the program referred to in Schedule “E” to this Agreement.

2.9 “**PDI**” means the Physician Disability Insurance Program referred to in Schedule “A” to this Agreement.

2.10 “**PHP**” means the Physician Health Program operated by the Doctors of BC to provide advocacy and support for physicians, including those in training, and their families, who are experiencing problems related to personal and family emotional health issues, the inappropriate use of alcohol and/or drugs, or coping with physical illness.

2.11 “**2025 Physician Main Agreement**” means the agreement titled “2025 Physician Main Agreement” among the Government, the Doctors of BC, and the MSC, dated April 1, 2025.

2.12 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this

Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - PHYSICIAN BENEFITS COMMITTEE AND PHP STEERING COMMITTEE

4.1 The Government and the Doctors of BC will continue the **Benefits Committee** which provides oversight of the Benefit Plans (with the exception of the PHP) and the administration of them.

4.2 The Benefits Committee will be composed of up to three members appointed by the Doctors of BC and up to three members appointed by the Government, and will be co-chaired by one member chosen by the Doctors of BC Board of Directors and one member chosen by the Government.

4.3 The Benefits Committee must meet a minimum of two times per year, unless the members of the Benefits Committee agree to additional meetings or the Physician Services Committee directs additional meetings, in which case the Benefits Committee must hold such additional meetings.

4.4 The terms of reference of the Benefits Committee will include:

- (a) providing general oversight of the Benefit Plans within the available funding, consistent with the terms of this Agreement and the 2025 Benefits Administration Agreement;
- (b) determining when there is a surplus in funding for any of the Benefit Plans and allocating any such surplus in accordance with this Agreement;
- (c) identifying and making changes to the specific terms, conditions, rules, eligibility criteria, and benefits associated with each of the Benefit Plans, except the PHP, to maximize the benefits realized within the budget for each Benefit Plan; and
- (d) discovering whether or not physicians who are compensated by Salary Agreements are entitled to make any contribution to an RRSP and, if so, considering whether to provide a partial CPRSP benefit to such physicians.

4.5 The Benefits Committee will make decisions by consensus decision.

4.6 If the Benefits Committee cannot reach a consensus decision on any matter that it is required to determine pursuant to sections 4.4(a) or (b), the Government and/or the Doctors of BC may make recommendations to the Adjudicator regarding such matter. If the Government or the Doctors of BC initially refers the matter to the Adjudicator, the opposing party may, at their election and within 10 days of the receipt of the notice advise that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee. The Adjudicator or the Adjudication Committee, as the case may be, shall then determine the matter. If the Benefits Committee cannot reach a consensus decision on any matter that it is required to determine pursuant to section 4.4(c) or section 4.4(d), the Government and/or the Doctors of BC may refer the matter to the Physician Services Committee and the Physician Services Committee will attempt to resolve the matter, failing which there will be no change to the Benefit Plan(s) in issue.

4.7 On an annual basis, the Benefits Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.8 The Benefits Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Benefits Committee pre-approve any communication about the business and/or decisions of the Benefits Committee.

4.9 The cost of physician participation on the Benefits Committee will be paid from the funds allocated by the Benefits Committee pursuant to this Agreement other than for physicians who are employees of the Government, Doctors of BC, and Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC.

4.10 The PHP will be governed by a **PHP Steering Committee**. The PHP Steering Committee will consist of six members, with three members appointed by the Government and three members appointed by Doctors of BC, and will be co-chaired by one member chosen by Doctors of BC and one member chosen by Government.

4.11 The mandate of the PHP Steering Committee and its terms of reference are contained in a Letter of Expectations Concerning the PHP between the Government and Doctors of BC effective April 1, 2025.

4.12 The PHP Steering Committee will make decisions by consensus decision.

4.13 If the PHP Steering Committee cannot reach a consensus decision on any matter it is required to determine, the Government and/or the Doctors of BC may make recommendations to the Physician Services Committee, and the Physician Services Committee, or its successor, will determine the matter.

4.14 On an annual basis, the PHP Steering Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.15. The Doctors of BC will provide all services required to administer the PHP and will:

- (a) maintain financial and other records relating to all aspects of the PHP including records related to the receipt and disbursement of annual funding received from the Government to the various programs and supports provided to physicians under the PHP and the costs associated with administering the PHP;
- (b) ensure that, unless otherwise required by law or court order, in no circumstances will the PHP report on individual cases to any person, including the PHP Steering Committee, Government or Doctors of BC;
- (c) on or before the 28th day of each month, provide to the Government through the PHP Steering Committee, monthly cash flow statements for the preceding month, in the form initially required by Government or in a form subsequently agreed to by the parties; and
- (d) report annually to the Government through the PHP Steering Committee.

ARTICLE 5 – IDENTIFICATION OF BENEFIT PLANS

5.1 Subject to section 5.2, the following Benefit Plans will be available to physicians who have not made an election under section 14 of the *Medicare Protection Act* and who are not subject to an order made under section 15(2)(a) or (b) of the *Medicare Protection Act*, under the terms and conditions that are described in the 2025 Physician Main Agreement, this Agreement and any of the other Physician Main Subsidiary Agreements:

- (a) the CME;
- (b) the PDI;
- (c) the CMPA Rebate Program;
- (d) the CPRSP;
- (e) the PHP;
- (f) the Parental Leave Program; and
- (g) the CCSL.

5.2 The Benefit Plans, other than the PHP, are generally described in Schedules A through F. The specific terms, conditions, rules, eligibility criteria and benefits associated with each Benefit Plan, other than the PHP, are as approved and published by the Benefits Committee from time to time.

ARTICLE 6 - FUNDING

6.1 The annual base funding for the PDI, CME, CPRSP and Parental Leave Program is as follows:

- (a) \$11,700,000 for the PDI;
- (b) \$9,725,000 for the CME;
- (c) \$100,570,000 for the CPRSP;
- (d) \$7,050,000 for the Parental Leave Program; and
- (e) \$4,690,000 to be allocated on annual basis by the Benefits Committee among the PDI, CME, CPRSP, and Parental Leave Program.

6.2 The Government will continue to provide \$53.1 million on an annual basis to be allocated by the Benefits Committee to increase the base funding of the PDI, CME, CPRSP, Parental Leave Program, and CCSL.

6.3 The Government will also provide the following funds on an annual basis to be allocated by the Benefits Committee to increase the base funding of the PDI, CME, CPRSP, Parental Leave Program, and CCSL:

- (a) \$8.7 million per year in ongoing annual funding, effective April 1, 2025;
- (b) a further \$9.2 million per year in ongoing annual funding, effective April 1, 2026;
- (c) a further \$9.6 million per year in ongoing annual funding, effective April 1, 2027; and
- (d) a further \$10.0 million per year in ongoing annual funding, effective April 1, 2028.

6.4 In addition to those funds set out at sections 6.2 and 6.3, the Government will provide the following funds on an annual basis to increase the base funding of the CPRSP to improve the CPRSP Basic and Length of Service benefits available to physicians:

- (a) \$4.1 million per year in ongoing annual funding, effective April 1, 2027.

6.5 In addition to those funds set out at sections 6.2, 6.3, and 6.4, the Government will provide the following funds on an annual basis to be allocated to the Parental Leave Program to increase weekly payments and number of weeks for the benefit:

- (a) \$7.3 million per year in ongoing annual funding, effective April 1, 2026.

6.6 Any modifications by the Benefits Committee to the terms of the CPRSP program (the “**CPRSP Program Changes**”) apply to the extent that they and their administration by the Benefits Committee are permissible under applicable laws, including without limitation, federal

and provincial taxation laws and rules. In the event that one or more CPRSP Program Changes or their administration by the Benefits Committee is not permissible under applicable laws, then such CPRSP Program Change or CPRSP Program Changes, as the case may be, will cease to be in effect. Neither the Government nor the MSC make any representation or warranty as to whether any of the CPRSP Program Changes or their administration by the Benefits Committee is permissible under applicable laws.

6.7 The annual base funding of \$52.9 million for the CMPA Rebate Program will continue and will increase on an annual basis as follows:

- (a) \$4.9 million per year in ongoing annual funding, effective April 1, 2027; and
- (b) a further \$12.5 million per year in ongoing annual funding, effective April 1, 2028.

(“CMPA Base Funding”)

6.8 The Government and physicians will share ongoing cost increases to the CMPA Fee Schedule for each Fiscal Year for the term of this Agreement. On the basis of CMPA costs data for each Fiscal Year, the parties will determine the amount by which CMPA costs are expected to exceed the CMPA Base Funding less any surplus funds derived from those Fiscal Years where CMPA costs were less than CMPA Base Funding (but not including any surplus accumulated before April 1, 2025) (**“Extraordinary Amount”**). The Government will contribute 70% of the Extraordinary Amount to the CMPA Rebate Program up to a maximum of \$17 million in each such Fiscal Year and physicians will absorb the balance of the cost increase.

6.9 For each of the Fiscal Years 2025/26 through to 2028/29 inclusive, the Benefit Committee will support the level of the Benefit Plans (excluding the CMPA Rebate Program) in existence as of March 31, 2025 by:

- (a) allocating the funding described in sections 6.2, 6.3, 6.4, and 6.5 of the Agreement;
- (b) use of surplus funds in any of the Benefit Plans, other than the CMPA Rebate Program; and
- (c) if the funds referred to in section 6.9(a) and (b) are inadequate to maintain the level of the Benefit Plans as described in this section 6.9, use of surplus from the CMPA Rebate Program;

subject to the terms, conditions, rules, and eligibility criteria applicable to each of the Benefit Plans.

6.10 If in any Fiscal Year during the term of this Agreement, after any surplus funds in the Benefit Plans are applied to maintaining the level of the Benefit Plans as described in section 6.9, there remain surplus funds in any of the Benefit Plans, other than CMPA Rebate Program, such surplus funds will be allocated by the Benefits Committee.

6.11 The Government will provide annual funding to the PHP in order to fully fund the program and support the increasing demand for its services among physicians as follows:

- (a) \$4.65 million per year (\$0.55 million increase to ongoing annual funding of \$4.1 million) in ongoing annual funding, effective April 1, 2025;
- (b) a further \$0.85 million per year in ongoing annual funding, effective April 1, 2026;
- (c) a further \$0.5 million per year in ongoing annual funding, effective April 1, 2027; and
- (d) a further \$0.5 million per year in ongoing annual funding, effective April 1, 2028.

ARTICLE 7 - ADMINISTRATION OF THE BENEFITS PLANS

7.1 Concurrently with the execution and delivery of this Agreement, the Government and the Doctors of BC will renew and amend the contract between them for administration of the Benefit Plans, except the PHP (the “**2025 Benefits Administration Agreement**”). The 2025 Benefits Administration Agreement shall include the following:

- (a) The responsibilities of the Doctors of BC include the verification that public funds have been properly used for the purposes intended, including such audit and inspection procedures as may be necessary and required.
- (b) The Doctors of BC acknowledges and accepts its responsibility to administer the Benefit Plans available to all eligible physicians who have not made an election under section 14 of the *Medicare Protection Act* and who are not subject to an order made under section 15(2)(a) or (b) of the *Medicare Protection Act*, and acknowledges and accepts its responsibility to provide the same standard of administration to both members and non-members of the Doctors of BC.
- (c) It is understood and agreed that the Doctors of BC may charge physicians who are not members of the Doctors of BC an administrative fee when such non-members apply for any benefits available to them under the Benefit Plans. It is further understood and agreed that non-members will not be charged administrative fees that exceed the equivalent of dues and levies charged to Doctors of BC members in the calendar year in which the non-member applies for a benefit or benefits.
- (d) To facilitate the Government and the MSC in meeting their statutory obligations to account for the use of public money, the Doctors of BC will report annually to the Government on its expenditures related to the administration of the Benefit Plans, such report to also include audited financial statements for each Benefit Plan.
- (e) A clause permitting either party to terminate without cause upon 6 months written notice to the other party, such clause not to be operable prior to April 1, 2028.

7.2 The costs associated with administering the Benefit Plans that are the subject of the 2025 Benefits Administration Agreement will be paid from the annual funding made available for those Benefit Plans.

7.3 During the term of this Agreement, either the Government or the Doctors of BC may, at its own expense, initiate a review of the Benefit Plans. The other party will be fully reimbursed for the costs of its participation in the review. Where one party initiates a review under this section the other party will fully cooperate.

7.4 Information that contains the identification of physicians will be provided to the Doctors of BC Benefits Department for the administration of the Benefits Plans only. Such information will be kept confidential in compliance with relevant legislation.

7.5 The Benefits Committee will review the current information needs of the Doctors of BC Benefits Department with the aims of improving the quality of the information collected and reducing the administrative burden on the Health Authorities, the Government, and the Doctors of BC associated with collecting the information.

7.6 The Doctors of BC Benefits Department will report to the MSC the value of the benefits (excluding PDI and PHP) at the level of the individual physician on an annual basis. This information will be treated as confidential by the MSC and, subject to any statutory requirements to the contrary, will not be published or otherwise publicly reported.

7.7 The Doctors of BC Benefits Department will report to the Benefits Committee the value of administrative fees charged to non-members for each Benefit Plan on an annual basis.

ARTICLE 8 - ELIGIBILITY TO PARTICIPATE IN THE BENEFIT PLANS

8.1 Subject to any specific provision of the 2025 Physician Main Agreement and any of the Physician Main Subsidiary Agreements, including this Agreement, and subject to the specific terms, conditions, rules, and eligibility criteria applicable to each of the Benefit Plans, physicians who are compensated by Fees, Sessional Contracts, Service Contracts, or contracts for the provision of provincially funded clinical services under an alternative payment model (excluding Salary Agreements) are eligible to participate in all of the Benefit Plans. Income from each compensation source shall be totalled and combined in determining eligibility/coverage.

