

doctors
of bc



2022
REPORT TO
MEMBERS

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REPORT OF THE CEO

ANTHONY KNIGHT, MBA

I am pleased to be writing to you as the new CEO of Doctors of BC. Since starting in the position in January, I have been impressed by your tremendous dedication to your patients and communities and your passion in advocating for a better health care system.

This Report to Members summarizes much of the great work done by Doctors of BC in the last year. There continue to be many challenges before us, but we have made real progress on a number of key fronts with the ratification of the Physician Master Agreement, the announcement of a new payment model

to support longitudinal family physicians, and our ongoing work on behalf of specialists.

I want to thank the staff of Doctors of BC for their excellent work to deliver on the priorities and direction set by our Board, our physician leaders throughout the organization who give your time to make a real difference, and to all of our members. We will continue to listen, to hear you, and to advocate for you so that patients get the quality care they need and deserve.

A TIMELINE OF THE YEAR 2022 As a way to visualize the association's ongoing accomplishments and initiatives through the year, we are running a timeline along the bottom of many of the pages of the report. Most items link to more information, as indicated by the curved arrow.

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RELEASE

The Future of Primary Care: Doctors of BC Member Engagement 2022 Member Feedback Report ➔

OCTOBER

31

ANNOUNCEMENT

PMA approved ➔

NOVEMBER

1

ENGAGEMENT

What We Heard—Interoperability of digital technology ➔



REPORT OF THE PRESIDENT

RAMNEEK DOSANJH, MD

I would like to express my immense gratitude to all of you, our BC doctors, for your concerted effort in making this past year possible. I am grateful for the opportunity I had to serve you, and I appreciatively acknowledge being the first South Asian female president to lead our organization—representation does matter.

There are several accomplishments from this past year that I am very proud to have been a part of—accomplishments that couldn't have happened without the hard work, determination, and sense of wanting to do the right thing from a great number of people.

The new payment model developed to save family medicine, precipitated by the unique meeting your leadership team held with Premier John Horgan and his team, is a key accomplishment. That meeting was instrumental in creating a seismic shift not only in the way family doctors are compensated, but also in the way we work. And the behind-the-scenes work of staff from Doctors of BC and BC Family Doctors to get the model up and running in just a few short months was nothing short of spectacular.

The Physician Master Agreement (PMA) was ratified by the largest voter turnout ever—which is truly inspiring. And even though we may have differing views, we are united in our fundamental desire to make positive change in our health care system. I am particularly pleased that the PMA includes a gender-based fee review, as does the Memorandum of Understanding on cultural safety and humility. It's a great start to correcting inequities.

Our work with government to address specialist concerns began in earnest last year and will continue through this year. I am very optimistic for what this year will bring for our specialist colleagues.

I leave my term with some wonderful memories of our commitment to truth and reconciliation through our partnership in cultural safety and humility: the beautiful, monumental masterpiece created by Indigenous artist Rain Pierre, the sharing of truth and recognition of Indigenous leadership, and the honour of being blanketed by the Coast Salish people as part of our commitment. This was one of the greatest privileges of my life.

I am also proud to have helped create the first intersectoral allyship with the Health and Justice Alliance—an ingenious collaboration to transform the family justice system and make it better for those going through the system.

Thank you for the honour of serving as your president. “The Power of Us” stood true to my hope for our profession.



REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS

ADAM THOMPSON, MD

As we bring 2022 to a close, I first want to thank the Board of Directors for their commitment to you, our members, and for their dogged desire to move our organization forward to ensure we're addressing your needs.

It has been a year of significant transition for Doctors of BC. With a change in chief executive officer, our heartfelt thanks must be extended to Mr Jim Aikman, who stepped in as interim CEO for 2022. Some of our work in 2022 was to bring physician leadership closer together and in doing so modernize our culture to drive forward the change we all seek. Mr Aikman's longevity in the organization, alongside his own personal values, helped to drive this modernization.

"Coming together is a beginning, staying together is progress, and working together is success." —Henry Ford (attributed)

The Board led a deep and extensive search for a new CEO. We are delighted to have appointed Mr Anthony Knight, who brings not only a solid foundation of experience in health care and provincial and territorial medical associations, but also the values we desire to continue our culture of collaborative working. We are all excited to work alongside Mr Knight as we deliver a revitalized Doctors of BC, partly through a refreshed strategic framework, which the Board will develop in 2023.

The key priorities of the Board in 2022 included:

- Physician Master Agreement (PMA)—We are proud to have delivered a PMA voted on by you, our members, with overwhelming support. It is

worth noting that confirmation of the PMA was evenly spread between specialists and family physicians.

- Specialist advocacy—Working alongside and supporting the Consultant Specialists of BC, we have developed a path forward for dialogue with the government to address specialist concerns. There will be much more to tell you about this throughout 2023.
- Equity, diversity, and inclusion—The Diversity and Inclusion Advisory Working Group has been refreshed and is now a standing committee called the Inclusion, Diversity, and Equity Advisory Committee, which advises the Board. This solidifies in governance our enduring commitment to equity, diversity, and inclusion.
- Oversight and in-camera meetings—Alongside the leadership of the Representative Assembly and the Governance Committee, we have delivered clarity on the role of our internal bodies to ensure oversight and in-camera are effective and precise.
- Primary care compensation—To ensure that the development of the longitudinal family physician payment model is aligned with our broader organizational strategic objectives, the Doctors of BC Board of Directors had oversight of the physicians' activity in the group.
- Business Pathways—We continue to build our Business Pathways team to better support you in maintaining business autonomy.

Finally, your Board extends our thanks to you, our members, for your commitment to your patients and to each other.



REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

ERIC CADESKY, MDCM, CCFP, FCFP

The Representative Assembly (RA) provides a forum for members to discuss issues of importance to the profession and to provide guidance to the Board. It also serves as a place where members can network and learn from one another while increasing their leadership skills and their knowledge about Doctors of BC and the health care system we work in.

The RA's membership reflects the diversity of the profession, with members coming from every Section of practice, each geographical region, and other organizations, such as the UBC Medical Undergraduate Society, Resident Doctors of BC, the Canadian Medical Association, BC Family Doctors, and the Consultant Specialists of BC. After only virtual meetings at the start of the pandemic, the RA met virtually once and in person twice this year. Major topics of discussion included the primary care crisis, specialist engagement, physician health and safety, physician burdens, and regional advocacy. At each meeting, RA members had opportunities to be updated and ask questions of the CEO, president, and Board chair. RA education sessions continued with presentations from Dr Brian Gregory (Tariff Committee chair), Dr Jiwei Li (Shared Care Committee chair), and Dr Robert Halpenny (Medical Services Commission chair). The last part of each meeting was protected for open microphone sessions, where RA members raised many important issues.

The RA also considered the application of several groups seeking to form new Sections; feedback from RA members is guiding work to update this process. The RA continues to evolve within Doctors of BC's still relatively new governance structure, and we are looking at the potential for hybrid meetings that would enable the choice of in-person or virtual attendance.

I want to express my gratitude to the Doctors of BC staff, especially Clare O'Callaghan and Melanie Escaravage, who skilfully support our meetings, an especially difficult task with more than 100 people participating. I also wish to thank Dr Shelley Ross, who serves an important role as deputy speaker and helps with the planning and running of RA meetings.

Thank you as well to RA members, who have been so giving of their time to attend meetings and participate in conversations that are important and often challenging. Participating in the RA also takes us away from personal and professional duties, so I want to thank our families and colleagues who support us to do this work.

I look forward to continuing to work and serve together in 2023.

ADVANCING INDIGENOUS CULTURAL SAFETY AND HUMILITY

Advancing Indigenous cultural safety in health care was an important focus for Doctors of BC in 2022. New and existing partnerships between the Joint Collaborative Committees (JCCs) and Indigenous communities throughout the province were formed and strengthened over the year to support dialogue on transforming the health care system to better meet the needs of Indigenous people.

In June, the Family Practice Services Committee hosted a province-wide virtual knowledge exchange on [Indigenous cultural safety and humility in primary care](#), focusing on colonization, Indigenous Peoples' history, and approaches to understanding systemic racism and trauma-informed practice.

The [JCC's Truth and Reconciliation ceremony](#) was held in September, providing a venue for physicians and health care partners to explore the history, protocols, and customs of Indigenous Peoples in BC. The event also saw the launch of an art print designed by BC Indigenous artist s̓táməx̓ Rain Pierre, in collaboration with family and specialist physicians. The print will be displayed in physicians' offices, with the goal of building trust and inviting conversations about cultural safety in health care. Physicians can order a copy of the print to display in their offices by completing an [online form](#).

Other Indigenous cultural safety learning opportunities hosted in 2022 included [a webinar series](#) on Indigenous cultural safety, a [DocTalks vodcast](#) on cultural safety, humility, and truth and reconciliation in health care, and [First Nations community and longhouse experiential](#)



BC Indigenous artist s̓táməx̓ Rain Pierre with the artwork he created in collaboration with family and specialist physicians, at the launch of the art print in September 2022.

[learning sessions](#) hosted in local First Nations communities. As well, the Compassionate Leadership Program, created in partnership with the JCCs and Indigenous leaders Team Atleo, was made available to physicians, health care teams, and other health care partners in the province.

To learn more about Doctors of BC's commitment to advancing Indigenous cultural safety through JCC partnerships, read the [JCC column](#) in the November 2022 issue of the *BC Medical Journal*.

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ANNUAL REPORTS OF DOCTORS OF BC COMMITTEES AND COUNCILS

ALLOCATION SUPPORT COMMITTEE

The Allocation Support Committee (ASC) was established by the Board to provide ongoing support in the two-stage allocation process approved by the membership in 2010. The ASC's terms of reference include a responsibility to determine an appropriate full-time equivalent model for stage 1 of the process and to provide data for stage 2.

As the newly ratified Physician Master Agreement did not require the stage 1 calculations and the ASC completed the full-time equivalent model review and calculations in September 2021, there was no requirement for the ASC to meet in 2022.

Although the ASC did not meet, I would like to thank all the committee members for their previous diligence and useful input and Doctors of BC staff for helping guide the committee and providing support.

Christopher Bellamy, MD, *Chair*

ALTERNATIVE PAYMENT PHYSICIANS ISSUES COMMITTEE

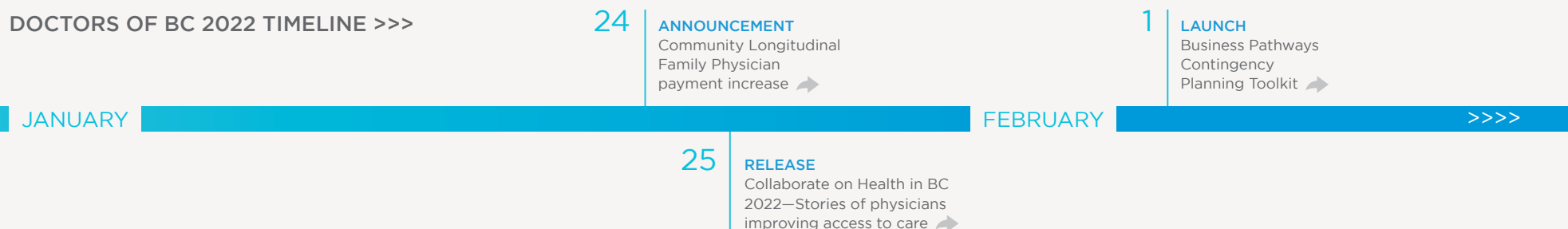
The Alternative Payment Physicians Issues Committee (APPIC) is a standing committee of the Doctors of BC Board that engages with alternative payment physicians and advises on issues affecting physicians who receive a portion of their remuneration through salaries, service contracts, and/or sessions.

A key area of the APPIC's focus over the last year was to support Doctors of BC in negotiations for the 2022 Physician Master Agreement (PMA). Among other matters, the APPIC prioritized improving the provisions of the PMA that address workload growth and after-hours services recognition, which were addressed in the 2022 PMA.

