

Consensus Decision of the Alternative Payments Committee (APC) and Allocation Committee (AC)
Reflecting the October 20, 2017 Settlement Agreement between the Government of BC (Ministry of
Health) and Doctors of BC

November 2, 2021

1.0 Purpose and Effect

- 1.1** This document records the Consensus Decision of the APC and the AC to implement the October 20, 2017 Settlement Agreement between the Government and the Doctors of BC (the “**Settlement Agreement**”) using the residual funds remaining from those set aside in accordance with the March 30, 2016 Memorandum of Understanding between the Ministry of Health and the Doctors of BC, as detailed in Schedule A (the “**Residual Funds**”). The Residual Funds will be used to cover the one-time cost of transitioning those physicians described at sections 2.0 and 13.0 of this Consensus Decision from their current Rate on a practice category to a Rate on the applicable higher paid practice category (including retroactivity) for the period from April 1, 2011 to October 20, 2017.
- 1.2** If the Residual Funds are not sufficient to cover the costs described in section 1.1, the Government and the Doctors of BC agree to pay any remaining costs first from the 2016/17 under-expenditure of APP Expansion Funds allocated per paragraph 1 of the Alternative Payments Program Funding Letter of Understanding (“**APP LOU**”) and further, if and as necessary, from the 2017/18 under-expenditure of APP Expansion Funds allocated per paragraph 2(b) (Post Review Period) of the APP LOU. The Government and the Doctors of BC will enter into further agreements to this effect if required.
- 1.3** This Consensus Decision is binding upon satisfaction of the requirements for a consensus decision set out in section 1.2 of the 2014 Physician Master Agreement (the “**PMA**”). The Government and the Doctors of BC agree to execute and deliver any and all required documents and take any and all steps that may reasonably be required to carry out this Consensus Decision.
- 1.4** Words used in this Consensus Decision that are defined in the PMA or Subsidiary Agreements have the same meaning as in the PMA or Subsidiary Agreements unless otherwise defined in this Consensus Decision.
- 1.5** For clarity, this Consensus Decision does not apply to physicians who are working under any form of alternative payment agreement that is not a Service Contract or a Salary Agreement and also does not apply to physicians in the following practice categories: any of the General Practice categories, Hospitalists, Community Medicine Public Health Area A or Area B, and Emergency Medicine Area A.

2.0 Placement of physicians who have completed their RCPSC accredited subspecialty training but have not yet passed Royal College of Physicians and Surgeons (RCPSC) certification exams.

2.1 Physicians who have completed a residency training program, as evidenced by completion of a Final In-training Evaluation Report (FITER) and the receipt of a Ruling Letter from the RCPSC, but who have not yet successfully completed an RCPSC subspecialty certification exam will be placed in the practice category (as set out in Schedules "A" and "B" of the APSA) that aligns with the Physician Services that physician is privileged and engaged to provide under a Service Contract or Salary Agreement.

2.2 Such physicians will be placed at the higher of the range minimum on the subspecialty Range or their current Rate until their RCPSC certification date. Upon notification of the RCPSC certification date, the physician's Range placement will be adjusted accordingly retroactive to the certification date.

3.0 Placement of physicians whose RCPSC (or equivalent¹) credentials are different from the RCPSC (or equivalent) credentials applicable to the specialty or subspecialty in which they are privileged and engaged to provide Physician Services.

3.1 Physicians who have RCPSC credentials in a specialty/subspecialty (or equivalent) but who are privileged and engaged to provide services in another RCPSC specialty or subspecialty area where that practice category Range is set at a higher value than the range aligning with the physician's RCPSC credential will be placed in the practice category aligning with the Physician Services the physician is privileged and engaged to provide under a Service Contract or Salary Agreement. Such physicians:

3.1.1 will be placed initially at their current Rate on the higher value practice category Range but if the Physician's current Rate is below the minimum of the higher value Range or the physician does not have a current Rate, then at an appropriate rate which is not more than 90% of the higher Range;

3.1.2 may move within the higher Range, but with such movement capped at the lower of 95% of the higher Range or 70% of the difference between the maximum of the lower Range and the maximum of the higher Range; and

3.1.3 will receive AC increases that are applied to the practice category aligning to the Physician Services the physician is privileged and engaged to provide under a Service Contract or Salary Agreement.