8.2 Physicians who are compensated by Salary Agreements are not eligible to participate in the Benefit Plans (except for the PHP), with the exception of:

- (a) certain physicians who are compensated under part-time Salary Agreements and are entitled to participate in Benefit Plans as per current policy;
- (b) any physicians who the Benefits Committee determines, in accordance with section 4.4(d), will be provided with a partial CPRSP benefit,

provided however that no physician, as a result of working under more than one mode of compensation, may receive more than the full annual value of the benefits available under any of the Benefit Plans. Should a physician transfer to or from a Salary Agreement position during a

year, the benefits available under each compensation arrangement will be pro-rated to match the time served by the physician under each compensation arrangement during that year.

8.3 A physician who elects to be paid directly by a beneficiary pursuant to section 14 of the *Medicare Protection Act* is not entitled to participate in the Benefit Plans.

8.4 Where the MSC has, for cause, made an order under section 15 (2) (a) or (b) of the *Medicare Protection Act* that physician is no longer entitled to participate in the Benefit Plans.

ARTICLE 9 - QUARANTINE INCOME REPLACEMENT

9.1 The Government will compensate physicians required by the Provincial Health Officer to undergo a period of quarantine as a result of exposure to a communicable disease while providing Insured Medical Services in British Columbia. Such compensation will be paid at a rate equal to the maximum benefit available under the PDI, for a period of up to two weeks.

ARTICLE 10 DISPUTE RESOLUTION

10.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Signature of Authorized Signatory

Name

Position

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)

Signature of Authorized Signatory

C/S

Name

Position

MEDICAL SERVICES COMMISSION

Per: _____
Authorized Signatory

Name

Position

SCHEDULE A

PHYSICIAN DISABILITY INSURANCE PROGRAM

Funding for the PDI will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The PDI funds will be payable by the MSC to, and on the date required by, the insurance company which is providing the PDI coverage.

The PDI provides income replacement to eligible physicians who become disabled. Coverage is not automatic and each physician must apply for coverage and provide medical evidence of insurability. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the PDI are as approved and published by the Benefits Committee from time to time.

SCHEDULE B

CONTINUING MEDICAL EDUCATION FUND

Funding for the CME will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The annual funds will be payable to the Doctors of BC on May 1st of each Fiscal Year.

The CME fund is a yearly allotment of monies used to assist physicians with eligible educational expenses. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the CME are as approved and published by the Benefits Committee from time to time.

SCHEDULE C

CANADIAN MEDICAL PROTECTIVE ASSOCIATION REBATE PROGRAM

The maximum funding available for the CMPA Rebate Program will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The funding for the CMPA Rebate Program as set out in Article 6 of the Benefits Subsidiary Agreement will be allocated among physician type of work categorizations unless otherwise determined by a consensus decision of the Benefits Committee.

The CMPA Rebate Program provides eligible physicians with partial reimbursement of their CMPA dues. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the CMPA Rebate Program are as approved and published by the Benefits Committee from time to time.

SCHEDULE D

CONTRIBUTORY PROFESSIONAL RETIREMENT SAVINGS PLAN

Funding for the CPRSP will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The CPRSP is a retirement savings program that provides funds for eligible physicians to contribute to a registered savings plan for retirement, subject to the available CPRSP funding, and subject to the specific terms, conditions, rules, and eligibility criteria approved and published by the Benefits Committee.

SCHEDULE E

PARENTAL LEAVE PROGRAM

Funding for the Parental Leave Program will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

Effective April 1, 2026, the Parental Leave Program will provide up to \$2,000 per week for up to 20 weeks within one year of the date an eligible physician, regardless of gender, becomes a parent of a newborn or newly adopted child or of a newborn through a surrogate mother. The 20 weeks need not be consecutive if it is necessary for the physician to return to work for one or more periods within the qualifying year.

Effective April 1, 2026, the Parental Leave Program will also provide up to \$2,000 per week for up to 20 weeks within one year of the date an eligible physician, who has an established relationship with an Indigenous child or has a cultural or traditional responsibility towards a child and who is authorized by the Ministry of Children and Family Development (specifically as a kinship care provider) or an Indigenous governing entity to provide daily care for an Indigenous child in place of the child's parent(s), begins to provide care to the Indigenous child to ensure familial, cultural, and community continuity ("**Indigenous Child Care Leave**"). The 20 weeks need not be consecutive if it is necessary for the physician to return to work for one or more periods within the qualifying year.

"**Indigenous child**" means a child

- (a) who is a First Nation child,
- (b) who is a Nisga'a child,
- (c) who is a Treaty First Nation child,
- (d) who is under 12 years of age and has a biological parent who
 - (i) is of Indigenous ancestry, including Métis and Inuit, and
 - (ii) considers themselves to be an Indigenous person,
- (e) who is 12 years of age or over, of Indigenous ancestry, including Métis and Inuit, and considers themselves to be an Indigenous person, or
- (f) who an Indigenous authority confirms is a child belonging to an Indigenous community.

The Benefits Committee will consult with the Physician Specific Committee on ISAR and Cultural Safety on issues related to Indigenous Child Care Leave.

The specific terms, conditions, rules, and eligibility criteria applicable to the Parental Leave Program, including Indigenous Child Care Leave will be as approved and published by the Benefits Committee from time to time.

SCHEDULE F

CEREMONIAL, CULTURAL, AND SPIRITUAL LEAVE

Indigenous employees have a right upheld by BC Law, including the *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c. 14, to manifest, practice, develop, and teach their spiritual and religious traditions, customs, and ceremonies. To compensate for such time away from practice, the parties agree to establish a new Benefit Plan for physicians effective April 1, 2026 with the following characteristics:

- (a) A ceremonial, cultural, or spiritual event that would be covered by this benefit would include any event that is significant to an Indigenous physician's culture. Examples of significant cultural events include, but are not limited to, Hoobiye, Pow-wows, Sundance, participation in a sweat lodge, coming of age events, feasts, or ceremonies held following a significant family event (including the death of a family member).
- (b) "Family" for the purposes of accessing this benefit includes an Indigenous Elder (designated as such by their community) or any individual an Indigenous physician considers family consistent with their Indigenous cultural practices.
- (c) The benefit will provide a daily benefit amount, for up to five days in each calendar (or fiscal) year. The daily benefit amount is to be equivalent to 1/85th of the maximum funding for 20 weeks of Indigenous Child Care Leave (one day of compensation) under the Benefits Subsidiary Agreement.
- (d) The Benefits Committee will consult with the Physician Specific Committee on ISAR and Cultural Safety on issues related to Ceremonial, Cultural and Spiritual Leave.
- (e) Specific terms, conditions, rules, and eligibility criteria applicable to the benefit will be as approved and published by the Benefits Committee from time to time.

APPENDIX F

ADJUSTMENTS TO FEES, SERVICE CONTRACT RANGES AND SERVICE CONTRACT RATES, SALARY AGREEMENT RANGES AND SALARY AGREEMENT RATES, AND SESSIONAL CONTRACT RATES

1.1 Compensation Changes in 2025/26

- (a) Effective April 1, 2025,
 - (i) Fees will be increased by 3.0% to fund the increases in the cost of providing services;
 - (ii) Sessional Contract Rates will be increased by 6.0% over the Sessional Contract Rates in effect on March 31, 2025 to fund the increases in the cost of providing services;
 - (iii) Service Contract Ranges and Service Contract Rates, and Salary Agreement Ranges and Salary Agreement Rates will be increased by 3.0% over those in effect on March 31, 2025 to fund the increases in the cost of providing services;
 - (iv) the reading fee for a screening mammogram will be increased by 3.0% over that in effect on March 31, 2025 to fund the increases in the cost of providing services; and
 - (v) the MRI fee will be increased by 3.0% over that in effect on March 31, 2025 to fund the increases in the cost of providing services.
- (b) Effective April 1, 2025, \$5.2 million will be made available to fund adjustments to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. Affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum).

1.2 Compensation Changes in 2026/27

- (a) Effective April 1, 2026,
 - (i) Fees will be increased by an average of 1.0% to fund the increases in the cost of providing services, with the percentage allocation to Physician Sections to be determined on an equal dollar per FTE basis using the most recent Fiscal Year data available;

- (ii) Fees not belonging to a Physician Section will receive an increase of 1.0%;
 - (iii) Sessional Contract Rates will be increased by 3.0% over the Sessional Contract Rates in effect on March 31, 2026 to fund the increases in the cost of providing services;
 - (iv) Service Contract Ranges and Service Contract Rates, and Salary Agreement Ranges and Salary Agreement Rates will be increased by an average of 1.0% over those in effect on March 31, 2026 to fund the increases in the cost of providing services, with the percentage allocation to practice categories to be determined on an equal dollar FTE basis. For the Service Contract Range Maximum, the equal dollar per FTE lift is \$4097, with a proportional increase to the Salary Agreement Range Maximum. These increases will be applied to the Ranges and Rates such that any range placement below 100% results in a proportional increase. Any Service Contracts or Salary Agreements whose rate is over the range will receive the equal dollar per FTE increase at 100%;
 - (v) the reading fee for a screening mammogram will be increased by 3.0% over that in effect on March 31, 2026 to fund the increases in the cost of providing services; and
 - (vi) the MRI fee will be increased by 1.0% over that in effect on March 31, 2026 to fund the increases in the cost of providing services.
- (b) Effective April 1, 2026, \$21.0 million will be made available to fund adjustments to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. This includes up to \$0.5 million to address the growing costs of business. Affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum).
- (c) Effective April 1, 2026, the annual rates for MOCAP availability coverage will be increased by 5% over those in effect on March 31, 2026.
- (d) Effective April 1, 2026, the rate for the MOCAP call back payment will be increased by 15% over the rate in effect on March 31, 2026.
- (e) Effective April 1, 2026, and in addition to the increases to Fees set out in sections 1.1(a)(i), 1.1(a)(ii), 1.2(a)(i) and 1.2(a)(ii), the following Fees will increase by 20% over the Fees in effect on March 31, 2025:
- (i) Mini tray fee (00044);

- (ii) Minor tray fee (00080); and
- (iii) Major tray fee (00090).

1.3 **Compensation Changes in 2027/28**

- (a) Effective April 1, 2027,
 - (i) Fees will be increased by an average of 1.0% to fund the increases in the cost of providing services, with the percentage allocation to Physician Sections to be determined on an equal dollar per FTE basis using the most recent Fiscal Year data available;
 - (ii) Fees not belonging to a Physician Section will receive an increase of 1.0%;
 - (iii) Sessional Contract Rates will be increased by 2.0% over the Sessional Contract Rates in effect on March 31, 2027 to fund the increases in the cost of providing services;
 - (iv) Service Contract Ranges and Service Contract Rates, and Salary Agreement Ranges and Salary Agreement Rates will be increased by an average of 1.0% over those in effect on March 31, 2027 to fund the increases in the cost of providing services, with the percentage allocation to practice categories to be determined on an equal dollar FTE basis. For the Service Contract Range Maximum, the equal dollar per FTE lift is \$4138, with a proportional increase to the Salary Agreement Range Maximum. These increases will be applied to the Ranges and Rates such that any range placement below 100% results in a proportional increase. Any Service Contracts or Salary Agreements whose rate is over the range will receive the equal dollar per FTE increase at 100%;
 - (v) the reading fee for a screening mammogram will be increased by 3.0% over that in effect on March 31, 2027 to fund the increases in the cost of providing services; and
 - (vi) the MRI fee will be increased by 1.0% over that in effect on March 31, 2027 to fund the increases in the cost of providing services.
- (b) Effective April 1, 2027, \$32.0 million will be made available to fund adjustments to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. Affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement (e.g. range minimum, mid-range, or range maximum).

- (c) Effective April 1, 2027, the annual rates for MOCAP availability coverage will be increased by 10% over those in effect on March 31, 2027.
- (d) Effective April 1, 2027, the rate for the MOCAP call back payment will be increased by 10% over the rate in effect on March 31, 2027.

1.4 Compensation Changes in 2028/29

- (a) Effective April 1, 2028,
 - (i) Fees will be increased by an average of 1.0% to fund the increases in the cost of providing services, with the percentage allocation to Physician Sections to be determined on an equal dollar per FTE basis using the most recent Fiscal Year data available;
 - (ii) Fees not belonging to a Physician Section will receive an increase of 1.0%;
 - (iii) Sessional Contract Rates will be increased by 1.0% over the Sessional Contract Rates in effect on March 31, 2028 to fund the increases in the cost of providing services;
 - (iv) Service Contract Ranges and Service Contract Rates, and Salary Agreement Ranges and Salary Agreement Rates will be increased by an average of 1.0% over those in effect on March 31, 2028 to fund the increases in the cost of providing services, with the percentage allocation to practice categories to be determined on an equal dollar FTE basis. For the Service Contract Range Maximum, the equal dollar per FTE lift is \$4179, with a proportional increase to the Salary Agreement Range Maximum. These increases will be applied to the Ranges and Rates such that any range placement below 100% results in a proportional increase. Any Service Contracts or Salary Agreements whose rate is over the range will receive the equal dollar per FTE increase at 100%;
 - (v) the reading fee for a screening mammogram will be increased by 3.0% over that in effect on March 31, 2027 to fund the increases in the cost of providing services; and
 - (vi) the MRI fee will be increased by 1.0% over that in effect on March 31, 2027 to fund the increases in the cost of providing services.
- (b) Effective April 1, 2028, \$42.0 million will be made available to fund adjustments to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address those issues set out at section 4.7 of the Alternative Payments Subsidiary Agreement among physicians providing services under a Service Contract or a Salary Agreement. Affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the

same level as their current placement (e.g. range minimum, mid-range, or range maximum).