The APPIC also provided Doctors of BC with input on issues expected to arise with the integration of associate physicians, a new category of College of Physicians and Surgeons of BC registrant, who are set to enter the workforce in 2023. The APPIC expects to continue to be a resource for Doctors of BC to ensure that the interests of alternatively paid physicians are not undermined by the integration of associate physicians.

The APPIC began preparations in late 2022 to support the Allocation Support Committee, which is responsible for allocating \$30 million from the 2022 PMA to adjust the payment ranges for service contracts and salaried physicians to address disparities between the practice categories and rising business

DOCTORS OF BC 2022 TIMELINE >>>



costs. The APPIC expects to seek input from the membership and Sections on priorities for adjustments to the payment ranges in the spring of 2023.

Gaurav Bahl, MD, *Chair*

AUDIT AND FINANCE COMMITTEE

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

The committee met four times over the year and fulfilled its duties and responsibilities by:

- Reviewing and recommending approval of the budget to the Board of Directors.
- Reviewing the monthly financial reports and monitoring the expenditures of various committees and projects.
- Reviewing and recommending approval of unbudgeted initiatives and funding requests to the Board of Directors.
- Reviewing and recommending changes to the honoraria policy and rates.
- Supervising Doctors of BC’s annual audit conducted by KPMG LLP. The committee normally meets twice a year with the auditors, first to review and approve the audit planning document, then to receive the audited financial statements, review recommendations from the auditors, and discuss any changes to accounting practices that may affect Doctors of BC.
- Reviewing and recommending approval of Doctors of BC’s annual financial statements and report to the Board of Directors.
- Evaluating and recommending the association’s auditors at the annual general meeting.

- Recommending the annual membership dues increase to the Representative Assembly, if applicable. It was determined there would not be a dues increase for 2023 while the new Physician Master Agreement was being finalized.
- Monitoring investments to ensure proper return while minimizing risks.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects.
- Assessing the value of Doctors of BC’s real property and overseeing the management of the building at 1665 West Broadway in Vancouver.
- Ensuring governance is in place for the financial management of all funding and ensuring the funds are segregated and accounted for in compliance with financial best practices.
- Overseeing compliance with government regulations.

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

Michael Curry, MD, *Chair*

AUDIT AND INSPECTION COMMITTEE

The Audit and Inspection Committee (AIC) is responsible for the physician audit functions of the Medical Services Commission. The AIC reports to the Medical Services Commission.

The AIC considers all proposed audits of physicians’ services and billing practices, approves which audits may proceed, reviews all resulting audit reports, and recommends actions from those reports related to the recovery of funds and/or other matters to the Medical Services Commission.

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ANNOUNCEMENT
New risk assessment fee for family doctors providing prenatal care ➡

FEBRUARY

17

EVENT
CaRMs Resident Interview Preparation Sessions ➡

MARCH

1

CAMPAIGN
Doctors of BC Stories ➡

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

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

Brian Gregory, MD, *Physician Representative*, nominated by Doctors of BC

BC MEDICAL JOURNAL (BCMJ)

I am pleased to be writing my first annual report to you as the incoming editor of the BCMJ. In fall 2022, Dr David Richardson retired from the role, which he'd held for 14 years, and we were all sad to see him go. Dave, if you're reading this, step away from the computer and get back to training for the Knee Knacker! We were very pleased to welcome a new board member, Dr Terri Aldred, whose expertise and experience have been a valuable addition.

Throughout 2022, the BCMJ Editorial Board continued to meet monthly via Zoom, and we published the usual 10 issues. Moving into 2023, we will aim to have two to three of our meetings in person (pandemic permitting). In keeping with the results of the members survey, the BCMJ remains a print and online publication. In 2023, we will be moving some features online only, such as the News section and a reduced Classifieds section, and shrinking the size of the BCMJ print edition to reduce costs and our carbon footprint.

I am grateful for all of the BCMJ team members, and I thank them for their collegiality and continued contributions to the publication. Thanks also to all of the authors who took the time to produce articles in the pursuit of sharing information and improving the field of medicine. It is a pleasure to participate

in our meetings and to learn from my peers and our authors as we review manuscripts. Finally, I would like to recognize the hard work of our editorial team, Ms Tara Lyon and Ms Joanne Jablkowski, led by Mr Jay Draper, who work diligently behind the scenes each month to keep the journal running.

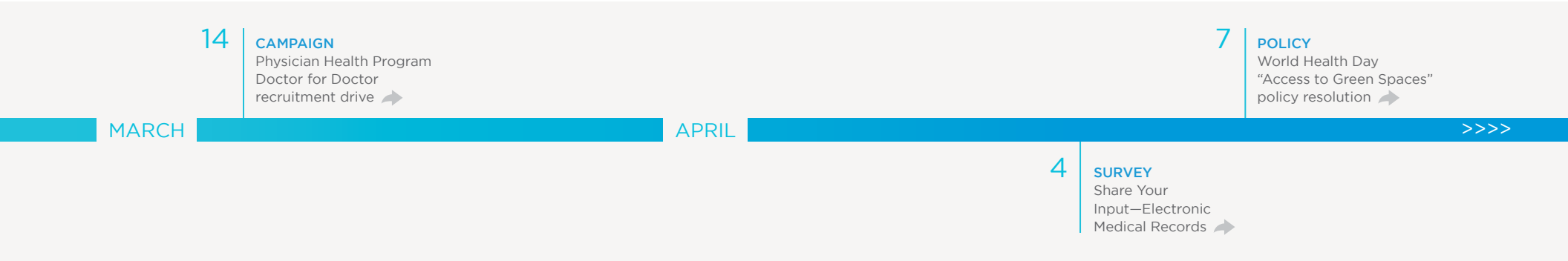
The BCMJ is a unique publication because it is the only provincial medical journal in Canada. As the official publication of Doctors of BC, our aim is to strengthen the ideal of unity and organization among members of the profession. We are honoured to do the work that we do. I encourage all members of Doctors of BC to continue sending us your letters and manuscripts. We have also recently added two new article types. BC Stories will include nonmedical stories and adventures submitted by doctors from around BC, and Clinical Images will be photos accompanied by a brief description or vignette.

Caitlin Dunne, MD, *Editor*

BC ROAD SAFETY STRATEGY STEERING COMMITTEE

The BC Road Safety Strategy Steering Committee was formed to identify opportunities to increase road safety through a collaborative, sector-wide approach. The steering committee reports to the Minister of Public Safety and Solicitor General; its mandate is to champion Vision Zero—eliminating deaths and severe injuries due to traffic crashes.

Speeding while driving continues to be a widespread and dangerous road problem. Various partners and agencies have been collaborating to implement initiatives to reduce speeding and bring down the number of crashes causing injury or death. However, despite these efforts, drivers still view speeding as normal behaviour.



In May 2021, the committee launched *BC Road Safety Strategy 2025: A Collaborative Framework for Road Safety*. The three pillars of this strategy are:

- Working collaboratively for future road safety.
- Designing tools to make our roads safer.
- Continuing to inspire British Columbians to make safe road choices.

The strategy is a part of Vision Zero, a worldwide initiative highlighting effective interventions for vehicle crashes, including police enforcement, automated enforcement, speed limits, 30 km/h zones, dynamic speed display signs, and speed humps. The speeding interventions that hold the most promise include targeting the driver, the roadway, and the vehicle itself through education, enforcement, and engineering of both roads and vehicles.

In early 2022, the steering committee's previous Doctors of BC representative, Dr Chris Stewart-Patterson, stepped down from his role. We thank him for his important contributions to the committee. After joining the steering committee in April 2022, I participated in three multidisciplinary meetings highlighting Vision Zero and its implementation in BC. We received updates on and provided input into RoadSafetyBC's Vision Zero grant funding program. The steering committee also received an update from the Insurance Corporation of BC on its speed behaviour survey, which asked British Columbians about their attitudes and behaviours pertaining to speeding while driving.

In 2023, the steering committee will continue to provide input into *BC Road Safety Strategy 2025* and receive updates from stakeholders on initiatives pertaining to road safety. I will continue to provide my perspective as a physician and representative of Doctors of BC to ensure the work of the steering committee is well informed from a medical perspective and aligns with Doctors of BC's strategic goals.

Shanta Chakrabarti, MD, FRCPC, *Doctors of BC representative*.

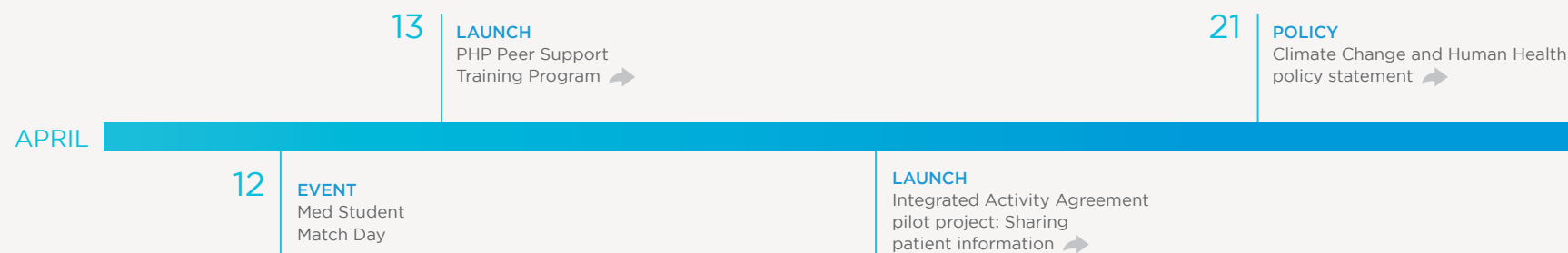
COUNCIL ON HEALTH ECONOMICS AND POLICY

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

The CHEP has had a very productive year, including the completion of several substantial policy papers, two of which involved multiple rounds of member engagement. In 2022, the Board approved the following:

- *Creating Space for Doctors to Be Doctors: A Cumulative Impact Lens on Physician Demands*, a policy paper relating to nonclinical burdens that disrupt the ability of physicians to provide direct patient care and a practical tool that can lead to solutions.
- *Addressing Challenges to Surgical Care*, a policy statement on surgical care, calls for improvements in the engagement of physicians and others involved in surgical care to create lasting solutions to improve access and shorten wait times.
- *Gender Equity in the Medical Profession*, a policy statement on gender equity in medicine, highlights inequities that trainees and practising physicians experience, as well as ways Doctors of BC and our partners can measure and address them.

The principles of some of these policy papers and statements have already seen implementation in the negotiation of the Physician Master Agreement, new funding models for family physicians, and relationships with external stakeholders like WorkSafeBC, and will continue to inform the internal operations of Doctors of BC.



The CHEP also provided rapid feedback on two new College of Physicians and Surgeons of BC practice standards, one related to obtaining consent for health care treatment and the other on managing and communicating test results, and we continue to seek opportunities for input into the proposed new medical school at Simon Fraser University. Over the next year, the CHEP will be updating the Scope of Practice for Allied Health Professionals Policy Statement and the Digital Health Policies.

I thank our committee members for their enthusiasm, valuable insights, and critical perspectives. The CHEP would like to express gratitude to the hard-working and astute Doctors of BC staff who have enabled our committee astronomically, without whom the CHEP's recent work could not have been as notable as it is. With their help, we have achieved:

- An unprecedented level of member input through the engagement process.
- Policy so timely, useful, and well-developed that internal teams and outside organizations are clamouring for it.

Jessica Otte, MD, *Chair*

COUNCIL ON HEALTH PROMOTION

The Council on Health Promotion (COHP) directs the policy activities of Doctors of BC related to health promotion and illness/injury prevention by harnessing the expertise within our medical profession on topics related to community health, health promotion, and quality of health care. COHP members also write *BCMJ* opinion articles each year on the subject of health promotion.

In 2022, the COHP prioritized three broad health promotion areas: mental health and substance use, child and youth health, and environmental health/emergency and public safety. Here is an update on the COHP's 2022 activities:

- We created a working group to update the COHP's 2009 policy paper *Stepping Forward: Improving Addiction Care in BC*. We recognize the

need for a comprehensive health system approach to address harm from substance use, including the need for prevention, and the role of primary care and specialized substance use services. Mental illness, neurological diseases, substance use disorders, and self-harm are by far the largest relative cause of disability-adjusted life years of all noncommunicable disease groups in Canada. Work continues on updating the policy paper.