3.2 Physicians who have RCPSC credentials (or equivalent) in a specialty/subspecialty but who are privileged and engaged to provide services in another RCPSC specialty or subspecialty area where that practice category Range is set at a lower value than the

¹ The term "equivalent" means those physicians covered by the application of section 8.0 of this Consensus Decision, wherever the term is used in this document.

Range that aligns with their RCPSC credentials (or equivalent) will be placed in the practice category aligning with the Physician Services the physician is privileged and engaged to provide under a Service Contract or Salary Agreement.

3.2.1 Such physicians will receive AC increases that are applied to the practice category aligning to the Physician Services the physician is privileged and engaged to provide under a Service Contract or Salary Agreement.

3.3 An Agency and a physician may jointly apply for the physician to be placed at a higher point on the practice category on the basis of the physician's recognized, extensive experience in and contribution to the area of Physician Services for which the physician is privileged and engaged. Applications for exceptions outlining the facts and circumstances will be made to the AC for review. If the AC is unable to reach agreement on granting an exception, the application may be forwarded by either party to the Joint Agreement Administration Group ("JAAG") for further review. If the JAAG is unable to reach an agreement on granting the exception there are no further steps and the physician will not be granted the exception.

4.0 Placement of physicians in Critical Care and Critical Care (Pediatrics) at BCCH/BCWH

4.1 Physicians who hold the RCPSC (or equivalent) credential in Neonatal-Perinatal Medicine and who are privileged and engaged to provide critical care Physician Services in a neonatal ICU will be placed in the Critical Care or Critical Care (Pediatrics) at BCCH/BCWH (as applicable) practice category.

4.2 Physicians who have been privileged to practice and have practiced as a Critical Care Medicine Specialist in a regional referral centre in British Columbia prior to December 11, 2014 who do not hold the RCPSC (or equivalent) credentials in Critical Care Medicine but hold RCPSC credentials (or equivalent) in another RCPSC specialty or subspecialty will be eligible for placement within the Critical Care or Critical Care (Pediatrics) at BCCH/BCWH (as applicable) Range when engaged to provide critical care Physician Services without prejudice to the Government's position that physician privileges are not determinative of practice category placement for the purposes of compensation.

5.0 Placement of physicians in the Subspecialty Pediatrics and Subspecialty Internal Medicine practice categories.

5.1 APSA Schedules A and B include two generic subspecialty practice categories: "Subspecialty Pediatrics" and "Subspecialty Internal Medicine".

5.2 Subspecialty Pediatrics includes physicians privileged and engaged to provide subspecialty pediatric Physician Services in one of the following categories:

- 5.2.1** physicians who have RCPSC credential (or equivalent) in a pediatric subspecialty recognized by the RCPSC where no specific subspecialty practice category is otherwise applicable; or
- 5.2.2** physicians who have RCPSC credential (or equivalent) in pediatrics and RCPSC credential (or equivalent) in another specialty which the physician applies to the Physician Services they are privileged and engaged to provide to pediatric patients; or
- 5.2.3** physicians who have RCPSC credential (or equivalent) in pediatrics and provide subspecialty pediatric Physician Services in the Division of Biochemical Diseases at BC Children's Hospital, and:
 - 5.2.3.1** are captured by the Settlement Agreement with Respect to Matters set out in the Recommendations of Eric Harris Q.C. dated September 30, 2013; or
 - 5.2.3.2** possess additional metabolic specialized training and certification through an accredited program such as the Canadian College of Medical Geneticists, the American College of Medical Genetics and Genomics or a comparable European body.
- 5.2.4** physicians approved for addition to the Subspecialty Pediatrics category pursuant to the process outlined at section 6.0 below.
- 5.3** Subspecialty Internal Medicine includes physicians privileged and engaged to provide subspecialty internal medicine Physician Services in one of the following categories:
 - 5.3.1** physicians who have RCPSC credential (or equivalent) in an internal medicine subspecialty recognized by the RCPSC where no specific subspecialty practice category is otherwise applicable; or
 - 5.3.2** physicians who have RCPSC credential (or equivalent) in internal medicine and provide subspecialty Women's/Obstetrical Health services at BC Women's Hospital; or
 - 5.3.3** physicians approved for addition to the Subspecialty Internal Medicine category pursuant to the process outlined at section 6.0 below.
- 5.4** For clarity, and consistent with the an earlier agreement between the Government and the Doctors of BC, physicians who have been privileged and engaged to provide hematological oncology services or pediatric hematology/oncology services will be placed on the Hematology/Oncology practice category rather than the subspecialty internal medicine or subspecialty pediatrics practice categories.

6.0 Process for placement of physicians with additional training/competence in non-RCPSC recognized subspecialty areas of Pediatrics and Internal Medicine.

6.1 Physicians may be approved, either by agreement between the Government and Doctors of BC, or according to a ruling by an agreed upon adjudicator whose role will be limited to determining the application of the criteria listed in this section, to be added to the Subspecialty Pediatrics or Subspecialty Internal Medicine practice categories despite not falling within categories 5.2 or 5.3 above, if they satisfy the following criteria:

6.1.1 the physician is privileged and engaged to provide the subspecialty service for which approval is sought; and

6.1.2 the physician has RCPSC certification (or equivalent) in pediatrics (for those seeking subspecialty pediatrics) or internal medicine (for those seeking subspecialty internal medicine); and

6.1.3 either:

6.1.3.1 the physician can demonstrate that he/she is a certificant or fellow of another accredited Canadian credentialing body or comparable American or European credentialing body for a credential that applies to the Physician Services for which he/she is privileged and engaged to provide by the Agency; or

6.1.3.2 the physician has undertaken at least one year of additional fellowship training beyond the foundational specialty training that is recognized in the Health Authority credentialing process and is related to the Physician Services that he/she is privileged and engaged by the Agency to provide.

6.1.4 Where a physician does not meet the above criteria, the Agency and physician may jointly apply for the physician to be placed in the Subspecialty Pediatrics or Subspecialty Internal Medicine practice category on the basis of the physician's recognized, extensive experience in and contribution to the area of Physician Services for which the physician is privileged and engaged. Applications for exceptions outlining the facts and circumstances will be made to the AC for review. If the AC is unable to reach agreement on the granting an exception, the application may be forwarded by either party to the JAAG for further review. If the JAAG is unable to reach an agreement on the granting the exception there are no further steps and the physician will not be granted the exception.

7.0 Subspecialty Orthopedic Surgery

7.1 The Subspecialty Orthopedic Surgery practice category will be replaced by “Orthopedic Surgery (Enhanced Scope)” which will be available to physicians who meet the following requirements:

7.1.1 RCPSC credentials (or equivalent) for Orthopedics; and

7.1.2 a minimum of one year of additional fellowship training above and beyond what is expected of a general orthopedic surgeon that is recognized by the Agency in credentialing and privileging the physician; and

7.1.3 privileged and engaged by the Agency to provide specific focused orthopedic services in the following categories at provincial referral center hospitals (VGH, BCCH, BCCA, SPH and RCH) in the Province: Spine, Trauma, Pediatric, Reconstructive, orthopedic oncology or Hand and Foot at St. Paul’s Hospital; and

7.1.4 has a clinical appointment with UBC.