- (c) Effective April 1, 2028, the annual rates for MOCAP availability coverage will be increased by 5% over those in effect on March 31, 2028.
- (d) Effective April 1, 2028, the rate for the MOCAP call back payment will be increased by 5% over the rate in effect on March 31, 2028.

1.5 Increases to After-Hours Premiums

- (a) In addition to the increases to Fees set out in sections 1.1(a)(i), 1.1(a)(ii), 1.2(a)(i), 1.2(a)(ii), 1.3(a)(i) and 1.3(a)(ii):
 - (i) Increase all Fees, percentages and maximums to all Out-of-Office Hours Premiums (fee codes 01200 to 01217) and Pediatric After-Hours Surcharges (fee codes 50571 to 5073) as follows:
 - (A) effective April 1, 2026: by 5.0%; and
 - (B) effective April 1, 2027: by a further 10.0%.
 - (ii) For Emergency Medicine, the differential between the Day fee item rates (fee codes 01811 to 01813), and the related Evening (fee codes 01821 to 01823), Night (fee codes 01831 to 01833), and Saturday, Sunday or Statutory Holiday (fee codes 01841 to 01843) fee item rates, to increase as follows:
 - (A) effective April 1, 2026: by 5.0%; and
 - (B) effective April 1, 2027: by a further 10.0%.
 - (iii) For Family Medicine, the differential between the hospital visit fee (fee code 00108) and the on call, on site hospital visit fee items for Evening, Night and Saturday, Sunday or Statutory Holiday (fee codes 00105, 00113, and 00123) to increase as follows:
 - (A) Effective April 1, 2026: by 5.0%; and
 - (B) Effective April 1, 2027: by a further 10.0%
 - (iv) After-Hours Premiums for Elective Surgeries
 - (A) Effective September 1, 2026, a new series of fee codes in the Out-of-Office Hours Premiums section of the Payment Schedule will be created to provide a premium for after-hours elective surgeries.

- (B) The new fee codes will only apply to elective surgeries, and only surgeons, surgical assistants, and anesthesiologists will be eligible to bill them.
- (C) These new fee codes will mirror fee items 01210, 01212, 01215, and 01217 in terms of descriptions, notes and fees.
- (D) There will be no premiums for elective surgeries that start and end between 2300 – 0800 hours Monday to Sunday.
- (E) The new fee codes will apply to elective surgeries commencing within the evening time period (1800 – 2300 hours) that continue into the nighttime period (2300 – 0800 hours).
- (F) When an elective surgery commences prior to 1800 hours, the premiums will be payable provided the major portion of surgical time is after 1800 hours.
- (G) If the elective surgery commences prior to 0800 hours on a weekday and continues after 0800 hours, there are no premiums payable. If the elective surgery commences prior to 0800 hours on Saturday/Sunday/Statutory Holiday and continues after 0800 hours, the premiums are payable provided the major portion of surgical time is after 0800 hours.
- (H) The new fee codes will be designated provisional for a period of two years.
- (I) When the new fee codes are implemented, the parties will consider related amendments to the descriptions and rules of the current operative and anesthesia continuing care surcharges which include elective surgeries that are after-hours due to intervening emergency surgery.

1.6 Funding for New/Adjusted Fees for Specialist Physicians

- (a) The Government will provide the following annual funding to the Consultant Specialists of BC to support increases in existing Specialist Fees, or to create new Specialist Fees. These funds will be allocated in accordance with Articles 12 and 13 of the 2025 Physician Main Agreement:
 - (i) \$5.0 million per year, in ongoing annual funding, effective April 1, 2026;
 - (ii) a further \$5.0 million per year in ongoing annual funding, effective April 1, 2027; and
 - (iii) a further \$5.0 million per year in ongoing annual funding, effective April 1, 2028.

- (b) The Consultant Specialists of BC will allocate the new funding to address one, or several of the following objectives:
 - (i) To adjust existing Specialists Fees and to create new Specialist Fees to support better communication between physicians to facilitate appropriate treatment of patients.
 - (ii) To improve remuneration for care provided to patients who require more complex care.
 - (iii) To improve remuneration for indirect patient care services.
 - (iv) To fund other Specialist Fees which apply to multiple Specialist Sections.
- (c) Any funding not utilized for the new or adjusted Fees remaining at the end of each of Fiscal Years 2026/27, 2027/28, and 2028/29 will be paid out as an across-the-board increase to all Specialist Fees.

1.7 Funding for New/Adjusted Family Medicine Fees

- (a) The Government will provide the following annual funding to the BC Family Doctors to allocate for the purpose of modifying Fees and/or creating new Fees to reflect modern medical practice and to address such issues such as the gender pay gap, fee disparities based on patient gender, intra-sectional pay disparities, more complex services, improved support of clinics operating in accordance with the principles of a Patient Medical Home, and ease of application of the Payment Schedule. These funds will be allocated in accordance with Articles 12 and 13 of the 2025 Physician Main Agreement. Changes to Fees will be effective as of April 1st of the year for which the funding is allocated.
 - (i) \$4.5 million per year in ongoing annual funding, effective April 1, 2025. Of this funding, BC Family Doctors will allocate the following amounts as described below:
 - (A) \$0.75 million per year to non-certified Surgical Assist Fees in the Family Medicine Fee Schedule, and where repeated elsewhere in the Payment Schedule, in consultation with the Section of Surgical Assistants.
 - (B) \$0.04 million per year to Fees for consultative services in the Family Medicine Fee Schedule in consultation with the Section of Sport and Exercise Medicine.
 - (ii) a further \$8.0 million per year in ongoing annual funding, effective April 1, 2026. Of this funding, BC Family Doctors will allocate the following amounts as described below:

- (A) \$1.3 million per year to non-certified Surgical Assist Fees in the Family Medicine Fee Schedule, and where repeated elsewhere in the Payment Schedule, in consultation with the Section of Surgical Assistants.
 - (B) \$0.075 million per year to Fees for consultative services in the Family Medicine Fee Schedule in consultation with the Section of Sport and Exercise Medicine.
- (iii) a further \$9.0 million per year in ongoing annual funding, effective April 1, 2027. Of this funding, BC Family Doctors will allocate the following amounts as described below:
- (A) \$1.45 million per year to non-certified Surgical Assist Fees in the Family Medicine Fee Schedule, and where repeated elsewhere in the Payment Schedule, in consultation with the Section of Surgical Assistants.
 - (B) \$0.08 million per year to Fees for consultative services in the Family Medicine Fee Schedule in consultation with the Section of Sport and Exercise Medicine.
- (iv) a further \$14.5 million per year in ongoing annual funding, effective April 1, 2028. Of this funding, BC Family Doctors will allocate the following amounts as described below:
- (A) \$2.35 million per year to non-certified Surgical Assist Fees in the Family Medicine Fee Schedule, and where repeated elsewhere in the Payment Schedule, in consultation with the Section of Surgical Assistants.
 - (B) \$0.135 million per year to Fees for consultative services in the Family Medicine Fee Schedule in consultation with the Section of Sport and Exercise Medicine.

1.8 Funding for New Pain Medicine Fees

- (a) Effective April 1, 2026, the Government will provide \$0.45 million per year in ongoing annual funding to the Section of Pain Medicine for the purpose of creating new Fees in accordance with Articles 12 and 13 of the 2025 Physician Main Agreement. Changes to Fees will be effective as of April 1st of the year for which the funding is allocated.

1.9 Business Cost Premium

- (a) Subject to this section 1.9, the Government will fund a percentage premium (the “**Business Cost Premium**”) on Eligible Fees (as defined in section 1.9(b)), as follows:

- (i) Ongoing annual funding for the Business Cost Premium for Fiscal Year 2025/26 will be \$48.1 million per year.
- (ii) Effective April 1, 2026, the ongoing annual funding for the Business Cost Premium will increase by 20.0% to \$57.7 million per year.
- (b) The Business Cost Premium will apply to Fees for all services provided by physicians ("**Eligible Fees**") regardless of the location at which the services are delivered subject to the following conditions:
 - (i) The Business Cost Premium will only apply where the physicians are responsible for some or all of the rent, lease, or other ownership costs, either directly or indirectly) of a community-based office where the physician is entitled to receive and retain payment for those services directly from MSP ("**Eligible Physician**").
 - (ii) The Business Cost Premium will not apply to radiology, anesthesiology, pathology, and nuclear medicine Fees for services delivered in or for Agency facilities.
 - (iii) The Government and Doctors of BC will set the appropriate percentage values in the same proportion as the daily maximums in the 2019 Physician Master Agreement and with the same daily maximums in that agreement in such a fashion as to fully utilize the revised annual funding envelope for that year to the extent possible.
 - (iv) The Government and the Doctors of BC will continue the working group composed of Tariff Committee representatives and Ministry staff to determine the process to implement and administer the revised Business Cost Premium for Eligible Physicians, including:
 - (A) registration and criteria for Eligible Physicians will remain unchanged;
 - (B) facility codes reflecting where services are provided will be a mandatory pre-condition for payment of the Business Cost Premium, subject to (C) and (D) below;
 - (C) while initially facility codes may be limited to community offices, the parties will strive to expand facility codes within the term of the 2025 Physician Main Agreement to include all locations where physicians are entitled to receive and retain payment for Fees directly from MSP; and
 - (D) for the period of time that facility codes do not include all locations as above, Eligible Physicians will include a location code on all billings in addition to their registered community office facility code. Submission of both a facility code and a location code will

be mandatory for payment of the Business Cost Premium during this period.

- (c) If the expenditures in Fiscal Years 2025/26 and 2026/27 are less than the revised annual amount set out for that Fiscal Year, a proportional retroactive payment will be provided to Eligible Physicians to bring the expenditures in that Fiscal Year to the revised annual amount set out for that Fiscal Year, and the percentage values or daily maximums will be adjusted upward proportionally in the next Fiscal Year.
- (d) If the expenditures in Fiscal Years 2025/26 and 2026/27 are more than the revised annual amount set out for that Fiscal Year, the percentage values or daily maximums will be adjusted downward for the next Fiscal Year to allow for the recovery of the revised annual amount paid on in excess of that year in the next Fiscal Year.
- (e) Effective April 1, 2027, the percentage values and daily maximums will be fixed on an ongoing basis. The rates will be determined using the Fiscal year 2026/27 utilization and full use of the Fiscal Year 2026/27 annual funding. No further adjustments will be made to the percentage values and daily maximums during the term of this Agreement.

1.10 Specialist Disparity Funding

- (a) The Government will provide the following funding to be allocated to new or existing Fees and paid to Specialist Sections in order to address intersectional and interprovincial disparity among fee-for-service specialists:
 - (i) \$27.0 million per year in ongoing annual funding, effective April 1, 2027; and
 - (ii) a further \$50.0 million per year in ongoing annual funding, effective April 1, 2028.
- (b) The Government will provide Doctors of BC with a one-time allocation of up to a maximum of \$400,000, upon receipt of the adjudicator's award, in order to provide each Specialist Section that provides a written submission to the adjudicator under this section 1.10 with a one-time allocation of \$10,000 to cover its costs in preparing the submission.
- (c) The gross allocation of the funds described in this section 1.10 among Specialist Sections for Fiscal Years 2027/28 and 2028/29 will be adjudicated by a neutral third-party adjudicator selected by mutual agreement of the Government and Doctors of BC who will:
 - (i) consider the effect of both intersectional and interprovincial disparities in compensation;

- (ii) ensure that allocations to address interprovincial disparities do not significantly exacerbate intersectional disparities;
 - (iii) in making a decision on intersectional disparities, provide greater consideration for Specialist Sections whose compensation falls below the compensation of a Family Physician paid on the Longitudinal Family Physician Payment Model;
 - (iv) in making a decision, factor in income disparities arising from gender differences between Specialist Sections;
 - (v) allocate 90% of the funds in each Fiscal Year toward addressing intersectional disparities in compensation and 10% of the funds in each Fiscal Year toward addressing interprovincial disparities in compensation; and
 - (vi) appropriately adjust any gross allocation to a Specialist Section if that Specialist Section's FTEs have decreased since 2024/25 due to a widespread initiative to transition to a different compensation model.
- (d) Once the gross allocation of funds for both Fiscal Years is determined by the adjudicator, the resulting changes to the Payment Schedule will be determined in accordance with Articles 12 and 13 of the 2025 Physician Main Agreement, and will be effective as of April 1st of the Fiscal Year for which the funding is allocated. Specialist Sections who are awarded disparity funding under this section 1.10 may pursue changes to the Payment Schedule by directing the funds toward increasing the value of Fees or creating new Fees, including Fees that address gender disparities or the increased complexity of services. Any financial impact to any Physician Section resulting from the allocation of funding under this section 1.10 to a specific Specialist Section will be paid out of the Specialist Section allocation that produces such a cross-sectional impact.
- (e) The adjudication described in this section 1.10 will be conducted in accordance with procedures as determined by the adjudicator and will include an opportunity for the Specialist Sections, the Government, and the Doctors of BC to make submissions on the allocation of the funds over both Fiscal Years. The adjudication process will commence no later than September 4, 2026 and will conclude by February 5, 2027, unless otherwise agreed to by the parties.