- The COHP is preparing a policy statement on a comprehensive approach to addressing mental health and mental illness, recognizing the window for prevention in childhood and the intersection of mental illness and substance use. The health of children and youth in BC had reached a crisis level even before the pandemic, which contributed to further worsening, leading to the publication of the *BCMJ* columns "BC youth are in a mental health crisis—we must invest in prevention" and "It's time to catch up on routine immunizations."
- The environmental health/emergency and public safety priority resulted in the *BCMJ* article "The impacts of flooding on health." The COHP also plans to update its existing disaster preparedness policy paper.

Across all priorities, we acknowledge the need to address health inequities, provide culturally appropriate care, and decolonize health services, as discussed in another *BCMJ* article, "Culturally effective care to improve racialized health inequities." The need to address muscle loss in the elderly was highlighted in the *BCMJ* article "Sarcopenia in older adults: Use it or lose it."

We thank our new and ongoing members and the Doctors of BC staff, who have enabled this work. We also thank members who left the committee after making extraordinary contributions, including Dr Naomi Dove, who led the creation of the policy statement on addressing the illicit drugs overdose and toxicity crisis, and Dr Shirley Sze, who won a Doctors of BC Silver Medal of Service.

The COHP is thankful to all the physicians who promote health in their daily work and those who participate in the annual Walk with Your Doc.

Veronic Clair, MD, *Chair*

5 | **LAUNCH**
Business Pathways HR Toolkit ➔

18 | **EVENT**
Health and Justice
Alliance sessions—working
together for families ➔

18 | **EVENT**
DocTalks Podcast, "Physical
and online violence—how to
protect yourself" ➔

MAY

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DOCTORS OF BC – INSURANCE CORPORATION OF BC
LIAISON WORKING GROUP

The purpose of the ICBC Liaison Working Group is to serve as the primary means of communication and collaboration between Doctors of BC and the Insurance Corporation of BC (ICBC). In accordance with the terms of reference, the objectives of the group are to identify and address concerns for physicians treating patients injured in motor vehicle accidents, establish long-term strategies, and explore opportunities to decrease administrative burdens. Thus far, we have succeeded in our work with ICBC to seek appropriate payment for physician services and improve clinical efficiencies with ICBC patients.

In 2022, the group focused on analyzing and identifying gaps from the newly implemented enhanced care model by reviewing the data on report utilization of family physicians since 2019. We engaged with a focus group of family physicians for improvements on current report templates and created a physician-specific resource on consent and a patient care handout outlining elements of ICBC’s new model of care. Both resources are available on our website and on Pathways. Additionally, we collaboratively designed an implementation plan for a new specialist services report template and business rules.

For 2023, Doctors of BC will work with ICBC to implement the new specialist services report. This work will include targeted communication, education, and training to support physicians and their offices in completing this new service. The report will take effect in early spring. Moreover, we are working to prioritize electronic medical record integration with new and updated report templates to maximize efficiencies.

The working group looks forward to continuing to serve physician members by improving workflow processes and managing the care and recovery of patients who have been injured in motor vehicle accidents. Members can find updates on this work on the Doctors of BC website.

Andrew Yu, MD, *Chair*

DOCTORS OF BC – WORKSAFEBC LIAISON COMMITTEE

The WorkSafeBC Liaison Committee’s mandate is to review issues and consult with physicians and appropriate Section groups to address challenges related to fees, administrative burdens, and processes needing to wait for the next round of negotiations. This mandate is outlined in the agreement between Doctors of BC and WorkSafeBC ratified in 2019.

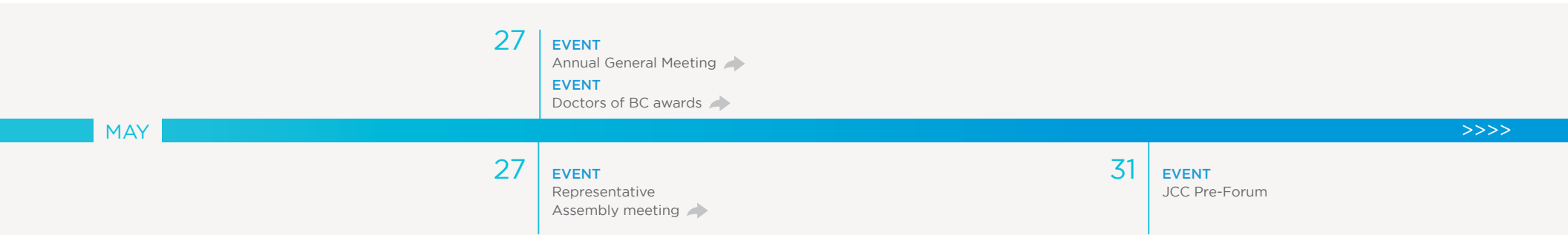
A key focus area for the committee this year was the ongoing implementation and monitoring of the 2019 agreement. In addition, the committee assisted in the preparations for negotiations for a new agreement that will begin in 2023.

Some of the initiatives tied to the 2019 agreement implementation include expedited surgical premium changes to electronic medical records, data report analysis and education, and the Physician’s Report (Form F8/F11) redesign.

For the first time, WorkSafeBC provided Doctors of BC with detailed quarterly data reports, including information on WorkSafeBC-unique fee codes that have been paid, rejected, and on hold. As a result, Doctors of BC and WorkSafeBC have worked collaboratively to produce educational billing materials to help address pain points identified in the data reports where physicians have had billing challenges and/or rejections.

Another substantial initiative this past year was the Physician’s Report (Form F8/F11) redesign. Over the last few months, Doctors of BC collaborated with WorkSafeBC to arrange interviews with physicians to discuss the redesign. These interviews helped provide insight and suggestions for potential changes to the existing forms. This includes easing the administrative burden of filling out the forms by better integrating them into electronic medical records. The committee also focused on providing recommendations on billing challenges and easing the administrative burden that comes with treating injured workers.

Finally, the committee focused on occupational health and safety. Doctors of BC and WorkSafeBC have worked together to revise the WorkSafeBC registration guide, which is now available to members. This will assist members



in understanding and navigating whether and how to register for WorkSafeBC to ensure they and their staff are protected in the event of a workplace injury or exposure. Webinars on WorkSafeBC policies and guides also took place over the last year. In the coming year, the committee expects to continue with its focus on preparing for another round of negotiations, which are expected to commence in early 2023.

I would like to thank the members and staff of the committee for their collaboration and participation. Any Doctors of BC members with concerns or questions related to WorkSafeBC are invited to contact Farnaz Ferdowsi, senior analyst, at fferdowsi@doctorsofbc.ca or 604 638-6059.

Elliott Weiss, MD, *Co-Chair*

FAMILY PRACTICE SERVICES COMMITTEE

The Family Practice Services Committee (FPSC) is a partnership between the BC government and Doctors of BC. Formerly the General Practice Services Committee, the committee changed its name after the new Physician Master Agreement was ratified in December 2022. The FPSC's vision is to support quality primary health care in BC, delivered by family doctors and practice teams working together in patient medical homes, at the heart of integrated primary care networks (PCNs).

This past year, the FPSC launched pilot initiatives to address burdens that family physicians identified in the summer 2022 engagement sessions:

- An after-hours coverage pilot to help patient medical homes meet practice standards from the College of Physicians and Surgeons of BC for longitudinal patient care coverage outside regular office hours.
- An urban locum coverage pilot, funded by the Ministry of Health with FPSC administrative support, to help family doctors secure much-needed practice coverage for up to 10 days per year.

The FPSC also announced major changes to support the future of longitudinal family medicine.

The Ministry of Health and Doctors of BC announced a new payment model that recognizes rising business costs along with time and patient complexity, offering a new option for family physicians providing longitudinal care. Doctors of BC and BC Family Doctors worked closely with the Ministry of Health to develop the new model. FPSC resources and supports are key for physicians transitioning to the new model.

- The BC government announced interim funding to stabilize family practices until the implementation of the new payment model. This included \$43 million from the FPSC for immediate support to physicians providing longitudinal care. FPSC funding came from advancing the FPSC's 2023 community longitudinal family physician payments, along with a one-time top-up.
- The FPSC began the process of leading a refresh of the PCN governance system where needed and is looking forward to continuing this work in 2023.

This past year, the FPSC continued funding and supporting the Divisions of Family Practice in supporting their members and working in partnership with the health authorities and other partners. Currently, there are 62 PCNs across the province, nine of which began implementation in 2022, and there are an additional 20 communities in the planning phase.

The FPSC extended in-patient bridge care funding for one year to March 2024 and expanded eligibility to 53 hospitals where family doctors provide a significant portion of in-patient care. Supporting maternity care, the FPSC provided \$1 million to help optimize and integrate maternity and newborn services in current and future PCN planning. The FPSC continued supporting longitudinal family practice through the Practice Support Program, various incentives, the Doctors Technology Office, and the Long-Term Care Initiative.

6

EVENT

DocTalks podcast,
"ACEs and high-conflict
separation and divorce" ➡

20

ENGAGEMENT

Have Your Say—
The Future of Primary Care
(20 June–15 July) ➡

JUNE

>>>>

9

EVENT

Virtual knowledge exchange on
Indigenous Cultural Safety and
Humility in Primary Care ➡

The FPSC completed transitioning the Practice Support Program from the regional health authorities into one centralized team at Doctors of BC.

After particularly challenging times, the future of family practice is hopeful. It has been a privilege to support physicians in their practices and communities through our work as the FPSC co-chairs.

S. Cooper, MD, Doctors of BC, T. Patterson, Ministry of Health, *Co-Chairs*

GOVERNANCE COMMITTEE

The Governance Committee is advisory to the Board of Directors. The Governance Committee is responsible for reviewing issues related to the governance of all aspects of Doctors of BC, including the Board of Directors, the Representative Assembly (RA), and the committees.

As we’re all aware, 2022 was a challenging year for our organization. The events and changes occurring within Doctors of BC at the end of 2021 highlighted the need for clarification of specific processes within and between the Board, the RA, and some of our committees. This aligned well with the Governance Committee’s ongoing review of the new governance structure adopted in 2017. The initial review of Doctors of BC committees was completed in 2020 and of the RA in 2021. The mandate for 2022 was to review the structure of the Board. As part of this review, a foundational action was to review and update the Code of Conduct to define clear processes that meet the needs of our organization and our members. This was completed and approved by the Board of Directors at their meeting on December 9, 2022. The revised Code of Conduct is notable for the addition of an ombudsperson as a resource in cases of conflict. The Governance Committee also developed principles for future Board review and recommendations related to onboarding and education for Board members.

The issue of term limits came before the Governance Committee several times. Term limits for committee members and chairs were implemented in 2021. The practical application proved disruptive for many of our committees. The original recommendations were reconsidered and revised. The new recommendations are that committee members be appointed for a maximum of two three-year terms. Should a committee member become chair at any time during their term, they may be granted an additional term for a total of no more than nine years on a committee.

Governance is a dynamic process, and the structures and functions of Doctors of BC will be evaluated and adapted on an ongoing basis. Appropriate governance practices help support your Board to in turn support the needs of our members and the communities we all serve.

