



Physician Workload Funding 2026/27

Application User Guide & Applicant Advice

Document Purpose

This document is a companion to the Workload Funding Application Form. The User Guide provides the necessary background information to interpret and complete the form whereas the Applicant Advice section are best practice considerations available to applicants based on reviewers' experiences from previous rounds of Workload Funding.

2026/27 Workload Funding Round User Guide

Background

Workload Funding is a funding allocation negotiated in the 2025 Physician Main Agreement (2025 PMA) that provides for increases in program budgets for existing Service Contracts or Salary Agreements to contract additional physician resources (i.e. Full Time Equivalents, or FTEs). The goal of Workload Funding is to improve the quality and availability of care for patients by addressing significant and sustained workload growth experienced by contracted and salaried physicians. The 2026/27 round of Workload Funding is the 6th iteration since its negotiation in the 2019 PMA.

For the remainder of this document and in interpreting the Application Form, 'Service Contracts' includes Salary Agreements and 'health authority' includes Agencies contracting health services. **Clinical programs compensated through sessional contracts are not eligible to apply for Workload Funding.**

Completing Section 1 of the Workload Funding Form

Note: Section 1 is to be completed by physician applicants without disproportionate support or input from their contracting agency. Section 2 is available for health authorities to provide their input on the application.

Applicants are to use the application template's prompts to provide a summary of the key issues and measures demonstrating workload burden and its impact on patient care. Additional detail can be provided in appendices submitted with the template and referenced in the core application but may not be reviewed pending total number of applications submitted given reviewer constraints relative to negotiated timelines.

Incorporating Data to Demonstrate Measurable Workload Pressures

Priority will be given to applications that effectively incorporate objective, reliable data on physician workload demonstrating measurable growth in hours, volume, complexity of services, and/or other workload characteristics. Data and analysis incorporated into the application should be measures of real-world service delivery, patient access, and available physician resources and not primarily derived from workload models.

Examples of measurable data include, but are not limited to:

- increased patient volume
- growing waitlists / wait times
- increase in number of visits / consultations / procedures
- inability to complete work in allotted time
- excessive hours of work without relief
- patient and procedure complexity measures



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Applicants should provide multiple years of operational data that reflect significant and sustained trends in workload growth. To contextualize workload relative to workforce, applicants and their health authorities are also strongly encouraged to incorporate data reflecting contracted FTEs available to the program during the dataset's period to ensure workload is assessed relative to changes in clinician workforce.

Where objective, reliable, and/or complete data is not available to support their submission, applicants should acknowledge the absence of data and/or measures and briefly describe any limitations in data collection or accessibility that prevent measurable recording of the workload impacts described. Please see *Physician Workload Funding 2026/27 Application Advice* for additional considerations in what data to include.

Physicians in clinical programs delivered through all-in service contracts or salaries seeking Workload Funding must submit Section 1 to their Health Authority Medical Affairs department by **July 29, 2026.**

Note: Only one application may be submitted per contracted clinical program as applications are reviewed on a holistic program area basis. For complex contracted clinical programs with multiple physician groups working in concert, please engage your contracting agency's Medical Affairs team early in the application process to develop your group's application for the entirety of your functional contracted clinical program.

Completing Section 2 of the Workload Funding Application

Completing Section 2 is the responsibility of Health Authority staff. Once you submit a form with a complete Section 1 to your health authority, Medical Affairs staff will offer to meet with you to discuss it, coordinate internal review of your application, and complete Section 2 with additional data and measures available. Health authorities will be reviewing your application with a lens of operational necessity, viability, and recruitment realities. A moderation of an FTE request is reflective of the health authority's role in balancing all operational considerations and is not a reflection of the level of support a health authority is extending a contracted group.

Health authorities will internally review and submit all applications to the Ministry of Health by **October 15, 2026.**

Review of Workload Funding Applications

The Ministry of Health and the Workload Advisory Committee, comprised of 4 physicians appointed by the Doctors of BC, will assess all application forms submitted through the Workload Funding process. The Ministry of Health will make Workload Funding allocation decisions and in doing so, consider input from a Workload Advisory Committee and any data available to it to assess workload burden (e.g., including, but not limited to, service encounters and hours worked under existing contracts).

The Ministry will communicate its funding decisions to the health authorities and Doctors of BC by **March 1, 2027.**



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Workload Funding Applicant Advice

In completing your application, you are encouraged to:

- Balance concision with detail so reviewers can readily identify the most relevant workload issues and situate them in the program's overall context
- Identify specific workload pressures and incorporate objective data to demonstrate them
- Translate existing FTE to actual total hours of service available to directly serve patients
- Use multiple relevant and appropriate measures to demonstrate workload burden
- Weigh change in workload over time by funded physician FTEs or hours utilized over the reference period
- Rationalize the number of additional FTEs requested with a specific plan or target the addition will achieve
- Articulate whether additional FTE will be used to recruit new members or be made available to existing membership
- Explain why additional physician resources are critical to addressing growth in workload and why incorporating clinicians in other roles cannot alleviate workload burden.
- Identify any ongoing or emerging dysfunction resulting from workload pressures that impair the program's ability to meet its existing mandate
- Identify any existing downstream impacts for patient care and/or the wider system resulting from workload pressures in the program
- Provide insight into realities of implementing the requested FTE in terms of hiring practicalities and associated timelines to recruitment

Your application should not:

- Provide minimal data and/or background to contextualize the program and the issues presented
- Use workload models to demonstrate workload pressures and/or rationalize a specific FTE request
- Request additional FTEs to expand the scope of the program's existing mandate and/or services
- Request additional funding for goals or issues outside of the mandated scope of Workload Funding
- Provide vague goals or indistinct justification for the number of FTEs requested
- Propose to use Workload Funding to fund a reduction in the contracted FTE hours definition upon contract renewal
- Reformat the application template (will be disqualified from review)

You are encouraged to:

- Consult with Medical Affairs prior to preparing your application
- Review your existing service contract or salary agreement to ensure mutual understanding of existing service levels and obligations
- Review the quality and completeness of service level data (i.e. shadow billing) you have / your group has made available to the Ministry through Medical Services Plan submissions, per Encounter Reporting contract requirements