1.11 Gender Equity Fund

- (a) The Government will provide the following funding to be allocated to new or existing Fees and paid to Specialist Sections in order to address fee value inequities based on patient gender or physician gender, and serve as a mechanism to develop practical information on allocating new Physician Main Agreement funding to address fee value inequities based on patient gender or physician gender:

- (i) \$8.0 million per year in ongoing annual funding, effective April 1, 2028.
- (b) The Government will provide Doctors of BC with a one-time allocation of up to a maximum of \$400,000, upon receipt of the adjudicator's award, in order to provide each Specialist Section that provides a written submission to the adjudicator under this section 1.11 with a one-time allocation of \$10,000 to cover its costs in preparing the submission.
- (c) The allocation of the funds described in this section 1.11 among Specialist Sections for Fiscal Year 2028/29 will be adjudicated by a neutral third-party adjudicator selected by mutual agreement of the Government and Doctors of BC who will:
 - (i) consider indicators from the Report of the 2022 Collaborative Gender Fee Review Working Group and give preference to submissions that:
 - (A) address inequities based on both patient gender and physician gender;
 - (B) provide evidence that female physicians provide more time intensive or complex care, but earn less per unity of time (e.g. complex consultations); and
 - (C) demonstrate physicians' patterns of practice that result in compensation disparity (e.g. female General Surgeons providing proportionally higher services to female patients such as breast cancer procedures).
- (d) Submissions to the adjudicator must include:
 - (i) A clear explanation of the gender-equity issue and how the proposed solution will address the issue identified;
 - (ii) Data to support the submission and associated costing, which may include:
 - (A) Measures of the patient and/or physician gender equity issue;
 - (B) Fee-for-service billing patterns by physician gender;
 - (C) Volume of services by gender of the physician and/or gender of the patient, as relevant to the proposal; and
 - (D) Number of physicians delivering the services by gender.
- (e) Once the allocation of funds is determined by the adjudicator, the resulting changes to the Payment Schedule will be determined in accordance with Articles 12 and 13 of the 2025 Physician Main Agreement, and will be effective as of April 1st of the Fiscal Year for which the funding is allocated. Any financial

impact to any Physician Section resulting from the allocation of funding under this section 1.11 to a specific Specialist Section will be paid out of the Specialist Section allocation that produces such a cross-sectional impact.

- (f) The adjudication process will commence no later than April 1, 2027, and will conclude by December 31, 2027, unless otherwise agreed to by the parties. Doctors of BC and the Government will monitor the process for effectiveness.

1.12 Targeted Funding for Increases to Existing Practice Categories and Creation of New Practice Categories

- (a) The Government and Doctors of BC agree to increase the Service Contract and Salary Agreement Rates and Ranges for certain existing practice categories and to create a new practice category for the purposes of supporting rural service delivery, reducing gender inequity, and targeting known disparities causing service instability;
 - (i) Effective April 1, 2026, establish a new practice category for General Practice – Maternity with a Service Contract Range maximum of \$415,295. The Service Contract Range minimum and Salary Agreement Range will be set proportionally. This new practice category requires comprehensive care within a Health Authority program that includes all three phases of maternity care: prenatal, intrapartum, and postnatal. Practice category description to be further defined by the Allocation Committee. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.
 - (ii) Effective April 1, 2026, the Obstetrics/Gynecology Service Contract Range Maximum will increase by \$66,345 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.
 - (iii) Effective April 1, 2027, the General Pediatrics Service Contract Range Maximum will increase by \$52,227 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.
 - (iv) Effective April 1, 2027, the Psychiatry Service Contract Range Maximum will increase by \$57,245 over the rate in effect as of March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also

reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.

- (v) Effective April 1, 2027, the Forensic Psychiatry Service Contract Range Maximum will increase by \$158,479 over the rate in effect as for March 31, 2025. The Service Contract Range Minimum and Salary Agreement Range will also reflect proportional adjustments. These increases will be applied to the Ranges, such that Service Contract Rates and Salary Agreement Rates with range placement below 100% results in a proportional increase to those Rates.
- (vi) For clarity and notwithstanding section 1.16 of Appendix F, the increases set out at sections 1.2(a)(iv) and 1.3(a)(iv) of Appendix F will apply to the new and increased Rates and Ranges set out at 1.12(a)(i) to (v) above.

1.13 Community Digital Innovation Program

- (a) The Government will provide the following funding to Doctors of BC for the Community Digital Innovation Program to cover staffing and administration costs for the program and provide funding for data portability and AI solutions for physicians:
 - (i) \$5.0 million per year in ongoing annual funding, effective April 1, 2026; and
 - (ii) a further \$3.0 million per year in ongoing annual funding, effective April 1, 2027.
- (b) No more than \$1.0 million per year of the funding in (a) above may be allocated to cover staffing and administration costs.
- (c) Any of the funding in (a) above that is not utilized by the Community Digital Health Program at the end of each Fiscal Year will be allocated as one-time funds distributed equally to the Family Practice Services Committee and the Specialist Services Committee.

1.14 Physician Business Services Program

- (a) The Government will provide the following funding to Doctors of BC for the BC Physician Business Services Program, to expand the operations of the program to support physicians in establishing intra-physician group governance agreements and provide support to physicians for best practices in scheduling, including in accordance with required scheduling provisions:
 - (i) \$2.0 million per year in ongoing annual funding, effective April 1, 2026.

1.15 Funding Allocation by Physician Sections

- (a) In order to limit the number of retroactive payments and minimize costing and review processes during the allocation of funding by Physician Sections to compensation and disparity increases, Physician Sections must allocate all monies to existing Fees or new Fees ready for implementation (i.e. no holdbacks for the creation of new Fees). Physician Sections may reduce Fees after the fact or use future funding when Fees are ready for implementation, if a Physician Section chooses to do so.

1.16 General

- (a) The increases identified in sections 1.2(a)(i), 1.3(a)(i) and 1.4(a)(i) will be applied to base years as follows:
 - (i) Allocations for Fiscal Years 2026/27 will be applied to a base year of Fiscal Year 2024/25.
 - (ii) Allocations for Fiscal Year 2027/28 will be applied to a base year of Fiscal Year 2025/26.
 - (iii) Allocations for Fiscal Year 2028/29 will be applied to a base year of Fiscal Year 2026/27.
- (b) The methodology used to determine a full-time equivalent (FTE) for the purposes of sections 1.2(a)(i), 1.3(a)(i) and 1.4(a)(i) is as set out in Schedule A to this Appendix F.
- (c) The increases identified in 1.2(a)(iv), 1.3(a)(iv), 1.4(a)(iv), 1.6(a)(i-iii), 1.7(a)(i-iv), 1.8(a), 1.10 (a)(i), and 1.10(a)(ii) will be applied to a base year of Fiscal Year 2024/25.
- (d) Consistent with section 7.3 of the Alternative Payments Subsidiary Agreement, a physician who is compensated through a Salary Agreement or Service Contract and who is paid an annual rate that is above the range maximum for the applicable practice category on Schedule A or Schedule B to the Alternative Payments Subsidiary Agreement will, insofar as this Appendix F is concerned, only be entitled to:
 - (i) the applicable compensation increases described in sections 1.1(a)(iii), 1.2(a)(iv), 1.3(a)(iv), and 1.4(a)(iv); and
 - (ii) to the funding described in sections 1.1(b), 1.2(b), 1.3(b) and 1.4(b) of this Appendix F to the extent their resulting compensation is within the then current applicable Salary Agreement Range or Service Contract Range.
- (e) The increases identified in sections 1.1(a), 1.2(a), 1.3(a) and 1.4(a) do not apply to targeted funds including, but not limited to, new targeted funds which have been

reflected in sections 1.1(b), 1.2(b), 1.3(b), 1.4(b), 1.6(a), 1.7(a), 1.8(a), and 1.10(a) of this Appendix F and in Article 5 of the Family Practice Subsidiary Agreement, Article 6 of the Specialists Subsidiary Agreement, and Article 9 of the Rural Practice Subsidiary Agreement in the year in which those targeted funds are introduced. In particular, and without limiting the generality of the foregoing, in the event that any targeted funds are used for increases to Fees, Service Contract Ranges, Service Contract Rates, Salary Agreement Ranges, Salary Agreement Rates, Sessional Contract Rates, the reading fee for a screening mammogram and/or the MRI fee (collectively “**Targeted Increase**”):

- (i) the base year for any Targeted Increase will be the Fiscal Year commencing April 1, 2024; and
- (ii) the increases identified in sections 1.1(a), 1.2(a), 1.3(a), and 1.4(a) will be applied prior to the application of any Targeted Increase.

In other words, no Targeted Increase will attract any increase identified in sections 1.1(a), 1.2(a), 1.3(a), and 1.4(a) in the year in which such Targeted Increase is introduced.

- (f) The increases to Fees set out in sections 1.1(a)(i), 1.1(a)(ii), 1.2(a)(i), 1.2(a)(ii), 1.3(a)(i), 1.3(a)(ii), 1.4(a)(i) and 1.4(a)(ii) of this Appendix F do not apply to Laboratory fees, Family Practice Services Committee fees, Specialist Services Committee fees, and Shared Care Committee fees.

SCHEDULE A



Allocation Support Committee Full Time Equivalent Model (ASC FTE Model)

BACKGROUND

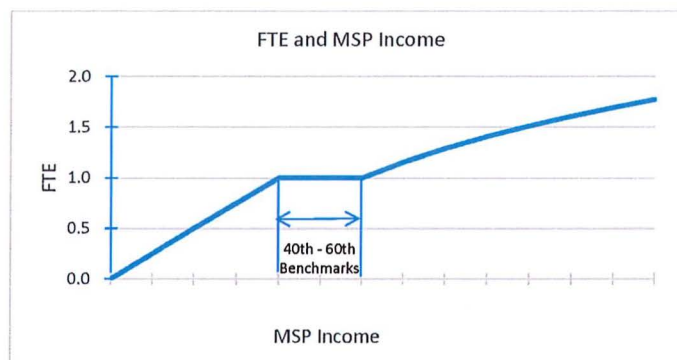
The Allocation Support Committee ("the Committee") was established by the BCMA Board to provide ongoing support to the allocation process. The Committee's Terms of Reference (Attachment A) include a broad spectrum of responsibilities including the determination of an appropriate Full Time Equivalent (FTE) Model required for Stage 1 ("Pre-Ratification") of the allocation process (Attachment B). Since the allocation only applies to MSP fee-for-service (FFS) payments, the FTE methodology must measure the full-time equivalency of each physician's MSP FFS work.

The following describes the model with revisions recommended by the ASC in 2021.

THE ASC FULL TIME EQUIVALENT METHODOLOGY

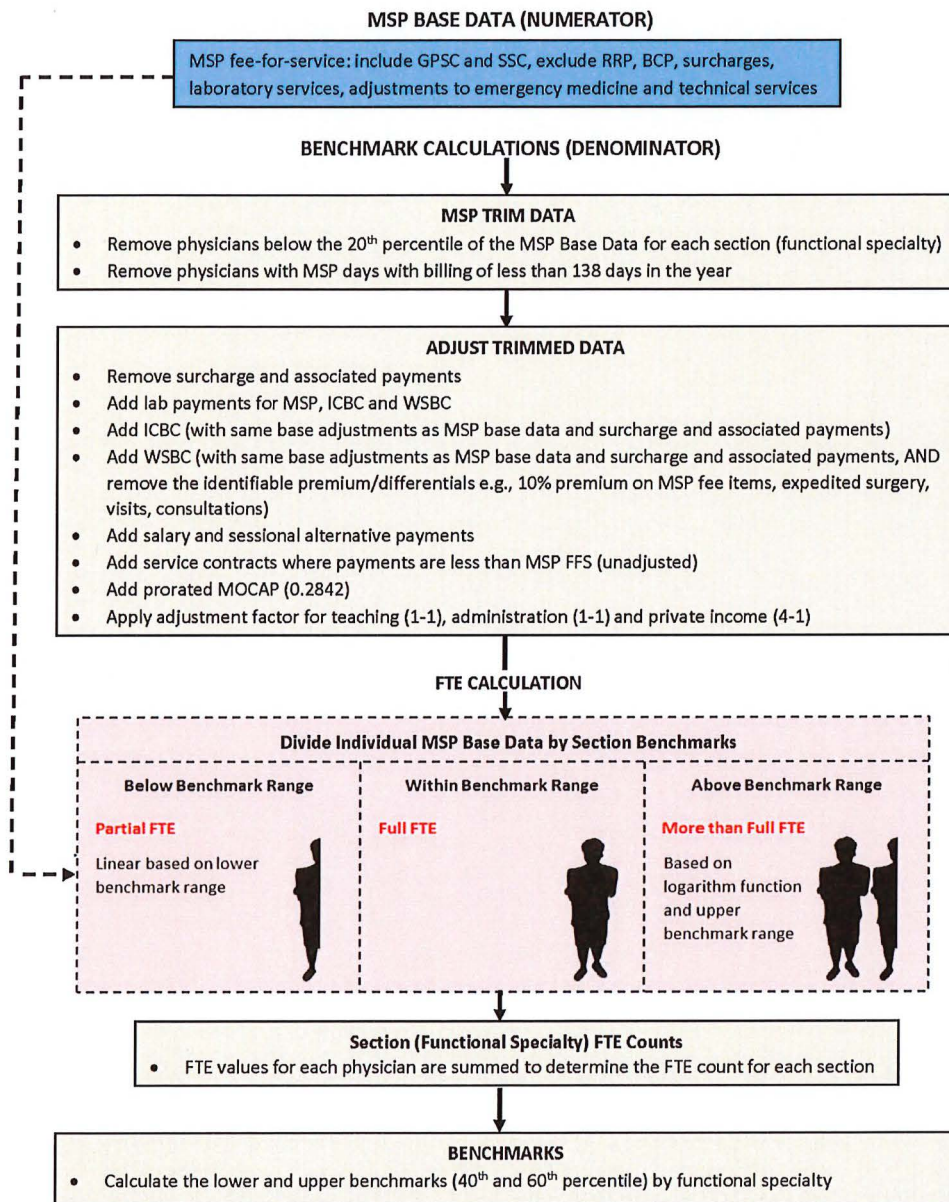
The model calculates FTE benchmarks based on a comprehensive measure of clinical income (MSP FFS plus other income) for all FFS physicians in a section based on functional specialty. The lower benchmark is the 40th percentile for the section and the upper benchmark is the 60th percentile. Once these benchmarks are determined, each physician in a section is compared to the benchmarks to determine their FTE value. In this stage, only their MSP FFS income is compared to the benchmarks to determine their FTE related to MSP FFS work. All other income is excluded since the allocation only applies to work compensated on a FFS basis by MSP.