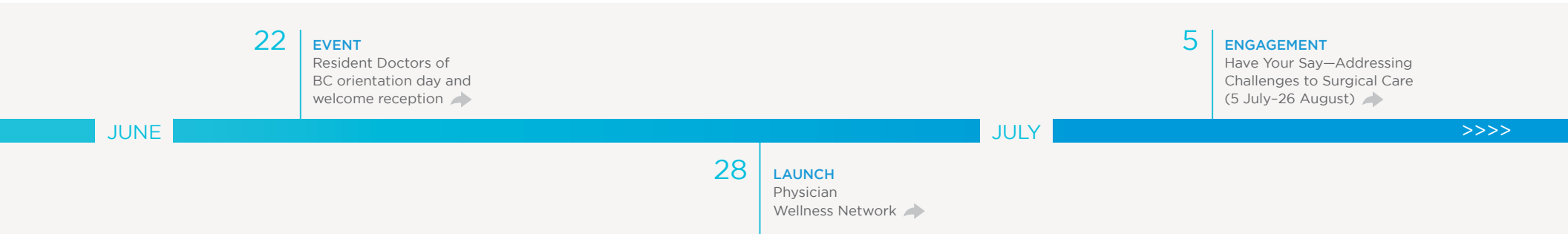
Trina Larsen Soles, MD, *Chair*

GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

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

The following BC Guidelines and Protocols were published in 2022:

- Follow-up of Colorectal Cancer and Precancerous Lesions (Polyps)
- Hormone Testing – Indications and Appropriate Use
- Managing Patients with Pain in Primary Care (Part 1)
- Managing Patients with Pain in Primary Care (Part 2)



- Screening for the Purposes of Colorectal Cancer Prevention and Detection in Asymptomatic Adults
- Suspected Lung Cancer in Primary Care (effective 2021; updated 2022)
- Testosterone Testing – Protocol

The following BC Guidelines were in various stages of development in 2022:

- Adverse Childhood Experiences and Trauma Informed Practice (external review phase)
- Asthma Diagnosis, Education and Management; previously Asthma in Adults and Asthma in Children (development phase)
- Atrial Fibrillation (external review phase)
- Heart Failure; previously Chronic Heart Failure (external review phase)
- Chronic Obstructive Pulmonary Disease (development phase)
- Cobalamin (Vitamin B12) and Folate Deficiency (final approval phase)
- Concussion/Mild Traumatic Brain Injury (development phase)
- Direct Acting Oral Anticoagulants (DOACs); previously Use of Novel Oral Anticoagulants (NOACs) in Atrial Fibrillation (final approval phase)
- High Risk Drinking and Alcohol Use Disorder (development phase)
- Infectious Diarrhea (final approval phase)
- Oral Anticoagulants: Elective Interruption and Emergency Reversal; previously Warfarin Therapy – Management During Invasive Procedures and Surgery (final approval phase)
- Osteoporosis (on hold pending national guideline publication)
- Stroke and Transient Ischemic Attack (development phase)
- Tobacco Use Disorder (development phase)
- Venous Thromboembolism (development phase)
- Warfarin; previously Warfarin Therapy Management (final approval phase)

STAKEHOLDER RELATIONS

- The GPAC continues to strengthen its relationship with the First Nations Health Authority and the Doctors of BC Patterns of Practice Committee, with Dr Kelsey Louie (First Nations Health Authority senior medical officer) and Dr Janet Evans (Patterns of Practice Committee chair) representing their respective organizations on the General Committee.
- The GPAC collaborated with the BC Cancer Family Practice Oncology Network on the development of the Suspected Lung Cancer in Primary Care guideline. The BC Cancer Colon Screening Program director was a working group member for guidelines related to screening and diagnosis of colorectal cancer.
- The GPAC increased patient partner involvement in guideline development by including patient representatives in the Tobacco Use Disorder working group and the High-Risk Drinking and Alcohol Use Disorder working group. The GPAC General Committee also recruited a patient representative as part of a six-month pilot project.

PROMOTIONAL ACTIVITIES AND ANALYTICS

- The goal of GPAC promotional activities is to increase awareness of and engagement with BC Guidelines throughout the guideline life cycle, including external review periods and publication. The team participated in nine promotional events, including the BC Rural Health Conference, the Nurse Practitioner Conference, and the Quality Forum.
- Three BC Guidelines e-newsletter editions were shared with 2,637 subscribers.
- The BC Guidelines website had nearly 370,000 visits in 2022. The three guidelines with the highest view counts were Iron Deficiency – Diagnosis and Management, Warfarin Therapy – Management During Invasive Procedures and Surgery, and Testosterone Testing – Protocol.

Julia Stewart, MD, Shana Ooms, *Co-Chairs*

11

ANNOUNCEMENT

Statement on federal transfer funds ➡

JULY

14

ENGAGEMENT

What We Heard—
The future of electronic
medical records ➡

AUGUST

5

POLICY

Doctors of BC submission to the
Select Standing Committee on
Health—The Toxic Drug Crisis ➡

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HEALTH INFORMATION STANDARDS STANDING COMMITTEE

The mandate of the Health Information Standards Standing Committee (HISSC) is to govern, promote, and oversee health information standards within the BC health sector. Its mission is to develop and support a single transparent source of sustainable health information standards with a governance framework that is founded on local, national, and international experience. Health information standards allow electronic health records and their derivatives to deliver a better health care experience and a high-performance health care system. As the province is refreshing its digital health strategy and associated governance structure in 2022, the Ministry of Health decided to dissolve the HISSC. Opportunities for member participation will be shared once a new structure for digital health governance is finalized.

INSURANCE COMMITTEE

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

In 2022, the committee met throughout the year to monitor the plans, ensuring they were financially sound, and conducted renewal negotiations with the various supplying insurance carriers and brokers. The committee advocated on behalf of individual members who contacted the committee for insurance assistance throughout the year.

SUMMARY OF PLANS

- Physicians’ Disability Insurance (premiums sponsored by the Medical Services Commission)
- Disability Income Insurance (supplemental to the Physicians’ Disability Insurance plan)
- Life Insurance (term life plan shared with the Alberta Medical Association and the Saskatchewan Medical Association)
- Professional Expense Insurance
- Critical Illness Insurance
- Accidental Death and Dismemberment Insurance
- Health Benefits Trust Fund (health and dental plans for physicians, families, and medical staff)
- Office Contents and Liability, Homeowners’, Directors and Officers, Personal Liability Umbrella Policy (brokered through Westland Insurance)
- MEDOC Travel Insurance (brokered through Johnson Inc.)
- Specialty Insurance (individual coverage sought by Doctors of BC insurance advisors to meet unique member needs)

INSURANCE ADVISORY SERVICES

BCMA Agencies Ltd., a wholly owned subsidiary of Doctors of BC, offers members access to complimentary insurance reviews and the planning services of licensed, noncommissioned insurance advisors. The goal of the advisors is to provide members with objective advice regarding their Doctors of BC and other third-party insurance programs This service continues to be extremely well received by members.



PREMIUMS

For the 2022 calendar year, total premiums of \$58 million were generated, broken down as follows:

- Physicians' Disability Insurance – 9,497 enrollees; \$20 million in premiums
- Disability Income Insurance – 4,985 enrollees; \$6.3 million in premiums
- Life Insurance – 7,438 enrollees; \$5.4 million in premiums
- Professional Expense Insurance – 1,308 enrollees; \$966,000 in premiums
- Accident Insurance – 1,584 enrollees; \$348,000 in premiums
- Health Benefits Trust Fund – 4,623 enrollees; \$16.5 million in premiums
- Critical Illness Insurance – 3,496 enrollees; \$2.1 million in premiums
- Office Contents and Liability/Homeowners' Insurance – \$11 million in premiums
- MEDOC Travel Insurance – \$1 million in premiums
- Specialty Insurance – \$266,000 in premiums

Bradley Fritz, MD, *Chair*

JOINT BENEFITS COMMITTEE

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

For 2021–2022, the Contributory Professional Retirement Savings Plan maintained its maximum basic and length-of-service benefits at \$5,000 and \$4,000, respectively. The claim process was streamlined, allowing benefits to be immediately claimed online, while a sample of physicians were selected to provide proof of contribution in the summer.

The maximum Continuing Medical Education Fund benefit for 2021–2022 remained at \$2,200 and is paid automatically to physicians who have been revalidated by the College of Physicians and Surgeons of BC.

The Parental Leave Program maximum benefit continued at \$1,000 per week for 17 weeks. The program allows physicians to claim a half benefit and/or to claim their benefit over a one-year period, to increase accessibility.

The Canadian Medical Protective Association rebate for 2021–2022 was allocated based on 2021 rates while establishing cross-group subsidies for only those high-risk work codes where increases will result in recruitment and retention issues.

The Physicians' Disability Insurance benefit has been maintained at \$6,100 per month maximum and provides a benefit to age 65 for members disabled at age 63 or before. For disabilities occurring after age 63, the maximum benefit period is two years; however, no benefit is payable beyond age 71. The increasing number of physicians and the claims experience of the plan have affected the performance, requiring additional funding to be allocated to maintain the benefit level.

The Quarantine Income Replacement benefit has been used by physicians during the pandemic. It compensates 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. Compensation is paid at a rate equal to the maximum benefit available under the Physicians' Disability Insurance benefit, for a period of up to two weeks.

16

EVENT

DocTalks vodcast, "An interview with Dr Bonnie Henry" ➡

24

ANNOUNCEMENT

Stabilization funding (\$18 M to cover four months before the new payment model was introduced/implemented) ➡

22

EVENT

UBC Med Student Orientation Day—Class of 2026 ➡

The table outlines benefit levels over recent years.

PROGRAM	2019-2020	2020-2021	2021-2022	COMMENTS
Contributory Professional Retirement Savings Plan	\$7,580	\$9,000	\$9,000	Benefit maximum
Continuing Medical Education Fund	\$1,900	\$2,200	\$2,200	Benefit maximum
Parental Leave Program	\$1,000/ week	\$1,000/ week	\$1,000/ week	Benefit maximum
Canadian Medical Protective Association	\$57.7 million	\$60.9 million	\$60.3 million	Program funding
Physicians' Disability Insurance	\$6,100/ month	\$6,100/ month	\$6,100/ month	Benefit maximum

Sanjay Khandelwal, MD, *Co-Chair*

JOINT STANDING COMMITTEE ON RURAL ISSUES

The Joint Standing Committee (JSC) on Rural Issues is a Joint Collaborative Committee (JCC) of Doctors of BC and the Ministry of Health, as recognized and supported through the Physician Master Agreement. The JSC is the trailblazer of the JCCs—the first of our collaborative tables, created in 2001. The JSC is responsible for the overall governance of the rural programs within the Rural Practice Subsidiary Agreement. The goal of the JSC is to enhance

the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique, demanding, and difficult circumstances physicians face in providing those services.

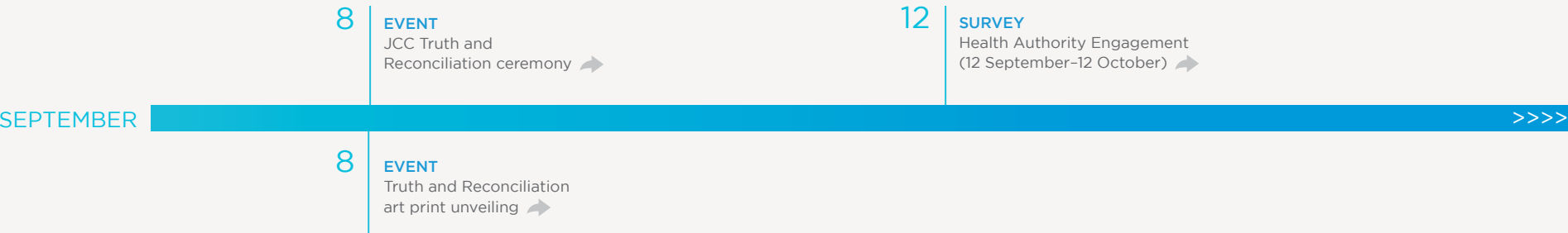
The continued pressures of the pandemic were once again experienced in rural British Columbia in 2022-2023. The JSC maintained its resolve to be as nimble and flexible as possible in adapting our rural programs and initiatives within the capabilities of our resources to meet the needs of rural physicians.

The JSC continues to value the heavy lifting that the network of physicians and staff that make up the Rural Coordination Centre of BC (RCCbc) bring to improve the lives of rural physicians and providers and the people in our province who live in rural locations.

The JSC and our administrative partner, the RCCbc, are improving health care delivery in rural BC. The JSC thanks the RCCbc for its leadership in true meaningful engagement at a time when it has been critically needed.

This was a year of hopefulness for the profession with the commencement of Physician Master Agreement negotiations. Your peers and colleagues in the JSC caucus, working with many colleagues across the RCCbc, provided extensive input on rural priorities and helped shape the Doctors of BC negotiation offers made to government. So too did the many members who thoughtfully communicated directly with Doctors of BC on matters of significant importance to them in their rural communities and professional lives. Your input really did help with our framing on key priorities.