8.0 Foreign-Trained Physicians

8.1 Sections 2.0 to 7.0 above will apply to foreign trained physicians who meet the criteria set out in this section 8.0 and therefore hold “equivalent” credentials. A foreign trained physician will not be moved to a lower Range if the physician obtains RCPSC credentials for a practice category with a Range valued below the level of the physician’s current Range but then continues practicing in the area where he/she has equivalent credentials after obtaining those RCPSC credentials.

8.2 Where a physician has not successfully completed an RCPSC-accredited specialty or sub-specialty program and is not recognized as a specialist or sub-specialist by the RCPSC, but where a Health Authority believes the physician has successfully obtained added specialty or sub-specialty competence, the physicians will be placed on the practice category aligning to the specialty or sub-specialty roles, as applicable, when the following criteria have been met:

8.2.1 If a physician is providing professional services in a practice area that is recognized in Canada as Specialty or Sub-specialty practice area (refer to categories recognized by the Royal College of Physicians and Surgeons of Canada); and

8.2.2 The physician’s license and registration by the College of Physicians and Surgeons of British Columbia is consistent with the physician practicing in that Specialty or Sub- Specialty area; and

8.2.3 The physician has completed a relevant Specialty – Sub-specialty fellowship program or formal training program recognized by an accrediting body acceptable to the College of Physicians and Surgeons of British Columbia and to the Agency; and

8.2.4 The physician is granted privileges by an Agency to practice in that Specialist – Sub-specialist area and is employed/contracted by that same Agency to perform services in that same Specialist – Sub-Specialist practice area.

9.0 Nuclear Medicine

9.1 A Nuclear Medicine Practice Category is established effective April 1, 2011, with the same value as Radiation Oncology until March 31, 2016. The cost of the rate adjustment (including any retroactivity) resulting from this provision will be funded through Residual Funds. For clarity, associated costs including benefits adjustments or the application of general increases are not funded through Residual Funds.

10.0 Pediatric Radiology

10.1 Effective April 1, 2017, any physician privileged and engaged to provide pediatric radiology Physician Services at BCCH will be placed in the Pediatric Radiology practice category regardless of whether they have the aligned RCPSC credential (or equivalent) until April 1, 2022 (or a later date if mutually agreed between the Government and the Doctors of BC), after which placement of any newly engaged physician within the Pediatric Radiology practice category will be subject to the PMA and, where applicable, sections 2.0 and 3.0 of this Consensus Decision.

11.0 Prospective and Retroactive Application

11.1 The rules described at section 2.0 will be effective from April 1, 2011.

11.2 The rules described at sections 3.0, 4.0, 5.2.1, 5.2.5, 5.2.3.2, 5.3.1, 5.3.2, 6.0, 7.0 and 8.0 will be effective only prospectively from October 20, 2017.

12.0 Other Enhanced Scope Practice Categories

12.1 Nothing in this Consensus Decision prevents additional “Enhanced Scope” practice categories being established by agreement between the Government and the Doctors of BC.

13.0 Affected Physicians

13.1 Without prejudice to the positions of the Government and the Doctors of BC, all physicians affected by this Consensus Decision prior to October 20, 2017 will be placed on the practice category aligning with the Physician Services that they are privileged and

engaged to provide under their Service Contract or Salary Agreement for the duration of their tenure to provide substantially similar Physician Services with their Agency.

13.2 For the purpose of retroactive application of section 13.1 above, affected physicians will be paid the higher of the Rate they received during the relevant period or the Rate at the bottom of the practice category aligning with the Physician Services that they were privileged and engaged to provide, plus applicable compensation increases pursuant to the PMA and the application of the APC and AC Consensus Decisions for each year. For clarity, physicians will not be entitled to payment for retroactive claims for foregone range placement increases.