Physicians with payments less than the lower benchmark (40th percentile) are counted as fractions of a FTE (linear relationship), physicians within the benchmarks are counted as one, and physicians above the upper benchmark (60th percentile) are counted as more than one FTE (log-linear relationship). The FTE counts are then summed for each section. FTE totals can be less than, equal to or greater than the head count values for a section.



The following schematic outlines the steps of the model.

Schematic of the ASC FTE Methodology



DATA EXTRACTION AND CALCULATIONS

A. MSP Base Data (Numerator)

- Using the most recent MSP Claims data that are available, create a database that includes only physicians who earned >\$0 MSP FFS income in the year.
- Include only fee items that are eligible for the fee increase (e.g. exclude laboratory services under the Laboratory Medicine Fee Agreement (or subsequent agreement) and include GPSC and SSC as they have been transferred to the Available Amount).
- Exclude premiums for each physician - RRP, Business Cost Program (BCP) and surcharge payments.
- Adjust the emergency medicine Level I, II and III fee item payments with a time-of-day and day-of-week differential (i.e., evening, night and weekend/stat holiday rates) to the weekday daytime rates.
- Remove the payments for technical services where they retained by the Health Authority.
- Details for the adjustments and fee items are in the Appendix.

B. Benchmark Calculation (Denominator)

Step B1

- Using the MSP base data as in Step A above, determine the 20th percentile of MSP FFS claims.
- Exclude all physicians in each section that fall below the 20th percentile.

Step B2

- For each remaining practitioner, add in number of days for which an MSP FFS claim was made.
- Exclude all physicians that billed FFS less than **138 days** in the fiscal year.
 - Based on 3 days per week and 46 weeks per year

Step B3

- For each practitioner, adjust and add in other forms of income to determine the total income as follows:
 - Remove surcharge associated service payments for each physician
 - Add laboratory service payments
 - Add ICBC payments (excluding RRP and BCP, adjustments for emergency medicine, technical services and surcharges and associated payments)
 - Add WSBC payments (excluding RRP and BCP, adjustments for emergency medicine, technical services and surcharges and associated payments)
 - Additional adjustments are required for all identifiable WSBC premiums to reduce the payments to the MSP equivalent (e.g., expedited surgery, consultation and repeat consultations and 10% premium on MSP payments)
 - Add salary and sessional alternative payments
 - Add service contract if less than the unadjusted total MSP FFS
 - Add prorated MOCAP by 0.2842 as an estimate to include the weekday daytime payments and to be consistent with the surcharge and associated services exclusion
 - $365 \text{ days less weekends and stat holidays } (365 - 104 - 12) = 249 \text{ days @ } 10 \text{ hour per day}$
 - $2,490 \text{ annual week-day day-time hours } \div 8,760 \text{ total annual hours } (365 \times 24) = 0.2842$

- Include an adjustment factor from the current Overhead study for:
 - teaching (1-1)
 - administration (1-1)
 - private income (4-1)

C. Calculate the Thresholds

- Calculate the 40th and 60th percentile earnings for each section based on denominator payments (Step B3) for the fiscal year.
- Physicians are grouped based on their functional specialty.

D. Calculate the Number of Full-Time Equivalent Physicians in each Section

- Apply thresholds to all physicians in the MSP base data as follows:
 - Physicians whose MSP FFS income falls below the lower threshold (40th percentile) are counted as fractions of a FTE (i.e., FFS income/lower threshold).
 - Physicians whose MSP FFS income falls within or equal to the thresholds are counted as one FTE.
 - Physicians whose MSP FFS income falls above the upper threshold (60th percentile) are counted as more than one FTE using a log-linear relationship [i.e., $1 + \ln(\text{FFS income} / \text{upper threshold})$].
- Sum up each physician's calculated FTE value by section to derive the total number of FTEs for each functional specialty/section.

Appendix A: Adjustments for FTE Calculations by Fee Item

Surcharge Fee Items

MSP:

01200	01205	01210	01215
01201	01206	01211	01216
01202	01207	01212	01217

WSBC:

19320	19405	19410	19512 deleted
19321	19406	19411	19513 deleted
19322	19407	19412	19514 deleted

**Emergency Medicine Level I to Level III
Fee Items with Time-of-Day and Day-of-Week to be Adjusted
Ratios to be Reviewed Each Year**

	Fee Item	Ratio	Fee Item	Ratio	Fee Item	Ratio	Fee Item	Ratio
Level I	01811	1.0000	01821	0.7952	01831	0.5199	01841	0.7952
Level II	01812	1.0000	01822	0.8488	01832	0.6148	01842	0.8488
Level III	01813	1.0000	01823	0.8580	01833	0.5781	01843	0.8580

**Technical Fee Items Where Health Authorities Retain Payment Paid to Physician
Fee Items and Percent of Payment Retained by Physician—List and Percent to be Reviewed Each Year
Adjust for Serv_Loc (service location – E,P,I,G) AND NPRAC different from PAYEE**

Fee Item	Ratio	Fee Item	Ratio	Fee Item	Ratio	Fee Item	Ratio	Fee Item	Ratio
00227	0.0000	02042	0.0000	08570	0.2478	08669	0.2622	09873	0.2608
00321	0.3385	02044	0.3525	08571	0.2504	08670	0.2625	09876	0.1763
00336	0.0000	02046	0.0000	08572	0.2831	08676	0.2814	09878	0.2508
00339	0.0000	02047	0.0000	08573	0.3203	08677	0.2625	09879	0.1199
00340	0.6282	02049	0.0000	08574	0.2192	08678	0.1994	09880	0.3447
00342	0.0000	02061	0.2900	08576	0.3844	08679	0.3909	09881	0.3448
00345	0.0000	02063	0.0000	08577	0.2530	08684	0.4036	09882	0.2064
00348	0.0000	02064	0.3200	08578	0.2435	08688	0.2629	09883	0.4327
00349	0.0000	02066	0.0000	08579	0.1889	08689	0.3841	09884	0.4322
00353	0.0000	02067	0.2254	08581	0.2937	08696	0.3107	09886	0.2414
00354	0.0000	02069	0.0000	08582	0.2998	09802	0.2119	09890	0.1152
00363	0.0000	03275	0.0000	08583	0.4068	09804	0.2092	09895	0.1358
00364	0.0000	03277	0.0000	08584	0.2550	09805	0.2381	09898	0.3514
00365	0.0000	04680	0.3598	08590	0.2478	09806	0.2120	11916	0.0000

00391	0.4633	08399	0.1914	08591	0.2531	09807	0.1215	11918	0.0000
00392	0.0000	08500	0.2504	08593	0.2502	09808	0.1358	11920	0.0000
00413	0.0000	08501	0.2478	08594	0.2745	09809	0.2121	11926	0.0000
00415	0.3848	08503	0.2478	08595	0.2502	09813	0.2106	11961	0.0000
00426	0.2696	08504	0.2478	08596	0.2530	09814	0.1938	11963	0.0000
00428	0.0000	08505	0.2478	08597	0.2772	09816	0.1245	11965	0.0000
00530	0.0000	08506	0.2504	08599	0.3243	09817	0.3276	22023	0.0000
00534	0.0000	08507	0.2478	08601	0.4514	09818	0.1894	22052	0.0000
00788	0.0000	08508	0.2478	08602	0.2792	09819	0.1110	22067	0.2254
00792	0.0000	08509	0.2478	08603	0.2827	09820	0.2892	22069	0.0000
00797	0.4582	08510	0.2506	08604	0.2478	09821	0.2873	22075	0.2713
00804	0.5000	08511	0.2478	08605	0.2578	09823	0.1133	22077	0.0000
00805	0.5000	08512	0.3359	08606	0.3012	09824	0.3010	22176	0.0000
00806	0.5000	08513	0.2480	08607	0.2479	09825	0.2192	22399	0.0000
00817	0.0000	08514	0.2578	08608	0.2491	09826	0.0649	33036	0.0000
00821	0.0000	08515	0.3362	08609	0.2479	09828	0.2456	33048	0.0000
00823	0.0000	08517	0.3284	08610	0.2651	09829	0.1377	33049	0.0000
00825	0.0000	08518	0.2475	08611	0.2511	09832	0.2053	33053	0.0000
00911	0.0000	08520	0.2478	08615	0.3026	09833	0.2306	33054	0.0000
00920	0.0000	08521	0.2478	08616	0.3509	09834	0.2669	33063	0.0000
00923	0.0000	08522	0.2478	08617	0.2490	09835	0.1483	33065	0.0000
00932	0.0000	08523	0.2478	08618	0.2483	09836	0.1551	33091	0.4640
00934	0.0000	08524	0.2478	08620	0.2551	09837	0.1565	33092	0.0000
00936	0.0000	08525	0.2478	08624	0.2489	09838	0.2332	33094	0.0000
00938	0.0000	08526	0.2578	08626	0.2710	09839	0.1837	33153	0.0000
00941	0.0000	08530	0.2478	08627	0.3026	09840	0.2724	33154	0.0000
00943	0.0000	08531	0.2478	08629	0.5641	09841	0.2725	86047	0.3949
00946	0.0000	08532	0.2478	08630	0.0566	09842	0.2608	86048	0.3954
00948	0.0000	08533	0.2478	08631	0.2479	09843	0.2733	86051	0.4614
00951	0.0000	08534	0.2478	08637	0.2479	09844	0.1792	86055	0.4198
00955	0.0000	08535	0.2478	08638	0.4160	09848	0.2172	86056	0.4402
00957	0.0000	08536	0.3578	08641	0.4395	09849	0.2776	90055	0.3779
00959	0.0000	08537	0.2578	08642	0.4595	09850	0.2383	92010	0.1626
00961	0.0000	08540	0.2567	08644	0.3726	09851	0.2889	92145	0.1261
00965	0.0000	08541	0.2478	08645	0.3649	09852	0.1842	92202	0.3920
00966	0.0000	08542	0.2504	08646	0.3149	09853	0.2313	92255	0.1538
00969	0.0000	08543	0.2478	08648	0.4036	09854	0.1584	93035	0.1279
00971	0.0000	08544	0.2478	08649	0.3649	09855	0.2062	93120	0.0000
00973	0.0000	08545	0.2478	08650	0.3503	09856	0.0986	95000	0.2881
00975	0.0000	08546	0.3105	08651	0.4036	09857	0.1228	95005	0.2547
01730	0.0000	08547	0.2567	08652	0.4010	09858	0.2608	95015	0.2714
02014	0.0000	08548	0.3884	08653	0.4036	09859	0.2288	95020	0.2714
02017	0.0000	08549	0.2632	08655	0.3832	09860	0.2882	95025	0.2557

02025	0.2515	08550	0.2472	08657	0.3812	09863	0.2793	95030	0.2557
02027	0.0000	08551	0.2472	08658	0.3747	09864	0.2608	95040	0.2847
02030	0.3714	08552	0.2578	08659	0.4222	09865	0.2188	95045	0.2423
02032	0.0000	08553	0.3267	08660	0.2811	09866	0.2884	95053	0.1584
02034	0.0000	08554	0.2478	08662	0.4333	09867	0.2552	95055	0.2326
02035	0.6557	08555	0.2504	08664	0.1917	09868	0.2891	95060	0.2272
02037	0.0000	08556	0.2478	08665	0.4330	09869	0.2616	95062	0.1833
02039	0.0000	08557	0.2504	08666	0.1597	09870	0.3578	95063	0.1833
02041	0.0000	08558	0.2504	08668	0.1597	09871	0.3630	95065	0.2402

Laboratory Fee Items Removed From the Fee Guide

90000	90125	90295	90450	90647	90755	91030	91146	91240	91360	91465
90020	90127	90300	90455	90648	90760	91031	91150	91241	91365	91470
90025	90128	90305	90460	90649	90765	91035	91155	91245	91366	91475
90027	90130	90310	90465	90650	90770	91036	91160	91246	91367	91480
90029	90135	90315	90475	90651	90775	91037	91162	91250	91368	91482
90030	90140	90320	90480	90652	90780	91040	91163	91255	91369	91484
90035	90145	90325	90485	90653	90784	91042	91165	91260	91370	91486
90038	90150	90330	90490	90654	90785	91050	91170	91265	91375	91488
90039	90155	90335	90495	90655	90790	91055	91175	91270	91380	91490
90040	90160	90340	90500	90656	90791	91060	91180	91275	91386	91492
90042	90165	90345	90505	90660	90795	91061	91185	91280	91387	91494
90045	90170	90350	90510	90665	90800	91065	91190	91285	91388	91496
90046	90175	90355	90512	90670	90805	91070	91191	91290	91390	91498
90047	90180	90357	90515	90675	90810	91075	91195	91295	91395	91500
90050	90185	90360	90520	90685	90811	91080	91196	91300	91400	91502
90060	90190	90365	90525	90690	90815	91090	91200	91305	91401	91504
90063	90200	90370	90530	90700	90820	91095	91201	91310	91402	91506
90065	90205	90375	90535	90710	90825	91096	91205	91315	91405	91508
90068	90210	90377	90540	90715	90830	91097	91206	91320	91406	91510
90070	90215	90380	90545	90720	90831	91100	91210	91325	91410	91512
90072	90220	90385	90550	90725	90832	91105	91215	91326	91415	91514
90073	90225	90390	90555	90730	90833	91110	91216	91327	91420	91516
90080	90235	90400	90560	90736	90835	91115	91220	91328	91421	91518
90085	90240	90405	90565	90737	90837	91120	91221	91330	91422	91520
90090	90245	90410	90600	90738	91000	91125	91225	91335	91425	91522
90095	90265	90415	90605	90739	91005	91126	91226	91340	91430	91523
90100	90280	90420	90610	90740	91010	91127	91227	91345	91434	91524
90105	90281	90425	90615	90741	91020	91128	91228	91350	91435	91526
90110	90285	90427	90620	90745	91021	91130	91230	91351	91440	91528
90115	90286	90430	90625	90750	91022	91135	91231	91352	91445	91529
90120	90287	90435	90630	90751	91023	91140	91232	91353	91450	91530
90121	90288	90440	90640	90752	91025	91142	91235	91355	91455	91532
90123	90290	90445	90645	90753	91027	91145	91236	91356	91460	91534