The JSC is also the executive sponsor for several key external partners. This includes the Practice Ready Assessment, a valued program and process to accelerate and support internationally trained general practitioners and family physicians in being assessed and gaining access to provisional licensure with the College of Physicians and Surgeons of BC. Other notable partners are UBC CPD and UBC Rural CPD, Health Match BC, Locums for Rural BC,



the BC Physician Integration Program, and the Selkirk College Rural Pre-Medicine Program.

As the primary funder of the Rural Doctors' UBC Chair in Rural Health, the JSC works closely with UBC faculty and the rural chair. Dr John Pawlovich, the current rural chair, remains a strong champion for rural health. He is constantly reminding us that we have to close the gap in how we organize and support the delivery of health care to Indigenous communities.

In 2022, Doctors of BC enhanced its rural team within the association. Ms Tania Webb was promoted to a senior analyst position, and Mr Kejia Zhu has joined the team as an administrative assistant. Huge kudos and a shout-out to Ms Meredith Cormier, who continues to be stellar in her role as the rural lead at Doctors of BC.

Words cannot express the gratitude the JSC has for the wonderful service our peer Dr Robin Routledge provided while appointed as a specialist member to the committee by Doctors of BC. Dr Routledge's time at the committee has wrapped up, and his thoughtful voice and camaraderie will be missed.

It is with great respect and gratitude that I thank the JSC's rural physician members, appointed by the Doctors of BC Board, who contribute their incredible leadership, time, and commitment to ensure that the JSC's rural programs are managed, adjudicated on, and supported at the highest possible level.

Alan W. Ruddiman, MBBCh, *Co-Chair*

MEASUREMENT SYSTEM FOR PHYSICIAN QUALITY IMPROVEMENT STEERING COMMITTEE

The Measurement System for Physician Quality Improvement Steering Committee will identify quality measures through which the Ministry of Health can demonstrate value for money using aggregate anonymized data. It is

also intended to provide physicians with access to relevant quality measures appropriate to their practice that will help them understand and improve their clinical practice. In phase 1, the steering committee established the Primary Care and Surgical and Procedural Care Quality Measures Groups, which are identifying quality measures. The steering committee has also developed the principles for a physician participation plan and has met with a technical committee to support and facilitate physicians accessing and examining these data.

With the approval of phase 2 by Doctors of BC and the Leadership Council (composed of CEOs of the health authorities and the Ministry of Health), Quality Measures Groups have been formed for Acute and Emergency Care, Community Specialists and Specialized Care, and Diagnostic Care. The Ministry of Health is working on a secure portal where an individual physician, and only that physician, can access their data. A decision about the data-sharing platform that will best serve the needs of both doctors and the steering committee, now and into the future, will be one of the steering committee's tasks this year. In 2022, pilot studies with practising surgeons in three disciplines began for the surgery measures that have been chosen.

Sam Bugis, MD, Devin Harris, MD, *Co-Chairs*

MEDICAL SERVICES COMMISSION OF BC

The mandate of the Medical Services Commission (MSC) is to facilitate reasonable access throughout BC to quality medical care, health care, and diagnostic facility services for BC residents under the Medical Services Plan (MSP).

The MSC is a nine-member statutory body composed of three representatives from government, three members nominated by Doctors of BC, and three public members who are nominated jointly by Doctors of BC and government

16

ENGAGEMENT

What We Heard—New-to-practice family physicians and family practice R2 residents on the future of primary care ➡

SEPTEMBER

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15

ENGAGEMENT

Have Your Say—Gender Equity in Medicine (Phase 2, 15–29 September) ➡

27

EVENT

DocTalks podcast, "Cultural safety, humility, and Truth and Reconciliation in the health care system" ➡

to represent MSP beneficiaries. Appointments to the MSC are made by the lieutenant governor in council.

The MSC administers the MSP in accordance with the Medicare Protection Act and Regulations.

The MSC schedules approximately 10 one-day meetings annually in Victoria or Vancouver, including an annual planning day. This is currently being done through a combination of virtual and in-person meetings.

The responsibilities of the MSC are to ensure that all BC residents have reasonable access to medical care and to oversee the provision, verification, and payment of medical services in an effective and cost-efficient manner.

The MSC directly oversees the physicians' fee-for-service budget. About 99% of these funds directly pay for medical and supplementary health care services insured under the MSP. The other 1% covers administrative and operational costs of the MSP, including salaries.

The MSC is a co-signatory to the Physician Master Agreement, together with the provincial government and Doctors of BC. The MSC oversees and receives reports from the Reference Committee, the Guidelines and Protocols Advisory Committee, the Advisory Committee on Diagnostic Facilities, the Audit and Inspection Committee, and the Patterns of Practice Committee.

The MSC is also responsible for:

- Establishing payment schedules for practitioners.
- Administering the Medicare Protection Act.
- Investigating reports of extra billing.
- Investigating unjustifiable departures from billing patterns of practice.
- Hearing appeals brought by beneficiaries, diagnostic facilities, and physicians, as required by the Medicare Protection Act.

- Arbitrating disputes that may arise between Doctors of BC and the BC government under the Physician Master Agreement.

S. Bugis, MD, *Doctors of BC Representative*

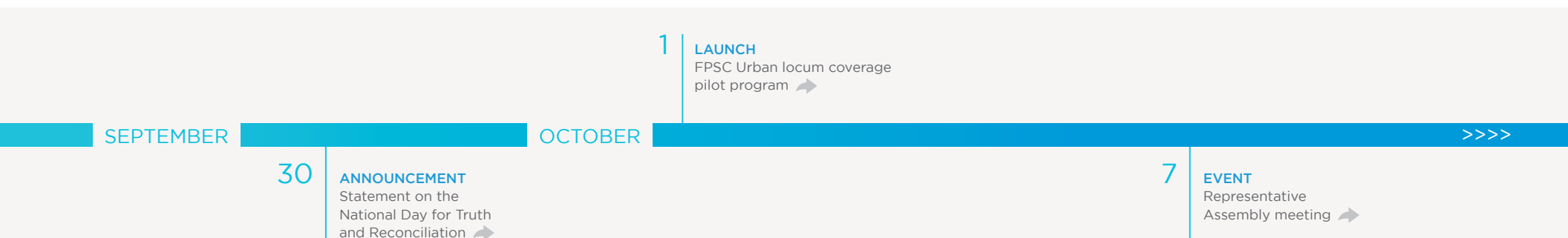
NOMINATING COMMITTEE

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

The need to maintain a balance on committees between member experience and skill with the need to encourage the participation of new and diverse members is paramount. Deliberations consider committee mandates; core functions; necessary qualities, skills, and experience; and demographic such as type of practice, geographic location, stage of practice, gender balance, and other elements of diversity.

The Nominating Committee met seven times in 2022, discussing more than 150 applications to fill approximately 30 member, chair, and co-chair positions. Meetings alternated between virtual and in person, with a hybrid option for the in-person meetings.

In 2022, the Nominating Committee was also tasked with nominating a new Doctors of BC co-chair for the Family Practice Services Committee. Since this transition was occurring during a critical time for primary care in BC, the chair of the Nominating Committee appeared before the Board to review the selection process. The Board expressed support for the existing processes, and after due process, the Nominating Committee proceeded to nominate a strong physician leader who was endorsed by the Board to fill this important role. In



2023, the Nominating Committee will also be nominating a new Doctors of BC co-chair for both the Specialist Services Committee and the Joint Standing Committee on Rural Issues for Board approval.

The role of the Nominating Committee also includes helping to fill vacancies left unfilled due to a lack of applications for a given posting. Under the failure to nominate process, the Nominating Committee reaches out to individuals, societies, and/or other stakeholders to identify and appoint an appropriate candidate to the role. Unfortunately, this process seems to be needed more frequently in recent years, perhaps due to the increasing levels of burnout among members due to the COVID-19 pandemic.

Building on work done in 2021, the Nominating Committee continued its work to help foster diversity in its nominations. The committee reviews information provided voluntarily by applicants on how their own diversity and/or experiences in diverse settings will bring value to the committee to which they are applying, and how they will contribute to an environment where all members feel welcome, respected, and safe to participate. This information is considered carefully as the Nominating Committee deliberates on its nominations.

The Nominating Committee thanks the tireless work of the Doctors of BC staff liaisons, who make this important work possible.

Gregory Deans, MD, *Chair*

PATTERNS OF PRACTICE COMMITTEE

The Patterns of Practice Committee (POPC) acts in an advisory capacity to the Medical Services Commission (MSC). On behalf of the MSC, the POPC reviews, informs, and educates physicians regarding their pattern of practice related to billings.

The POPC consists of seven members: four physician members nominated by Doctors of BC, one physician nominated by the College of Physicians and Surgeons of BC, one physician representative appointed by the MSC and/or one alternate, and one physician representative appointed by the Compensation Policy and Programs Branch of the Ministry of Health.

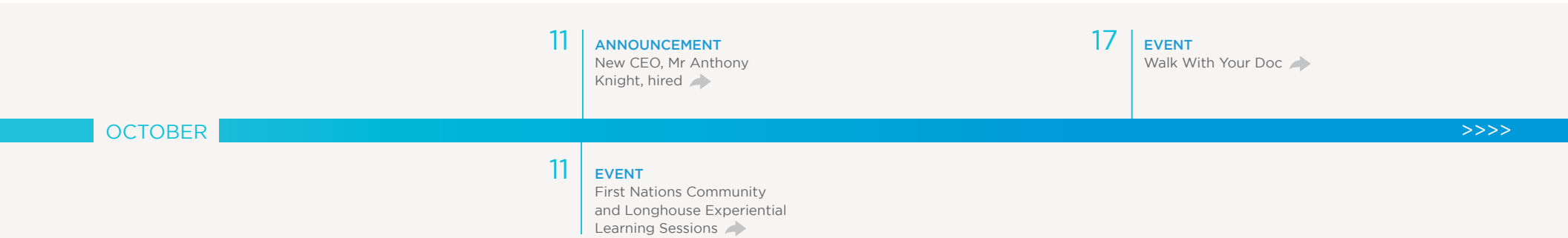
The POPC’s functions include:

- Reviewing, informing, and educating physicians regarding their pattern of practice billings.
- Producing the annual Mini Practice Profile for all fee-for-service physicians.
- Providing a forum for physicians who wish to raise concerns about the audit process (post-audit).
- Nominating medical inspector and audit hearing panelist candidates for consideration, with final approval by the Audit and Inspection Committee and the MSC.

In 2022, the POPC’s primary focus continued to be education. The POPC has approached education in several ways:

- Providing audit and billing education to physician groups, upon request.
- Writing *BCMJ* billing and audit articles.
- Speaking as invited guests at POPC meetings to discuss various billing education opportunities—for example, BC Family Doctors, the Family Practice Services Committee (formerly the General Practice Services Committee), and Doctors of BC Business Pathways.
- Sending targeted educational letters to individual physicians and stakeholder groups when certain billing practices have attracted attention and/or been the subject of audit.

Our education effort aims to educate individual physicians and various stakeholder groups about common billing issues and patterns of practice



identified in audits. Our goal in providing this education is the hope that it will encourage appropriate billing and reduce future audits and recovery.

The POPC, where appropriate, continues to work with various other committees, like the Tariff Committee and the Guidelines and Protocols Advisory Committee. These collaborations should result in an up-to-date fee guide that encourages appropriate billing practice and increases adherence to the current BC Guidelines and Protocols.

The POPC would like to thank Dr Nick Szpakowicz for contributions as a valued POPC member over the past six years and welcomes new members Dr Jerrod Hendry and Dr Karmen Kelly.

Janet Evans, MD, *Chair*

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

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

In 2022, the steering committee met four times and welcomed Dr Mandy Manak as its new co-chair, replacing outgoing Doctors of BC representative Dr Ashok Krishnamoorthy. A new mission and vision for the PHP were approved by the steering committee in 2022 and will inform the development of a strategic plan in 2023.