13.3 The Government and the Doctors of BC will agree and sign off on a comprehensive list of physicians covered by section 13.1 prior to executing this Consensus Decision. If within six (6) months of the execution of this Consensus Decision, it is determined that a physician covered by section 13.1 was excluded from the comprehensive list of physicians referenced herein due to inadvertent error or omission, the Government and Doctors of BC agree that such physicians will be treated as if they had been placed on the list.

13.4 All other specialist physicians employed under a Salary Agreement or engaged through a Service Contract as of October 20, 2017 will, for the balance of their tenure with their Agency to provide substantially similar Physician Services, receive the applicable compensation increases negotiated pursuant to the PMA for their current practice category, regardless of whether their credentials are aligned with that practice category.

This Consensus Decision made by the APC and AC on the 2nd day of November, 2021

For the Government:



Print Name:

Joni Magil

For the Doctors of BC:



Print Name:

Dr Sanjay Khandelwal

Updated Reconciliation of MOU Schedule A

	TYPE	MOU	DESCRIPTION	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Accumulated Provisions & Expenditures	Flow Forward
A			Under / Over Expenditures After Lab Medicine Adjustments	174,162	349,888	205,247	-	-	(521,896)	8,349	215,750	
1	2016/17 Final Reconciliation	N/A	2016/17 Part B Detailed Costing & Adjustments							8,469,755	8,469,755	
2			Actual Cost							8,509,825	8,509,825	
B = 1 - 2			Adjustment to 2016/17 Net available funding							(40,070)	(40,070)	-
1	GP Defined Scope A	(Part B)	GP Defined Scope A Disagreement (Estimate)	182,654	318,129	407,452	612,484	612,484	612,484	612,484	3,358,171	
2			Actual Cost	138,101	289,554	388,966	584,336	584,336	589,294	588,906	3,163,494	
C = 1 - 2			Under / (Over) Expenditures	44,553	28,575	18,486	28,148	28,148	23,190	23,578	194,677	23,578
1	Paediatric Radiology	(Part B)	Paediatric Radiology (Estimate)	-	-	117,875	235,759	235,759	235,759	235,759	1,060,911	
2			Actual Cost	-	-	124,282	247,020	247,020	247,020	247,020	1,112,364	
D = 1 - 2			Under / (Over) Expenditures	-	-	(6,407)	(11,261)	(11,261)	(11,261)	(11,261)	(51,453)	(11,261)
1	Holdback Errors and Omissions	(Part C & Add'l Reserves)	Set Aside	-	-	120,490	120,490	120,490	120,490	120,490	602,450	
2			Payments	-	-	10,366	51,600	46,901	46,890	46,890	202,648	
E = 1 - 2			Under / (Over) Expenditures	-	-	110,124	68,890	73,589	73,600	73,600	399,802	73,600
1	On Hold	(Part B)	Govt to withhold funds pending resolution of practice category dispute	-	-	32,900	138,963	138,963	138,963	138,963	588,752	
2			Govt to withhold funds pending resolution of eligibility requirements	-	-	311	311	311	311	311	1,555	
F = 1 - 2			PMA Dispute Funds Set Aside	-	-	33,211	139,274	139,274	139,274	139,274	590,307	139,274
G	Reserve Funds	(Part D)	APC to reserve funds pending resolution of practice category disputes	-	28,197	30,546	37,703	37,703	37,703	37,703	209,555	37,703
H = A + B + C + D + E + F + G			Reconciled PMA Available Funds	218,715	406,660	391,208	262,753	267,452	(259,391)	231,172	1,518,568	262,893

Notes

- 1) 2016/17 balance based on early estimates; corrected to actuals based on agreed residual allocation process and decision not to carry forward over expenditure
- 2) Dispute provisions originally offset to identify/agree unapplied PMA funds, now added back to the MOU totals to demonstrate available balance
- 3) PMA Available Funds are the reconciled one-time balances remaining to discharge settlement agreements; the Flow Forward column identifies net funding that carries forward into future years to address associated on-going costs