91536	91675	91821	91965	92130	92280	92450	92545
91538	91680	91822	91970	92131	92285	92455	92546
91540	91681	91825	91975	92135	92290	92460	92550
91542	91682	91830	91985	92146	92305	92465	93010
91544	91685	91831	91990	92147	92310	92467	93015
91546	91690	91835	91992	92148	92311	92470	93020
91548	91695	91840	91995	92149	92315	92475	93025
91550	91700	91845	91997	92150	92320	92500	93030
91551	91705	91850	92000	92151	92325	92501	93040
91552	91706	91855	92001	92152	92330	92502	93045
91554	91707	91856	92005	92155	92332	92503	93047
91556	91708	91857	92006	92156	92335	92504	93048
91558	91709	91858	92007	92157	92340	92505	93049
91559	91710	91860	92015	92160	92345	92506	93050
91560	91715	91861	92016	92165	92346	92507	93051
91561	91716	91865	92020	92170	92350	92508	93052
91562	91717	91870	92025	92180	92351	92509	93053
91564	91720	91880	92026	92185	92353	92510	93055
91565	91725	91881	92030	92190	92355	92511	93060
91566	91730	91882	92031	92195	92360	92512	93065
91568	91735	91885	92035	92197	92361	92513	93070
91570	91740	91890	92040	92200	92362	92514	93075
91572	91745	91895	92045	92201	92365	92515	93080
91573	91750	91896	92050	92203	92366	92518	93081
91574	91760	91900	92055	92204	92367	92520	93085
91575	91761	91901	92056	92205	92368	92521	93090
91576	91762	91902	92060	92210	92369	92522	93095
91599	91765	91905	92065	92215	92370	92523	93100
91600	91770	91910	92070	92220	92375	92524	93105
91601	91775	91911	92071	92225	92376	92525	93110
91602	91777	91912	92072	92227	92377	92526	93115
91603	91780	91915	92075	92230	92378	92527	93160
91605	91785	91920	92080	92231	92382	92528	93170
91610	91790	91925	92085	92232	92385	92529	94999
91615	91795	91930	92090	92233	92390	92530	
91620	91796	91935	92091	92235	92391	92532	
91628	91800	91936	92092	92236	92395	92533	
91630	91801	91940	92095	92240	92396	92534	
91631	91802	91941	92100	92250	92397	92535	
91635	91803	91945	92101	92251	92400	92536	
91636	91805	91946	92102	92260	92405	92537	
91640	91810	91950	92103	92263	92406	92538	
91645	91811	91955	92105	92266	92420	92539	
91650	91812	91956	92108	92267	92425	92540	
91660	91813	91957	92110	92270	92430	92541	
91665	91814	91958	92115	92275	92435	92542	
91666	91815	91959	92120	92277	92440	92543	
91670	91820	91960	92125	92278	92445	92544	

Surcharge Fee Items: Need to be checked each year for list and link to MSP fee items and listed fee

WSBC Fee Item	Description	Type
19522	WC consultation	WCCon
19523	WC consultation	WCCon
19911	WC consultation	WCCon
19945	WC consultation	WCCon
19950	WC consultation	WCCon
19934	WC consultation anesthesia	WCConA
19425	WC conference (deleted?)	WCConf
19426	WC conference (deleted?)	WCConf
19427	WC conference (deleted?)	WCConf
19428	WC conference (deleted?)	WCConf
19429	WC conference (deleted?)	WCConf
19441	WC conference (deleted?)	WCConf
19507	WC expediate anes time unit (no match to MSP	WCExpA
19424	WC family conference (deleted?)	WCFam
19892	WC hospital visit (deleted?)	WCHVisit
19921	WC hospital visit (deleted?)	WCHVisit
19574	WC ICU (deleted?)	WCICU
19912	WC repeat consultation	WCRCon
19946	WC repeat consultation	WCRCon
19935	WC repeat consultation	WCRConA
19320	WC expedited surcharge (deleted)	WCSurc
19320	WC expedited surcharge (deleted)	WCSurc
19321	WC expedited surcharge (deleted)	WCSurc
19321	WC expedited surcharge (deleted)	WCSurc
19322	WC expedited surcharge (deleted)	WCSurc
19322	WC expedited surcharge (deleted)	WCSurc
19405	WC surcharge	WCSurc
19405	WC surcharge	WCSurc
19406	WC surcharge	WCSurc
19406	WC surcharge	WCSurc
19407	WC surcharge	WCSurc
19407	WC surcharge	WCSurc
19410	WC surcharge	WCSurc
19410	WC surcharge	WCSurc
19411	WC surcharge	WCSurc
19411	WC surcharge	WCSurc
19412	WC surcharge	WCSurc
19412	WC surcharge	WCSurc
19508	WC telephone consultation	WCTCon
19310	WC telehealth psyc time ½ hour	WCTele

19311	WC telehealth psyc time ¾ hour	WCTele
19312	WC telehealth psyc time 1 hour	WCTele
19430	WC psyc treatment time ½ hour	WCTreat
19431	WC psyc treatment time ¾ hour	WCTreat
19432	WC psyc treatment time 1 hour	WCTreat
19207	WC derm assessment	WCVisit
19360	WC respiratory assessment	WCVisit
19509	WC initial/annual assessment, complex spine	WCVisit
19510	WC complex spine office visit	WCVisit
19511	WC complex spine home visit	WCVisit

WSBC Expedited Surgical

WSBC Fee Item	Description	Type
19545	Expedited surgical assit: no MSP match, different units	WCSAExp
19546	Expedited surgical assit: no MSP match, different units	WCSAExp
19547	Expedited surgical assit: no MSP match, different units	WCSAExp
19548	Expedited surgical assit: no MSP match, different units	WCSAExp
19549	Expedited surgical assit: no MSP match, different units	WCSAExp
19551	Expedited surgical assit: no MSP match, different units	WCSAExp
19552	Expedited surgical assit: no MSP match, different units	WCSAExp

MSP Surgical	Description of Adjustment	Type
Range of MSP fee items	Check fee items with 194% (+/-) premium on MSP listed fee. Also include 92% (+/-) as secondary procedures are paid at 50% (same patient, physician, and date of service). Typically applies to MSP surgical fee items and usually serv_cod = 43	Exp Surg FFS

APPENDIX G

MEDICAL ON-CALL/AVAILABILITY PROGRAM (MOCAP)

- 1.1 MOCAP will provide payment to physician(s) and physician groups who are available to provide emergency care to new or unattached patients, other than their own or their call groups', as required and approved by Health Authorities.
- 1.2 The MOCAP funding described in section 17.1 of the 2025 Physician Main Agreement includes funding for Doctor of the Day payments. This provides greater flexibility for Health Authorities in purchasing MOCAP coverage and Doctor of the Day services.
- 1.3 Where MOCAP availability coverage is required it is in the best interests of the population served that it be provided on a 24/7/52 basis. It is recognized that, in some circumstances, a Health Authority may decide to provide MOCAP availability coverage on some other basis.
- 1.4 Physicians will provide MOCAP availability coverage in accordance with the provisions of the template MOCAP Contract attached as Schedule 1 to this Appendix.
- 1.5 "On Site On-Call" means where a physician is designated to be on-call on site. Physician groups in this category predominately include tertiary obstetrics, anesthesia, and neonatology.
- 1.6 MOCAP availability payments will be determined on the basis of annual rates.
- 1.7 The annual rates for MOCAP availability will be as follows:
 - (a) Effective April 1, 2025, the annual rate for 24/7/52 coverage is:
 - (i) Level 1 - \$247,500 per call group;
 - (ii) Level 2 - \$181,500 per call group;
 - (iii) Level 3 - \$77,000 per call group; and
 - (iv) On Site On-Call - \$357,500 per call group.
 - (b) Effective April 1, 2026, the annual rate for 24/7/52 coverage is:
 - (i) Level 1 - \$259,875 per call group;
 - (ii) Level 2 - \$190,575 per call group;
 - (iii) Level 3 - \$80,850 per call group; and
 - (iv) On Site On-Call - \$375,375 per call group.

- (c) Effective April 1, 2027, the annual rate for 24/7/52 coverage is:
 - (i) Level 1 - \$285,863 per call group;
 - (ii) Level 2 - \$209,633 per call group;
 - (iii) Level 3 - \$88,935 per call group; and
 - (iv) On Site On-Call - \$412,913 per call group.
 - (d) Effective April 1, 2028, the annual rate for 24/7/52 coverage is:
 - (i) Level 1 - \$300,156 per call group;
 - (ii) Level 2 - \$220,115 per call group;
 - (iii) Level 3 - \$93,382 per call group; and
 - (iv) On Site On-Call - \$433,559 per call group.
- 1.8 Where a physician is not on-call but is called in by the Health Authority to provide a service, the physician will be compensated at the following rate per call back provided the Call Back Criteria attached as Schedule 2 are met:
- (a) Effective April 1, 2025, \$250 per call back;
 - (b) Effective April 1, 2026, \$288 per call back;
 - (c) Effective April 1, 2027, \$317 per call back; and
 - (d) Effective April 1, 2028, \$333 per call back.
- 1.9 MOCAP arrangements should be sustainable and therefore must not contribute to physician burnout.

SCHEDULE 1 TO APPENDIX G
TEMPLATE MOCAP CONTRACT

**BETWEEN: THOSE PHYSICIANS AND HEALTH PROFESSION CORPORATIONS
LISTED ON THE SIGNATURE PAGE OF THIS CONTRACT**

(collectively called the “Call Group” and
individually referred to as a “Member”)

AND: [Insert name of Health Authority]

(the “Health Authority”)

WHEREAS the Call Group and its Members wish to contract with the Health Authority and the Health Authority wishes to contract with the Call Group and its Members to provide On-Call/Availability on the terms, conditions and understandings set out in this contract (the “Contract”);

THEREFORE in consideration of the mutual promises contained in this Contract, the Call Group, its Members and the Health Authority agree as follows:

DEFINITIONS

“On-Call/Availability” means being available to provide emergency care to new or unattached patients (i.e. patients other than a Member’s or Call Group’s own patients) and being available to provide advice to other health care providers and other professionals involved in the care of those patients.

“Call Group” has the meaning set out in the introductory clause of this Contract. A Call Group represents a group of physicians who have agreed to share responsibility to provide On-Call/Availability for new or unattached patients under this Contract.

“health profession corporation” has the meaning attributed to that term under the *Health Professions and Occupations Act*

“MOCAP” means the medical on-call/availability program referred to in Article 17 and described in Appendix G of the 2025 Physician Main Agreement.

“new or unattached patient” means a patient who is typically not the Member’s or Call Group’s patient. For clarity, in rural communities where a Member or Call Group are providing additional services such as emergency, obstetrics/gynecology, anesthesia, or general surgery,

then patients of the Member or Call Group presenting for such additional services will be considered as a new patient of that additional service.

“Physician Main Agreement” means the agreement titled “2025 Physician Main Agreement” and entered into as of April 1, 2025 among the Government of British Columbia, the Medical Services Commission (MSC), and the Association of Doctors of BC (Doctors of BC), as amended from time to time.

“Physician Main Subsidiary Agreements” has the meaning given in the Physician Main Agreement.

“Provincial MOCAP Review Committee” means the committee established in accordance with Article 17.2 of the Physician Main Agreement.

ARTICLE 1 - TERM & RENEWAL

- 1.1 This Contract will be in effect from _____ to _____ notwithstanding the date of its execution (the “Term”).
- 1.2 This Contract may be renewed for such period of time and on such terms as the parties may mutually agree to in writing. If either the Call Group or the Health Authority wishes to renew this Contract, it must provide written notice to the other no later than ninety (90) days prior to the end of the Term and, as soon as practical thereafter, the parties will meet to discuss and endeavour to settle in a timely manner the terms of such a renewal.
- 1.3 Subject to section 1.4 herein, if both the Call Group and the Health Authority agree to renew the Contract, the terms and conditions of this Contract must remain in effect until the new contract is signed and any continuation past the Term is without prejudice to issues of retroactivity.
- 1.4 In the event that a new contract is not completed within ninety (90) days following the end of the Term, this Contract and any extensions will terminate without further obligation on either the Call Group or the Health Authority.

ARTICLE 2 - TERMINATION

- 2.1 Either the Call Group or the Health Authority may terminate this Contract without cause upon ninety (90) days written notice to the other.
- 2.2 Either the Call Group or the Health Authority may terminate this Contract immediately upon written notice if the other breaches a fundamental term of the Contract.

ARTICLE 3 - PAYMENTS BY CALL GROUPS

- 3.1 No employment relationship is created by this Contract or by the provision of the On-call/Availability coverage by any Member under this Contract. No partnership relationship between the Members is created by this Contract or by the provision of On-Call/Availability coverage by the Call Group. None of the Members intends to carry on a

business with a view to profit with the other Members in respect of the On-Call/Availability coverage.