The popularity of the program's family doctor connection service continues to grow, with 881 family doctor matches in 2022. The PHP virtual peer support

group, which started in response to the pandemic, continues to be offered to all BC physicians twice per month.

The PHP's core operational funding comes 100% from the Ministry of Health. The program also receives funding from the Canadian Medical Association's Physician Wellness+ Initiative, made possible by Scotiabank, MD Financial Management Inc., and the Canadian Medical Association to assist in outreach activities. With these funds, and in collaboration with the Joint Collaborative Committees, the PHP is leading a provincial peer support initiative, which recruited five physician organizations in 2022 to offer local, nonclinical, emotional peer support and delivered peer support training to 28 physicians. The PHP also launched the Physician Wellness Network in 2022, which aims to enable knowledge sharing among nonprofit organizations who are leaders in physician wellness and support services for physicians.

Use of the program's services remained high in 2022, with 2,073 new cases, approximately double the PHP's caseload prior to the pandemic. The PHP also continued its agreement with the BC Dental Association and the Medical Society of PEI in 2022 to provide the same range of services to BC dentists, PEI physicians, and their families as is currently provided to BC physicians. A tendering process was completed to assess potential vendors for 24/7 intake and counselling network services, with the incumbent, LifeWorks, remaining in place.

We would like to thank the members and staff of the steering committee for their collaboration, care, and leadership in supporting the health of physicians in BC. The PHP will continue to focus on providing high-quality and responsive support to BC physicians by engaging in continuous quality improvement, strengthening our partnerships, and continuing physician wellness initiatives in 2023.

Mandy Manak, MD, Ryan Murray, *Co-Chairs*

24

RELEASE

The Future of Primary Care: Doctors of BC Member Engagement 2022 Member Feedback Report ➔

OCTOBER

31

ANNOUNCEMENT

PMA approved ➔

NOVEMBER

1

ENGAGEMENT

What We Heard—Interoperability of digital technology ➔

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PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

The mandate of the Provincial Laboratory Physician Workload Model Committee (PLPWMC) has been renewed in the 2022 Physician Master Agreement. The PLPWMC’s mandate is to determine how the anatomical pathology workload model will be used in or related to local laboratory physician contracts, to continue the development and validation of a clinical pathology workload model, and to determine how the clinical pathology workload model will be used in or related to local laboratory physician compensation contracts.

The anatomical pathology workload model is currently finalized and is awaiting final approval from the Ministry of Health. The clinical pathology workload model is currently being developed, and discussions at the committee level continue.

Recognizing that work on the clinical pathology model is still in its early stages, the government and Doctors of BC agree that the Physician Services Committee will consider the PLPWMC’s decisions on the anatomical pathology workload model as soon as possible.

The PLPWMC had only one meeting during 2022. The pandemic resulted in numerous delays due to Ministry of Health personnel being unavailable. Additionally, several members of the PLPWMC appointed by the Ministry of Health were changed due to retirement. The PLPWMC will resume its work early in 2023.

J. O’Connell, MD, Doctors of BC, M. Russell, Ministry of Health, *Co-Chairs*

PROVINCIAL MOCAP REVIEW COMMITTEE

The Provincial Medical On-Call Availability Program (MOCAP) Review Committee (PMRC) is a Doctors of BC and Ministry of Health joint committee, with three representatives from each and an independent chair, Mr Eric Harris.

The PMRC is now addressing disputes about MOCAP that meet the criteria described in the terms of reference. In 2022, the PMRC developed and approved the process to review and adjudicate disputes. There are currently two such disputes being considered. The PMRC will also address evaluating the MOCAP redesign.

In all these activities, the PMRC is ably supported by a technical committee, whose Doctors of BC member is Mr Pat Melia.

Eric Harris, Independent, *Chair*

REFERENCE COMMITTEE

The Reference Committee acts in an advisory capacity to the Medical Services Commission. It reviews disagreements between the Medical Services Plan (MSP) and physicians about payment for services rendered under the Medical Services Commission Payment Schedule and makes recommendations to resolve these disputes.

Members of the confidential committee include representatives from family practice and from various specialties.

In 2022, the committee received a total of seven cases, all surgical in nature. The committee reviewed two vascular surgery cases in October 2022. The remaining five cardiac surgery cases were received in December 2022 and, pending MSP reassessment, may require further adjudication.

The committee would like to thank Doctors of BC staff members Dr Sam Bugis and Ms Tara Hamilton and MSP staff for their continued support.

Confidential, *Chair*

2

ENGAGEMENT

Seeking physician input on MRI patient pathways ➡

NOVEMBER

ANNOUNCEMENT

Medical Undergraduate Society Grant—\$10,000 in funding distributed by Doctors of BC to worthy student initiatives ➡

4

POLICY

Addressing Challenges to Surgical Care policy statement ➡

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SHARED CARE COMMITTEE

The Shared Care Committee (SCC) supports collaboration between family and specialist physicians and partners to foster seamless care for patients and families as they move between family practice and specialist care across the health care system. The SCC’s work spans three strategic areas.

FACILITATE COLLABORATIVE CHANGE AND INNOVATION

In 2022, 33 physician-led patient care improvement projects were completed, and the SCC continued to approve and fund innovative, collaborative physician-led solutions to address local gaps in care in BC communities. Projects spanned a wide scope of priorities and populations, including mental health and substance use, maternity, and coordination of complex care.

The SCC continued to build on work in response to the *In Plain Sight* report to ensure that SCC projects actively engage local Indigenous communities in project development and implementation that improve how care is delivered with cultural safety and humility. In particular, two Fraser Health initiatives have begun to support increasing Indigenous cultural safety within the primary care setting.

INCREASE IMPACT

As part of its larger spread initiative, the SCC’s support of the Cognitive Behavioural Therapy Skills Spread Initiative has seen 170 family physicians and specialists participate in physician cognitive-behavioural therapy group training to help physicians manage their own mental well-being. As well, over 2,400 patients have participated in patient group medical visit sessions, with 84% reporting an improvement in managing their own mental health symptoms.

To hear from physicians and system leaders connected to the Adult Mental Health and Substance Use network, the SCC held three consultations sessions

between May and November. Suggested priorities for future emphasis included support for culturally safe care and patients with moderate to severe illness.

Efforts to create alignment opportunities between the SCC and the Specialist Services Committee continue, with funding now available through the SCC for Surgical Patient Optimization Collaborative teams to host engagement events for local partners.

PLATFORMS FOR LEADERSHIP AND IMPACT

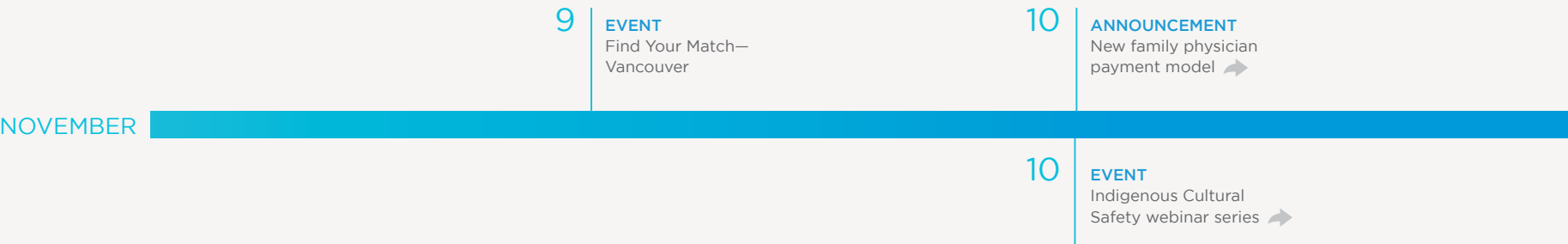
The Perinatal Community of Practice began in earnest in 2022, creating its inaugural workplan and hosting a robust engagement event in October with over 125 attendees from all health regions, including representatives from the Divisions of Family Practice, health authorities, the Ministry of Health, patient partners, and community partners.

The Chronic Disease Community of Practice also launched in 2022 with an engagement event including physicians, patient partners, and health system leaders. The initial focus of the Chronic Disease Community of Practice will be heart failure, with an intention to expand to encompass other key (noncommunicable) diseases.

The SCC has also partnered with the other Joint Collaborative Committees to support and advance key priorities, such as providing physicians with learning opportunities and experiences relating to cultural safety and humility.

With the departure of our previous co-chair, Dr Jiwei Li, in August 2022, Dr I. Schokking took over the co-chair role. We would like to acknowledge and thank Dr Li for his years of dedication and service to the SCC.

I. Schokking, MD, and S. Ooms, *Co-Chairs*



SPECIALIST SERVICES COMMITTEE

The Specialist Services Committee (SSC) collaborates with Doctors of BC, the BC government, and BC health authorities to support improvement of the specialist care system in BC. In 2022, the SSC achieved the following through its three priority areas under the strategic plan:

- Building physician capability – In 2022, over 655 physicians were trained in quality improvement and leadership via the Physician Quality Improvement initiative, the Physician Leadership Scholarship, and the UBC Sauder Physician Leadership Program. This training prepares physicians to assume leadership roles in their respective health authorities and communities, fostering a culture of quality improvement and contributing to positive outcomes within BC’s health care system. Out of 249 participating physicians, 234 (94%) agreed that this training improved their capability in leadership and quality improvement.
- Engaging physicians and partners to address health system issues – The Facility Engagement initiative continues to provide annual funding and support to medical staff associations and health authorities for local and regional engagement. Achievements included completing a data collection strategy project; developing tools and resources to support medical staff associations (including the Engagement Toolkit and the Regional Annual Review and Reflection Tool) and improve current program services; and supporting provincial learning and knowledge sharing among stakeholders on topics such as physician wellness and cultural safety and humility. Ongoing development of Facility Engagement-funded regional tables with medical staff association and health authority representatives continues, as well as regional initiatives such as hospital overcapacity analysis and physician regional recruitment. In addition to supporting medical staff associations, the SSC continues to engage and support community-based specialists without health authority or hospital privileges. Community-based specialists have been increasingly engaged on pertinent issues, including business burdens and digital health, and received access to

resources and supports traditionally limited to family and facility-based physicians, such as the Provincial Health Services Authority’s professional spoken language interpretation (averaging 51 hours per month across 19 specialties).

- Transforming patient care delivery – The Specialists Team Care Collaborative was established to support 10 specialist-led teams to implement team care in their community practices, while the Enhancing Access initiative continues to support specialists to improve patient access in innovative ways.

The Surgical Patient Optimization Collaborative has spread to 14 teams across all health authorities in BC. The collaborative continues to implement processes and tools to support elective surgical patient prehabilitation, an evidence-based approach shown to improve postsurgical outcomes in patients. In 2022, participating facilities screened 494 patients, 72.5% of whom required prehabilitation. Of this group, 90.8% received prehabilitation prior to their surgeries.

The Spreading Quality Improvement initiative continues to support the integration of successful SSC-funded work across the province. Successful projects are spread to additional sites, where they are tailored to meet the needs of the facility or community where they are implemented.

The SSC has also partnered with the other Joint Collaborative Committees to support and advance key priorities, such as providing physicians with learning opportunities and experiences relating to Indigenous cultural safety and humility.

A. Karimuddin, MD, R. Murray, *Co-Chairs*

22 | EVENT
Find Your Match—
Kelowna

28 | POLICY
Doctors of BC submission to the Office of the
Attorney General of British Columbia—Expansion
of the Public Interest Disclosure Act ➡

NOVEMBER

>>>>

23 | EVENT
Webinar series:
Elements of Indigenous
Health and Healing ➡

STATUTORY NEGOTIATING COMMITTEE

The Statutory Negotiating Committee (SNC) is responsible for conducting negotiations with the government to renew the Physician Master Agreement (PMA).

The SNC began preparations in early 2021, anticipating the beginning of discussions in June 2021, in advance of the expiration of the PMA on March 31, 2022.

Due to the pandemic and strained government resources, substantive negotiations did not begin until January 2022. The SNC met with the government 28 times between January and October 2022. There were also a significant number of internal strategy meetings, as well as communications meetings with the Negotiations Coordinating Group and the Board of Directors.