- 3.2 Each Member must pay any and all payments and/or deductions required to be paid by the Member, including those required for income tax, Employment Insurance premiums, Workers Compensation premiums, Canada Pension Plan premiums or contributions, and any other statutory payments or assessments of any nature or kind whatsoever that the Member is required to pay to any government (whether federal, provincial or municipal) or to any body, agency, or authority of any government in respect of any money paid to the Member pursuant to this Contract.
- 3.3 The liability of Members for payments referred to in section 3.2 herein is severable and not joint.
- 3.4 Each Member of the Call Group agrees to indemnify the Health Authority from any and all losses, claims, damages, actions, causes of action, liabilities, charges, penalties, assessments, re-assessments, costs or expenses suffered by it arising from any Member of the Call Group's failure to make payments referred to in section 3.2 herein.
- 3.5 The indemnity clause in section 3.4 herein survives the expiry or earlier termination of this Contract.

ARTICLE 4 - UNINCORPORATED CALL GROUPS

- 4.1 The Call Group may designate a representative from among the Members to represent the Call Group with respect to notices, the addition of new physicians to the Contract, and all invoicing and payment matters under this Contract (the "**Representative**") and will notify the Health Authority of the identity of the Representative. If the Representative changes during the Term, the Call Group will notify the Health Authority of the new Representative.
- 4.2 Where a notice is to be given to the Call Group in accordance with Article 12, the Members agree that a single notice to the Representative will constitute notice to all Members of the Call Group. Where notice is to be given to less than all of the Members of the Call Group, it must be given to those individual Members at the address(es) provided at Article 12.
- 4.3 Each Member has the right to terminate their relationship with the Health Authority without affecting the rights and obligations of the remaining Members and must do so in accordance with the termination provisions of this Contract.
- 4.4 The Health Authority may terminate the Contract with respect to an individual Member in accordance with the termination provisions herein.
- 4.5 In the event of the departure of a Member by resignation or termination, the parties will meet to discuss whether amendments are required and to make agreed changes.

- 4.6 For any new member added to this Contract who is not an initial signatory to this Contract, the Members (collectively) or their Representative, the Health Authority, and the new member will sign and deliver to the others an acknowledgement and agreement in the form set out in Appendix 1 (“**New Member – Agreement to Join**”), agreeing that the new member will become party to and bound by the terms of this Contract.

ARTICLE 5 – PROFESSIONAL RESPONSIBILITY

- 5.1 Each Member will provide the On-Call/Availability coverage under this Contract in accordance with applicable standards of law, professional ethics and medical practice and any Health Authority policies, by-laws or rules and regulations that are not inconsistent with or represent a material change to the terms of this Contract.

ARTICLE 6 - DISPUTE RESOLUTION

- 6.1 This Contract is governed by, and is to be construed in accordance with, the laws of British Columbia.
- 6.2 All disputes with respect to the interpretation, application or alleged breach of this Contract that any Member(s) and the Health Authority (the Member(s) or the Health Authority, each a “**Party to the Dispute**” and collectively “**Parties to the Dispute**”) are unable to resolve at the local level may be referred to mediation on notice by either Party to the Dispute to the other, with the assistance of a neutral mediator jointly selected by the parties. The neutral mediator shall be jointly selected by the Parties to the Dispute. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the Parties to the Dispute in writing, the dispute will be referred to arbitration administered pursuant to the British Columbia *Arbitration Act*, and the Domestic Arbitration Rules of the Vancouver International Arbitration Centre (or its successor), as those rules may be amended from time to time, by a sole arbitrator. The place of arbitration will be _____, British Columbia and the language of the arbitration will be English.
- 6.3 Upon agreement of the Parties to the Dispute, the dispute may bypass the mediation step and be referred directly to arbitration. Nothing in this Article 6 will prevent any party from commencing arbitration at any time in order to preserve a legal right, including but not limited to relating to a limitation period.

ARTICLE 7 - ON-CALL COMPENSATION AND REQUIREMENTS

- 7.1 The Call Group will be compensated for On-Call Availability coverage under this Contract pursuant to the application of the MOCAP and the rates found at Appendix G, section 1.7 of the Physician Main Agreement, and in accordance with the system determined by the Provincial MOCAP Review Committee, as follows:

☐ Level 1

- ☐ Continuous coverage
- ☐ Non-continuous coverage (Details – e.g. hours, days)

☐ Level 2

- ☐ Continuous coverage
- ☐ Non-continuous coverage (Details)

☐ Level 3

- ☐ Continuous coverage
- ☐ Non-continuous coverage (Details)

☐ On site On-call

Availability on-site.

- ☐ Continuous coverage
- ☐ Non-continuous coverage (Details)

As per the following:

Nature of On-Call/Availability: _____ (e.g. general surgery, hours)

Location(s): _____ (e.g. St Paul's Hospital)

- 7.2 Levels 1, 2 and 3 must provide availability by telephone within 10 minutes. Attendance on-site will be dependent on patient need and the clinical circumstances.
- 7.3 The Call Group will notify the Health Authority of the call rota, which includes the Member covering each shift, in a timely fashion [*If the Health Authority has a specific format (e.g. electronic scheduling system) for submitting call schedules, this provision can be modified to detail the specific requirements*].

ARTICLE 8 – LICENSES AND QUALIFICATIONS

8.1 During the Term, each Member will maintain:

8.1.1 registered membership in good standing with the College of Physicians and Surgeons of British Columbia and the Member will conduct their practice of medicine consistent with the conditions of such registration; and

8.1.2 enrolment in the Medical Services Plan.

ARTICLE 9 - SUBCONTRACTING

- 9.1 Each Member may, with the written consent of the Health Authority, subcontract or assign any of the On-Call/Availability coverage. The consent of the Health Authority will not be unreasonably withheld.

ARTICLE 10 - COMPENSATION

- 10.1 The Health Authority will pay the Call Group or individual Members monthly upon receipt of an invoice [*Health Authority may include reference to specific invoice format here*] for On-Call/Availability coverage provided based on an annual rate of _____.
- 10.2 In no event will the aggregate amount paid under this Contract exceed the sum of _____ per year.

ARTICLE 11 - REPORTING

- 11.1 Each Call Group will report to the Health Authority payment received by each Member of the group for the provision of On-Call/Availability no later than thirty (30) days after the end of every quarter.
- 11.2 Where a Call Group elects to receive payments from the Health Authority to individual group Members, the Call Group will report to the Health Authority the dates and shifts worked by each Member no later than thirty (30) days after the end of each month.

ARTICLE 12 - NOTICES

- 12.1 Any notice, report, or any or all of the documents that either party may be required to give or deliver to the other in writing, unless impractical or impossible, must be delivered by e-mail, mail or by hand. Delivery will be conclusively deemed to have been validly made and received by the addressee:
- 12.1.1 If mailed by regular mail or by prepaid registered mail to the addressee's address listed below, on date of confirmation of delivery.
- 12.1.2 If delivered by hand to the addressee's address listed below on the date of such personal delivery; or
- 12.1.3 If delivered by e-mail, on the next business day following confirmed e-mail transmission to the e-mail address listed below.
- 12.2 Either party may give notice to the other of a change of address or e-mail address.
- 12.3 Address of Health Authority:

Address of Representative:

Address of each Member of Call Group:

ARTICLE 13 - AMENDMENTS

- 13.1 This Contract may be amended by written agreement of the parties.

ARTICLE 14 - ENTIRE CONTRACT

- 14.1 This Contract, the 2025 Physician Main Agreement, and the 2025 Physician Main Subsidiary Agreements embody the entire understanding and agreement between the parties relating to On-Call/Availability and there are no covenants, representations, warranties or agreements other than those contained or specifically preserved under the terms of these agreements.

ARTICLE 15 - NO WAIVER UNLESS IN WRITING

- 15.1 No provision of this Contract and no breach by either a Member or the Health Authority of any such provision will be deemed to have been waived unless such waiver is in writing signed by the other party. The written waiver of a Member or the Health Authority of any breach of any provision of this Contract by the other must not be construed as a waiver of any subsequent breach of the same or of any other provision of this Contract.

ARTICLE 16 - HEADINGS

- 16.1 The headings in this Contract have been inserted for reference only and in no way define, limit or enlarge the scope of any provision of this Contract.

ARTICLE 17 - ENFORCEABILITY AND SEVERABILITY

- 17.1 If any provision of this Contract is determined to be invalid, void, illegal or unenforceable, in whole or in part, such invalidity, voidance, illegality, or unenforceability will attach only to such provision or part of such provision.

ARTICLE 18 – EXECUTION OF THE CONTRACT

- 18.1 This Contract and any amendments thereto may be executed in any number of counterparts with the same effect as if all parties hereto had signed the same document. All counterparts shall be construed together and shall constitute one in the same original agreement.
- 18.2 This Contract may be validly executed by transmission of a signed copy thereof by e-mail.

ARTICLE 19 – MEMBERS AS HEALTH PROFESSION CORPORATIONS

19.1 Where a Member in this Contract is a health profession corporation:

- (a) the Member will ensure that its physician owner, being the individual signing this Contract on the Member's behalf (the "**Member's Owner**"), performs and fulfills, in accordance with the terms of this Contract, all obligations of the Member under this Contract that cannot be performed or fulfilled by a health profession corporation;
- (b) the Health Authority agrees to confer on the Member's Owner, for the Member's benefit, all rights of the Member under this Contract that cannot be held by a health profession corporation; and
- (c) for clarity, all remuneration for the On-Call/Availability will be paid to the health profession corporation.

ARTICLE 20 – DOCTORS OF BC

20.1 Each Member separately and the Members collectively are entitled, at their option, to representation by the Doctors of BC in the discussion or resolution of any issue arising under this Contract, including without limitation the re-negotiation or termination of this Contract.

Dated for reference this ____ day of _____ 20__.

IN WITNESS WHEREOF THE PARTIES have duly executed this Contract as of the date written above.

Health Authority Authorized Signatory

Name of Member of Call Group (individual)

or

[] Inc.

Authorized Signatory

APPENDIX 1

NEW MEMBER - AGREEMENT TO JOIN

("New Member-Agreement to Join")

Re: MOCAP Contract effective <insert date> (the "Contract") between the Health Authority and those physicians named on the signature page of the Contract, or who subsequently became a party to the Contract by entering into this New Member - Agreement to Join.

[Note: if a Representative has not been designated, replace all references to the "Representative" below with "Member" and make other consequential amendments]

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the undersigned:

1. The Representative, on behalf of and with the authority of all of the Members, confirms that the Members wish to add Dr. _____ (the "New Member") as a "Member" under the Contract to provide On-Call/Availability to the Health Authority under the terms of the Contract.
2. The New Member acknowledges having received a copy of the Contract and hereby agrees with the Health Authority and the other Members that the New Member will be bound by, and will comply with, all of the terms and conditions of the Contract as a "Member". The New Physician acknowledges that all payments for On-Call/Availability under the Contract will be made by the Health Authority to the Members as provided in the Contract and that the Representative, currently Dr. _____, has been granted certain authority to act as the representative of the Members, including the New Member, under the Contract. [The New Member confirms that Dr. _____ is the "Member's Owner" for the New Member]
3. All capitalized terms used in this New Member – Agreement to Join and not otherwise defined will have the meaning given to them in the Contract. This New Member – Agreement to Join may be executed in multiple counterparts and all such counterparts will constitute one and the same agreement.

Dated at _____, British Columbia this ____ day of _____.

IN WITNESS WHEREOF THE PARTIES to this New Member – Agreement to Join have duly executed this New Member – Agreement to Join as of the date written above.

Dr. _____ as the Representative

Signed and Delivered On behalf of the Health Authority:

Authorized Signatory

Signed and Delivered on behalf of the New Member:

New Member's Signature (unincorporated)

or

[] Inc.

Authorized Signatory

SCHEDULE 2 TO APPENDIX G

CALL BACK CRITERIA

Part A: Call Back Payment Eligibility

All the following Criteria must be met for a physician to be eligible for the MOCAP call back payment. Rates for the call back payment are found at Appendix G, section 1.8 of the Physician Main Agreement.

1. Criteria related to the person making the decision to call.

The decision to initiate the call back is made by one of the following:

- a) A physician with privileges at the facility in issue who has responsibility for the care of the patient in question, including but not limited to the Most Responsible Physician.
- b) Any other member of the medical or nursing staff of the facility in issue who has been specifically authorized by the Health Authority to initiate call backs eligible under these Criteria.

2. Criteria related to the person who is called.

The call is made to a physician who meets all of the following:

- a) Has been designated for call back payments by the Health Authority in accordance with Part B below or falls within a category or group that has been so designated, and meets all the terms of such designation or, alternatively, has had the specific call back in issue approved for payment after-the-fact on an exception basis in accordance with Part C below.
- b) Is a member of the medical staff at the facility in issue with privileges to provide the required services.
- c) Is not on call or being paid to be on site, on shift, or otherwise available at the time of the call back.
- d) Is not:
 - i) at the time of the call back, on site at the facility at which the patient is present in accordance with Part A3(b) below;
 - ii) at the time of the call back, scheduled to be on site at the facility at which the patient is present in accordance with Part A3(b) below; or
 - iii) scheduled to be next on site at the facility at which the patient is present in accordance with Part A3(b) below at a time when the patient's needs could be adequately met.

- e) Is not receiving isolation allowance under the Rural Subsidiary Agreement.

3. Criteria related to the clinical circumstances.

All of the following circumstances are present:

- a) The call is for an identified patient who is not a patient of the physician being called or of a colleague for whose patients the physician has accepted responsibility.
- b) The patient is present in:
 - i) an acute care hospital, or
 - ii) a diagnostic and treatment centre or specified emergency treatment room that has been approved as a call back payment eligible facility by the MOCAP Advisory Committee.
- c) The patient requires medical services on an emergency basis as assessed by the person deciding to initiate the call at the time the call is made.
- d) Reasonable steps are taken to determine that the medical services required by the patient could not be provided (due to issues of competence or availability) by a physician who has ongoing responsibility for the care of the patient (either directly or by virtue of their call group), by a physician who is on-call, or by a physician who is being paid to be on site, on shift, or otherwise available.
- e) The physician being called personally attends the patient at the site contemplated by Part A3(b) above within the time dictated by the patient's needs but in any event no later than within 3 hours of being called.

4. Administrative Criteria

All of the following administrative rules are complied with:

- a) Only one payment is available per call back, regardless of the number of patients seen.
- b) Only one payment is available per patient per physician (i.e. for each episode of illness/injury).
- c) Within 30 days of the call back, an invoice in the form attached must be submitted to the Health Authority by the physician claiming the call back payment.
- d) Within 30 days of the call back, a verification, in the form attached must be submitted to the Health Authority by the person who made the decision to initiate the call back (that is the person referred to in Part A1 above).

Part B: Designation

1. Each Health Authority may designate physicians and/or services for call back payments.

2. The Health Authorities may designate individual physicians by name, groups of individual physicians by name, or practice categories/services without naming specific physicians (in which case any physician who is a member of the medical staff of the facility in issue with the privileges and qualifications required to provide the services and who meets all other terms of the designation will be deemed to be designated).
3. The Health Authorities may specify additional terms as being applicable to any designation so long as such additional terms are not inconsistent with these Criteria. Permissible additional terms include, but are not limited to:
 - a) Specific sites;
 - b) Specific services;
 - c) Specific times (e.g. hours in a day, days in a week);
 - d) Maximum dollar amounts for call back payments in a given time period (e.g. monthly, annually); and
 - e) Maximum number of call backs in a given time period (e.g. monthly, annually).
4. If the designation is in respect of a specific physician or group of specific physicians, then each such physician or group, respectively, will be provided with a standardized Call Back Designation Letter that expresses the names of the physicians that are the subject of the designation, expresses all additional terms applicable to the designation, and encloses a copy of these Criteria and a copy of the form of invoice to be used to submit claims for payment, and in the event the designation is cancelled or altered will be provided with a letter advising of same.

Part C: Approving Payments on an Exception Basis

1. Approval for call back payment on an exception basis may be sought for specific call backs by physicians who are not designated in accordance with Part B above and by physicians who are designated in accordance with Part B above but in circumstances where all terms applicable to the designation have not been met (e.g. the call back was to a non-designated site, for non-designated services, and/or at a non-designated time of day; or if paid, the maximum dollar amount would be exceeded and/or the maximum number of call backs would be exceeded).
2. To seek approval on an exception basis, a physician must submit an invoice in accordance with Part A4(c) above which clearly and expressly indicates that payment is sought on an exception basis.
3. Each Health Authority will specify an individual by name or position/title with authority to approve call back payments on an exception basis.
4. The individual specified in accordance with Part C3 above will approve exceptional claims for payment if all criteria for call back payment eligibility as set out in Part A above (except that set out in Part A2(a)) have been met.

Part D: Appeal of Denied Call Back Claims

1. In the event that a physician's claim for call back payment is denied the physician may, within 30 days of being advised by the Health Authority of the denial of the claim, request the Doctors of BC to initiate a Call Back Dispute on their behalf. If the Doctors of BC agrees to do so, the Doctors of BC must provide notice of same to the applicable Health Authority and to the Joint Agreement Administration Group within 30 days of being requested by the physician to initiate a Call Back Dispute. The notice must be in writing and must include the facts upon which the physician relies including a copy of the invoice submitted in association with the claim as required by Part A4(c) above but with the name(s) and personal health number(s) of the patient(s) expunged, the identification of the ground upon which the Call Back Dispute is advanced, an outline of argument supporting the physician position, and a written consent to release information signed by the physician, in the form attached.
2. Upon receipt by the Ministry of a consent to release information in the form attached, the Ministry will forward to the Joint Agreement Administration Group and to the applicable Health Authority a list of the information that the Ministry proposes to release. After providing the applicable Health Authority and the physician with the opportunity to comment on the list, the Joint Agreement Administration Group will request the Ministry to release some or all of the information on the list. The Ministry will then release the information as requested by the Joint Agreement Administration Group.
3. The only ground upon which a Call Back Dispute may be advanced is that all the criteria for call back payment eligibility as set out in Part A above have been met (except where the Call Back Dispute relates to a physician not designated in accordance with Part B above or a claim that does not fall within the terms of such a designation, in which case the only ground upon which such a Call Back Dispute may be advanced is that all the criteria for call back payment eligibility as set out in Part A above, except that in Part A2(a), have been met).
4. The Joint Agreement Administration Group will consider each Call Back Dispute referred to it and, after providing the physician and the applicable Health Authority with the opportunity to be heard, may decide the merits of the Call Back Dispute, following any further process stipulated by it, by consensus decision (as that term is defined in section 1.2 of the Physician Main Agreement), in which case the decision of the Joint Agreement Administration Group will be final and binding on the physician and the Health Authority.
5. In the event that the Joint Agreement Administration Group is unable to reach a consensus decision with respect to the resolution of any Call Back Dispute within 60 days of receipt of the associated notice, or any longer period agreed to by the Joint Agreement Administration Group, the Doctors of BC or the Government may, within a further 30 days, refer the Call Back Dispute to a member of the Roster set out at Appendix H to the Physician Main Agreement or any other person agreed to by the Doctors of BC and the Government (the "Call Back Adjudicator")

6. Where, within the time limits in Part D5 above, the Joint Agreement Administration Group has not reached a consensus decision with respect to the resolution of any Call Back Dispute and the Call Back Dispute is not referred to the Call Back Adjudicator, then there will be no further process under these Criteria or otherwise for the physician to advance their claim for call back payment, and the Health Authority's denial of such claim will be final and binding on the physician.
7. Where a Call Back Dispute is referred to the Call Back Adjudicator pursuant to Part D5, the Call Back Adjudicator will determine whether the criteria set out in Part A above have been met, following any further process stipulated by them. If the Call Back Adjudicator determines that the criteria set out in Part A have not been met then they will render a final and binding award confirming the Health Authority's denial of the claim for call back payment. If the Call Back Adjudicator determines that the criteria set out in Part A have been met then they will render a final and binding award allowing the claim for call back payment following which the applicable Health Authority will make the payment.
8. The Government and the Doctors of BC will share the costs associated with the referral of Call Back Disputes to the Call Back Adjudicator.

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Call Back Invoice

Name of physician making the claim: _____

Name of Health Authority: _____

MSP Billing # of physician making the claim: _____

Physician has been designated by the Health Authority for call back payments:

Yes ☐ No ☐

If Yes, name of designated group/category: _____

Personal information on this form is collected under the *Freedom of Information and Protection of Privacy Act*. The information submitted will be used to assess this claim. All information provided will be used in a manner that complies with the terms of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use, or disclosure of this information, please contact Physician Human Resources Management at 250 952-3146.

If No, or if any of the call backs on this invoice do not fall within the terms of the designation, indicate, in the last column below, that approval is sought for payment on an exception basis.

Date & time call back received	Name of person initiating call back	Date & time physician physically attended the patient	Name of Patient	PHN # of Patient	Facility where patient was attended	Indicate with a √ if approval is sought on exception basis

With respect to each of the above noted call backs:

1. The patient was not my patient or the patient of a colleague for whose patients I had accepted responsibility; and
2. At the time of the call back I was not on site at the Facility noted in the sixth column above, or scheduled to be on site, or scheduled to be next on site at a time when the patient's needs could be adequately met; nor was I on call or being paid to be on site, on shift or otherwise available.

I am not receiving Isolation Allowance Fund payments and was not receiving such payments at the time of any of the call backs above noted.

I authorize the Ministry of Health to release to the Health Authority named above any information related to the claims reflected on this invoice, excluding patient personal information (i.e. the name and personal health number of the patient), that, in the reasonable opinion of the Ministry, is relevant to assessing this claim, and if necessary, resolving any dispute over this claim through arbitration or otherwise. Such information will include, but not be limited to compensation/billing information (excluding patient personal information).

I certify all the information on this form to be correct.

Date

Physician Signature

Call Back Verification Form

Name of person initiating call back: _____

Name of Health Authority: _____

Title of person initiating call back: _____

Date & time call back was initiated	Name of physician who was called back	Indicate with a ✓ if the physician was designated for this call back	Name of patient	PHN # of Patient	Facility where patient was attended	Symptoms indicating emergency care was required	Associated Call Back Invoice Number (this column to be filled in by the Health Authority)

With respect to each of the above noted call backs:

1. I assessed the patient as requiring medical services on an emergency basis; and
2. Reasonable steps were taken to determine that the emergency medical services required by the patient could not have been provided (due to issues of competence or availability) by a physician who had on-going responsibility for the care of the patient (either directly or by virtue of their call group); by a physician who was on-call or by a physician who was being paid to be on site, on shift or otherwise available.

I certify all the information on this form to be correct.

Date

Signature of person initiating call back

Consent to Release Information
In Relation to a Call Back Dispute

Personal information on this form is collected under the Freedom of Information and Protection of Privacy Act. The information submitted will be used to assess this claim. All information provided will be used in a manner that complies with the terms of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use, or disclosure of this information, please contact Physician Human Resources Management at 250 952-1849.

To: Ministry of Health

Attention: Hlth.MOCAPCallBack@gov.bc.ca

From: Dr. _____ [name of physician initiating a Call Back Dispute]

I have requested the Doctors of BC to initiate a Call Back Dispute on my behalf. The Doctors of BC has agreed to do so. A copy of the associated notice to the _____ Health Authority and the Joint Agreement Administration Group (the “JAAG”) is attached.

I authorize the Ministry of Health to disclose to the _____ Health Authority, the JAAG and/or to any arbitrator any of my information, including but not limited to compensation/billing information but excluding patient personal information (i.e. name or personal health number of the patient) which, in the reasonable opinion of the Ministry, is relevant to resolving the Call Back Dispute.

Date: _____

Signature of Claiming Physician

APPENDIX H

MEMBERS OF THE ROSTER (AS OF APRIL 1, 2025)

Robin McFee

Barbara Cornish

Marion Allan

APPENDIX I

TRANSFER OF FAMILY PRACTICE SERVICE COMMITTEE FEES AND FUNDING TO THE PAYMENT SCHEDULE

Effective April 1, 2027, the parties agree to transfer to the Payment Schedule (as defined in the 2025 Physician Main Agreement), the Family Practice Services Committee (FPSC) fees and funding associated with FPSC-initiated listings as identified in section 1 below, in accordance with the processes set out in this Appendix and the terms of the 2025 Physician Main Agreement.

Effective April 1, 2026, the parties agree to transfer to the Payment Schedule, the funding associated with FPSC-initiated listings as identified in section 3 below.

1. FPSC Fees to be transferred

FPSC Fees:

(a) H14002 Maternity Care Risk Assessment

The purpose of this fee is for a family physician to undertake a Maternity Care Risk Assessment with a pregnant patient based on the BC Antenatal Record, including the review of gestationally appropriate screening interventions, pregnancy risks, and patient comorbidities.

(b) H14041 CLFP New Patient Intake

The purpose of this fee is for a family physician to confirm the addition of a new patient to the physician's panel where the longitudinal doctor-patient relationship has been confirmed through a standardized conversation or 'compact'.

(c) H14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician

The purpose of this fee is for a family physician to participate in two-way collaborative conferencing about a patient with at least one allied care provider or physician.

(d) H14072 Long-Term Care Portal Code

The purpose of this fee is to enable a family physician who has a focused practice in long-term care to bill a few of the FPSC-initiated fees (14050-14053, 14076, 14067, 14077, 14078).

(e) H14088 FP Unassigned Inpatient Care Fee

The purpose of this fee is for the family physician to evaluate an unfamiliar patient's clinical status and care needs when the patient is admitted to the hospital under the care of that physician.

2. Process to Transfer Fees

- (a) In the course of reviewing the fees in section 1 to be transferred into the MSC Payment Schedule, Government and Doctors of BC will:

- (i) ensure the fee item descriptions, prices and/or billing rules meet the requirements of the *Medicare Protection Act*, and ensure that, under any revised descriptions, the fees will continue to be directed to the same purposes as when managed by the FPSC; and
 - (ii) consult with the MSC to determine if any fees may require revisions.
- (b) The Government and Doctors of BC will notify the MSC of the recommended transfer and Article 13.1 of the Physician Main Agreement shall apply.

3. FPSC Funding associated with Fee Items Already in the Payment Schedule

Fee Codes

G13338 - Community based FP, first facility visit of the day bonus, extra (active hospital privileges) (for routine, supportive or palliative care)

G14044 - FP Mental Health Management Fee age 2 - 49

G 14045 - FP Mental Health Management Fee age 50 - 59

G14046 - FP Mental Health Management Fee age 60 - 69

G14047 - FP Mental Health Management Fee age 70 - 79

G14048 - FP Mental Health Management Fee age 80+

G14066 - Personal Health Risk Assessment (Prevention)

4. Stewardship of FPSC-Initiated Fees and Preamble

- (a) With the transfer of the FPSC fees and funding associated with FPSC-initiated listings as set out in this Appendix I, any future modification of the fees, or of the FPSC-initiated listings Preamble will be pursuant to sections 12 and 13 of the 2025 Physician Main Agreement.

5. Transfer of Funding

- (a) The amount equal to the actual expenditure by the FPSC in Fiscal Year 2026/27 of the FPSC fee items listed in section 1 above will be transferred from the FPSC annual budget to the Available Amount.

- (b) The amount equal to the actual expenditure by the FPSC in Fiscal Year 2025/26 of the FPSC fee items listed in section 3 above will be transferred from the FPSC annual budget to the Available Amount.
- (c) The amount equal to the actual fee premiums funded by the JSC on the FPSC fee items listed in section 1 in the Fiscal Year 2026/27, and on the FPSC fee items listed in section 3 in the Fiscal Year 2025/26, will also be transferred from the JSC budget to the Available Amount.