A layer of complexity was added by a parallel consultation process for a new payment model for longitudinal family practice while negotiations for the PMA were ongoing.

A tentative deal with government was reached and approved by the Board of Directors on October 25, 2022. The deal was announced publicly on October 31, 2022, and a series of informational meetings and town halls followed.

The contract was sent to the membership for ratification on November 14, 2022. Results were announced on December 6, 2022. It was the largest voter turnout in our history, with 5,591 members casting votes and 94.15% voting in favour of the new PMA. The contract is retroactive to April 1, 2022, and the new longitudinal family practice payment model will be implemented in 2023.

Trina Larsen Soles, MD, *Chair*

TARIFF COMMITTEE

The Tariff Committee, also known as the Medical Economics Committee, is a statutory committee. Its mandate is to advise the Board on all medical economics matters. The committee's main task is to review payment schedule changes proposed by Sections. The committee also provides information, clarification, and direction to the profession on Medical Services Plan (MSP) billing matters and policy and maintains and updates protocols and policies for processes that modify the payment schedule.

There are eight meetings per year, attended by committee members as well as regular MSP guests and Doctors of BC staff. We usually include one or more invited special guests for portions of each meeting. We have benefitted greatly from the quality of all of our guests this past year.

The Consultation Working Group (CWG), a joint committee of the Tariff Committee and the MSP, was reactivated in 2020 to provide recommendations on referrals, re-referrals, and consultations. The CWG created a list of clarifications and frequently asked questions, which was approved by the Tariff Committee and the Board.

The CWG was repurposed by the new Physician Master Agreement at the end of 2022 and is now the Consultation and Referral Working Group (CRWG). With the addition of a neutral facilitator, Mr Eric Harris, the CRWG is mandated to provide recommendations to improve re-referral processes. This task will be completed by March 31, 2023, at which time the CWG will reconstitute to continue its work on other aspects of consultations.

Ongoing issues of importance this year included virtual care, payment equity through a gender lens, the ongoing challenges of the COVID-19 pandemic and the opioid crisis, and various specific issues brought to us by Sections, Subsections, individual practitioners, and small groups of practitioners.

30

ANNOUNCEMENT

Virtual peer support group for BIPOC physicians ➡

NOVEMBER

DECEMBER

2

POLICY

Creating a Space for Doctors to be Doctors policy paper ➡

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1

EVENT

DocTalks vodcast, "World AIDS Day- How doctors can promote equality around testing, prevention, and treatment" ➡

The committee will support physician compensation areas of the 2022 Physician Master Agreement, including general fee increases, disparity funding, business cost premiums, and new fee item fund changes.

The committee will continue to make itself available to provide expert advice to the Board on fees and any other economic matters.

The committee expresses its gratitude for the essential work and guidance of our regular MSP guests and extends its deep appreciation for all the expert help provided by our economics department, particularly Victoria Watson, Raaj Tiagi, and Jim Aikman.

I want to personally thank all the members of Tariff Committee, who have served the profession so very well in 2022, and especially to acknowledge Catriona Innes, whose diligence and superb management enabled the Tariff Committee to function at such a high level.

B. Gregory, MD, *Chair*

WORKSAFEBC NEGOTIATING COMMITTEE

The WorkSafeBC Negotiating Committee (WSNC) is responsible for representing physicians in negotiations with WorkSafeBC under two separate agreements:

- The Salaried Physicians’ Agreement, which covers salaried physicians who are employed by WorkSafeBC to provide medical advice to WorkSafeBC on claims from injured workers.
- The Physicians and Surgeons’ WorkSafeBC Services Agreement, which covers physicians who provide medical services to injured workers funded by WorkSafeBC.

Both of these agreements expired on March 31, 2022.

The WSNC has not met this year. Negotiations on these agreements have been delayed until the Physician Master Agreement is ratified, as the Physician Master Agreement sets a precedent for the WorkSafeBC bargaining tables. As a result, the WSNC plans to begin negotiations with WorkSafeBC in late spring this year.

Elliott Weiss, MD, *Chair*



GENDER EQUITY IN THE MEDICAL PROFESSION POLICY STATEMENT

In December 2022, Doctors of BC released its Gender Equity in the Medical Profession policy statement. The policy statement is based on learnings from the two-part engagement process conducted through Doctors of BC's online engagement platform, [Have Your Say](#), through which members can provide input on issues important to the profession. [Phase 1](#) of the engagement process occurred in summer 2021, and [phase 2](#) ran from September 15 to 29, 2022.

While medicine is much more gender inclusive than it's been in the past, inequities persist. Data gathered in the engagement process show that female physicians face bias and discrimination that can negatively impact income, career advancement, health and well-being, and job satisfaction—all of which can contribute to burnout.

To better understand the issue of gender inequity in medicine and build on individual and collective physician action to begin addressing it, Doctors of BC has made a number of commitments to members, including:

- Building on Doctors of BC's Diversity and Inclusion Barrier Assessment work to ensure the Association's leadership and governance bodies (committees, the Board of Directors, and the Representative Assembly) reflect the diversity of the Association's membership.
- Using member data to track representation of women and gender-diverse physicians in the Association, including those with intersecting identities.
- Using fee data to assist Sections and Societies in measuring the gender pay gap within and between specialties and identifying potential solutions to prevent and/or resolve it.



Medicine is more gender inclusive than in the past, but inequities persist. Female doctors face bias and discrimination that negatively impacts income, advancement, health and well-being, and job satisfaction—all of which can contribute to burnout.

- Applying Gender-Based Analysis Plus in Doctors of BC's decision-making to better understand the impacts on members of decisions and policy based on gender and other identity factors.
- Reviewing physician parental leave benefits administered through Doctors of BC to ensure they are meeting doctors' needs and encouraging people of all genders to use them.

Read all of Doctors of BC's commitments and recommendations in the [Gender Equity in the Medical Profession policy statement](#), and visit the [Have Your Say engagement page](#) to learn about upcoming opportunities to share input on issues of interest and concern to BC physicians.

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REPORTS OF DOCTORS OF BC COORDINATING GROUPS AND WORKING GROUPS

CLINICAL FACULTY WORKING GROUP

The Clinical Faculty Section works with Doctors of BC on the joint Doctors of BC-UBC Clinical Faculty Working Group. The dean has yet to respond to the working group's recommendations from last fall, following the 2021 survey results. To make up for the lack of increase in 2021 and to account for extremely high inflationary pressures in 2022, Doctors of BC proposed an increase in the unit rate from \$91.80 to \$100.47 (9.4%) for 2022, with future increases to be linked to inflation. Nonmonetary recommendations focused on greater transparency and clinical faculty support.

The Clinical Faculty Section works with Doctors of BC and UBC to promote excellence in teaching to support the training of future doctors and excellence in patient care to promote the health of the citizens of the province. The Section has a delegate at the Doctors of BC Representative Assembly and advocates for support of clinical teaching in practice settings, particularly in the redesign of family medicine with the development of patient care networks and patient medical homes. The shortage of physicians, particularly family physicians, in BC highlights the importance of support for teaching to attract the next generation of doctors. Unfortunately, this teaching role is added to already high workloads of practising physicians. While most physicians see teaching as enjoyable and important, there is minimal compensation for the time and resources required. The Section continues to bring attention to this inadequate support for teaching.

D. Wensley, MD, M. Allard, MD, *Co-Chairs*

DIVERSITY AND INCLUSION ADVISORY WORKING GROUP

The Diversity and Inclusion Advisory Working Group (DIAWG) was created by the Board in late 2020 for a one-year term based on the following mandate:

- Provide advice and input to the Board of Directors as they work to consider the viability of and best approaches to the implementation of the recommendations from the *Diversity and Inclusion Barrier Assessment* report.

- Provide advice and recommendations to the Board on the development of a high-level diversity and inclusion vision statement.
- Prepare reports to the Board regarding progress on work related to diversity and inclusion.

In 2021, the Board extended the terms of the DIAWG members for an additional year to complete the group's mandate. The DIAWG made substantial accomplishments in 2022. Over the year, the DIAWG discussed best practices for mentorship at Doctors of BC. This includes process and wayfinding changes to aid members who want to learn more about participating in Doctors of BC committees, the Representative Assembly, or the Board (governance bodies). The DIAWG also reviewed the equity, diversity, and inclusion training provided to members participating in our governance bodies, giving way to a new training approach that will be further developed in 2023. Near the end of 2022, the DIAWG considered equity issues with medical student honoraria and recommended this issue be explored further.

Based on the significant work the DIAWG has done over the past two years, the Board has decided to sunset the DIAWG and transition it to a permanent standing committee called the Inclusion, Diversity, and Equity Advisory Committee. The DIAWG helped inform the development of the new committee, and some DIAWG members will continue on temporarily to help with the transition.

I would like to thank all the DIAWG members for their thoughtful contributions and willingness to discuss sensitive issues in a collegial and respectful way over the last two years. I would also like to thank the Doctors of BC staff for supporting the DIAWG with research, analysis, and meeting coordination. It has been a pleasure working with you all, and I am proud of our accomplishments.

Derek Chang, MD, *Chair*

NEGOTIATIONS COORDINATING GROUP

The Negotiations Coordinating Group (NCG) is composed of the members of the Statutory Negotiating Committee and representatives from BC Family Doctors, the Consultant Specialists of BC, the Alternative Payments Committee, and the Joint standing Committee on Rural Issues physician caucus. The NCG is responsible for making recommendations to the Negotiations Forum on the mandate, including the strategic plan, core objectives, proposals, and the best alternative to a negotiated agreement for all provincial negotiations.

The recent round of negotiations commenced in 2021. The NCG met before the start of negotiations as per protocol. Due to the changing medicopolitical landscape during the negotiation process, an additional meeting was held in October 2022 to approve the updated mandate.

Trina Larsen Soles, MD, *Chair*

NEGOTIATIONS FORUM

The Negotiations Forum (NF) is responsible for reviewing and approving a plan for each set of provincial negotiations presented to it by the applicable Negotiations Coordinating Group, with a view to ensuring that it is representative of the collective interests of all physicians in BC. Following discussions on the plan details and consensus on the final mandate, the NF makes a recommendation to the Board of Directors on the negotiating plan. The NF is also responsible for looking back on the process for conducting Physician Master Agreement negotiations and makes recommendations to the Board for further improving the process to best represent the interests of members in future negotiations.

Members of the NF include physicians from across BC covering the wide variety of specialties, geographies, and payment models applicable to physicians in BC.

The NF did not meet in 2022 but will reconvene in early 2023 to review the negotiating plan for the two provincial agreements with WorkSafeBC. The NF will also review the Physician Master Agreement negotiation process.

Cathy Clelland, MD, *Chair*

PHYSICIAN SPECIFIC ISSUES WORKING GROUP

The Physician Specific Issues Working Group (PSIWG) is a joint provincial working group of the Ministry of Health, BC health authorities, the Health Employers Association of BC, and Doctors of BC. Its overall purpose is to discuss issues related to the physical and psychological safety of physicians

and make recommendations to the Ministry of Health and BC health authorities. The PSIWG was established as part of the Physician Master Agreement through the 2019 Memorandum of Agreement on Physical/Psychological Safety. Part of its purpose is to help inform SWITCH BC, the newly formed provincial organization that was created to help improve safety for all health care workers.

In 2022, the PSIWG recommended the Ministry of Health work with BC health authorities, Doctors of BC, and WorkSafeBC to clarify occupational health and safety rights and obligations of physicians in multi-employer worksites, such as when a physician may bring staff employed by a health authority into their community office. This work has resulted in new physician-specific resources being developed for community settings.

A 2021 recommendation on the collection of physician-specific occupational health and safety data resulted in the Ministry of Health directing all BC health authorities to use a single data collection system for this work. Several stakeholder groups were consulted before a final decision was made. Implementation of the data collection system is set to begin in 2023. Before this, there were no consistent processes or tools to collect, track, and report back on many issues related to physician safety.

Regional physician health and safety working groups developed and made progress on a number of initiatives related to health and safety. Some projects created new processes to ensure front line support for safety incidents (e.g., the Medical Practitioners Occupational Safety and Health program in Vancouver Coastal Health and the Blood or Body Fluid Exposure Follow-up and Support Project in Fraser Health). Other projects focused on physician input on existing policies and processes (e.g., the Physician Discipline and Respectful Workplace project in Island Health).

Priority topics for 2023 include creating clarity for governance of occupational health and safety for physicians and improving violence prevention training and incident reporting processes across regions.

Furthermore, the 2022 Memorandum of Agreement on Physician Health and Safety through the new Physician Master Agreement formalizes these physician working groups focused on physician safety within health authorities for the first time. The Memorandum of Agreement is also creating a new occupational health and safety oversight group for community physicians with the intention of developing resources and implementing a program to support their safety planning needs through SWITCH BC.

M. Ocana, MD, L. Fernando, *Co-Chairs*

PROVINCIAL WORKLOAD MEASURES WORKING GROUP

The Provincial Workload Measures Working Group (PWMWG) is a joint committee of Doctors of BC and the BC government established under the 2019 Physician Master Agreement and renewed under the 2022 Physician Master Agreement. The PWMWG has a mandate to collaboratively develop provincial workload measures for inclusion in service contracts and salary agreements in the event that the local parties of those alternative payment arrangements are unable to agree to a set of locally determined workload measures. In this regard, a workload measure is defined as a tool to identify relevant information for the review of physician workload.

In 2022, the activities of the PWMWG were put on hiatus to allow Doctors of BC and the BC government to negotiate the 2022 Physician Master Agreement. In 2023, the PWMWG expects to continue the development of workload measures for emergency medicine, which will be followed by measures for hospitalist medicine, medical oncology, and other practice categories.

S. Fedder, MD, D. Li, MD, T. Nguyen, MD, N. Winata, MD,
Doctors of BC Representatives

WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

The WorkSafeBC Negotiations Coordinating Group (WSNCG) is responsible for making a recommendation to the Negotiations Forum and the Board on the bargaining plan/mandate for provincial negotiations on the two physician agreements with WorkSafeBC and advising the WorkSafeBC Bargaining Committee on issues that arise in negotiations.

Both of the WorkSafeBC agreements with physicians expired on March 31, 2022, but continue in full force until replaced with a renewal agreement.

The WSNCG has not met this year. Negotiations on these agreements are delayed until the Physician Master Agreement is ratified, as the Physician Master Agreement sets a precedent for the WorkSafeBC bargaining tables. The committee plans to review the negotiations plan/mandate early in the new year.

Elliott Weiss, MD, *Chair*

PHYSICIAN HEALTH PROGRAM UPDATE: EXPANDED SUPPORTS AND SERVICES

In 2022, the Physician Health Program (PHP) expanded many of its supports and services to support physician wellness in the face of ever-increasing pressures on the health care system.

In March 2022, the PHP launched a [recruitment drive](#) to encourage doctors to provide care for their physician colleagues through the Family Doctor Connection Service, which matches physicians and medical trainees with their own family physician. The service, which has been available for 10 years, has grown exponentially since the start of the COVID-19 pandemic, matching more than 575 physicians and medical trainees with their own primary care provider in 2021, and 881 in 2022. Unattached physicians who would like to be matched with a family doctor can visit the [PHP attachment request page](#).

The PHP also partnered with the Joint Collaborative Committees to launch the [Physician Peer Support Initiative](#), through which physicians are trained to deliver one-to-one emotional peer support. In April 2022, the PHP sought up to six prototype physician groups (divisions of family practice, Medical Staff Associations, Sections, and hospital departments) to implement the program, which can be tailored to their local community or site. Physician peer support training for the program is provided through [Dr Jo Shapiro](#), an associate professor with Harvard Medical School and founder of the Brigham and Women's Hospital Center for Professionalism and Peer Support. The PHP plans to recruit another cohort of physician organizations to participate in the initiative in mid-2023.

September 2022 saw the launch of the PHP [Physician Wellness Network](#), with a gathering that brought together leaders in physician wellness



The BIPOC Physician Peer Support Group provides a confidential forum where participants and facilitators support and empower each other through collectively investigating their lived experiences.

(non-profit organizations, support providers, and various wellness stakeholders) to align priorities, participate in knowledge sharing, explore ways to reduce siloes, and provide input on innovations, policies, and other physician wellness topics. A second gathering is planned for March 30, 2023.

The PHP continues to grow its group-based supports, now offering [a general physician peer support group](#) and [a group specifically for BIPOC physicians](#). These are safe, facilitated spaces for physicians to support each other by sharing issues and challenges.

Visit the [PHP website](#) to learn more about programs and services available to physicians, residents, medical students, and family members.

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ANNUAL REPORTS OF SECTIONS AND SOCIETIES

ANESTHESIOLOGY

The BC Anesthesiologists' Society (BCAS) is the elected provincial voice for the educational, professional, and economic interests of BC physician anesthesiologists.

BOARD OF DIRECTORS UPDATE

The BCAS would like to thank Drs Miguel Fernandez, Raja Rajamohan, Alison Read, Michelle Scheepers, and Curt Smecher, who stepped down from the board at the end of 2022 after collectively contributing many years of significant service.

PROFESSIONAL ADVOCACY

BCAS representatives are actively involved in meetings of Doctors of BC, Consultant Specialists of BC, the Representative Assembly, the Provincial Surgical Executive Committee, and the Canadian Anesthesiologists' Society, where we strive to advocate for the highest quality and most equitable access to safe and efficient perioperative care.

Our focus remains building anesthesiology and surgical capacity and furthering the development of BC's anesthesia care team (physicians and anesthesia assistants). In April 2022, the BCAS sent Minister of Health Adrian Dix a proposal to leverage rural surgical capacity, using current hospital infrastructure and BC family practice anesthesiologists to potentially increase surgical volumes by at least 16,000 procedures annually.

Despite significant risks to patient safety and quality of care, the Ministry of Health continues to develop a fully autonomous nurse anesthetist role, which is based on the US Certified Registered Nurse Anesthetists model. We greatly appreciate the support we received from the provincial leaders of nine surgical specialties, critical care medicine, family practice anesthesia, and Doctors of BC in their unanimous opposition to the introduction of nurse anesthetists to BC, which culminated in a joint letter to the Ministry of Health in the fall.

There are other concerning issues that will persist into 2023: the new Health Professions and Occupations Act (Bill 36), ongoing issues in nursing resources

and operating room closures, and supply chain issues affecting access to drugs and equipment.

EDUCATION

Event highlights for 2022 included the 56th Annual BCAS/Washington State Society of Anesthesiologists Joint Scientific Meeting on November 12-13 in Vancouver and our first-ever Women in Anesthesiology breakfast session.

In addition to our June annual general meeting and November general meeting, the BCAS hosted two perioperative emergencies simulation workshops and a conflict management and negotiations workshop.

As part of our focus on supporting future colleagues, the BCAS organized a UBC Anesthesiology Residents' Academic Day focused on leadership skills training. In June, Dr Michael Jew was recognized as the fourth recipient of the annual BCAS Resident Award in Physician Leadership.

FAIR COMPENSATION

Work continued with Medical Services Plan and Doctors of BC economics staff to integrate new funding into our fee-for-service schedule, with approximately \$5 million still available for anesthesiology fee improvements retroactive to April 1, 2021. We are pleased with the significant gains made by the Statutory Negotiating Committee in the ratified Physician Master Agreement. We have begun work on our Section's submission for Specialist Disparity Funding. It is reassuring that the provincial anesthesia contracts will also receive equivalent funding compensation for any disparity funds awarded to fee-for-service anesthesia.

LOOKING FORWARD

We step into 2023 with renewed enthusiasm. As the unifying provincial voice for BC anesthesiologists, we are dedicated to advancing our profession through advocacy, education, leadership, and the promotion of excellence in patient care and safety.

Annika Vrana, MD, *President*

BC FAMILY DOCTORS

BC Family Doctors advocates for the fundamental role of family doctors to be seen, heard, and valued. We are the political and economic voice of family doctors, working toward an environment where family doctors thrive.

CREATING SOLUTIONS FOR FAMILY MEDICINE

BC Family Doctors made a significant impact through our leadership and advocacy in 2022. We worked to improve the economic and professional standing of family doctors. We laid the foundations for the future of virtual care, strengthened relationships with our strategic partners, and provided significant practice support to our members. Our efforts on behalf of family doctors also included:

- Leading the advocacy and awareness-raising campaign #EveryoneDeservesAFamilyDoctor to help family doctors speak out about the crisis in family medicine.
- Advocating for family physicians to be recognized as specialists in primary care.
- Creating and amending fee codes to reflect modern medical practice and values.
- Expanding our member billing education and support services with improved resources.

PHYSICIAN MASTER AGREEMENT SUPPORTS FOR FAMILY DOCTORS

The ratified 2022 Physician Master Agreement achieved historic funding increases for physicians and delivered on BC Family Doctors' priorities, based on what our members told us they needed. This included increased compensation and support to manage rising business costs and new funding to BC Family Doctors to simplify and modernize the family medicine Payment Schedule. BC Family Doctors also secured improvements in the Physician Master Agreement on issues that have challenged family doctors for years, like re-referrals, special authority forms, and gender-based fee disparities.

LONGITUDINAL FAMILY PHYSICIAN PAYMENT MODEL

BC Family Doctors and Doctors of BC co-lead discussions with government to create a new payment model for family doctors. The longitudinal family physician payment model supports family doctors in providing community-based family medicine care. It is an important first step in addressing the crisis in family medicine in BC by offering a compensation choice that reflects contemporary family practice and supports relationship-based care.

BC Family Doctors will be supporting our members with new billing supports and resources for doctors transitioning to the new payment model. We will be working with Doctors of BC and the government throughout 2023 to expand

the payment model to include services in other settings (e.g., in-patient/hospital, maternity care in hospital, long-term care).

We believe it's possible to create bold action and solutions for our health care system when we work together. This past year, together with grassroots family doctors and patient advocates, we made major progress toward creating an environment where family physicians and our patients can not only survive, but thrive. We thank our members for giving us the opportunity to lead change for family medicine.

Danette Dawkin, MD, *President*

BC GERIATRIC MEDICINE SPECIALISTS

We have had a busy year, with the UBC Division of Geriatric Medicine being involved in many aspects of care in many different areas of BC.

We were excited to see the Physician Master Agreement accepted and thought it a very favourable outcome from Doctors of BC and its negotiating team.

We have been working through the fallout after COVID-19 and the ongoing issues created with our current health care crisis, including family doctor and allied health staffing issues. It is so obvious that our older adults require excellent primary care and coordinated specialist care to keep them functional and stable in their communities.

We are actively working with the Consultant Specialists of BC; we know that our fellow specialists are interested in fair pay, equal access to quality medical care, and moving forward together in an organized fashion during these trying times. We have been focused as well on making sure that all the fee changes made over time have been implemented and thank Doctors of BC for its support. We agree that the response time for these important fee updates has been suboptimal and look forward to the new normal.

The UBC Division of Geriatric Medicine had a retreat in conjunction with the BC Society of Geriatric Medicine Specialists' annual general meeting at UBC in November. We updated ourselves as to where our division is going, our billing practices, and our involvement in Doctors of BC committees and other organizations, and we celebrated some of our founding members with a dinner function. We also had the first of two working meetings to start the process of working on a divisional vision for the future.

We thank all members of Doctors of BC societies for their work and look forward to many years of cooperation and progress together!

Our executive continues as before, but we are looking to bring in a new treasurer, as our previous treasurer has resigned.

Scott Comeau, MD, *President*

CHEST SURGERY (THORACIC SURGERY)

The Section of Chest Surgery works collaboratively with surgeons, centres, health authorities, the Ministry of Health, and allied professionals to provide the highest level of care for the people of BC in a timely fashion.

The four centres of excellence are in Kelowna (Interior Health; five surgeons), Surrey (Fraser Health; six surgeons), Vancouver (Vancouver Coastal Health; five surgeons), and Victoria (Island Health; three surgeons).

The last three years have been impacted heavily by the COVID-19 pandemic. Our Section has been directly and indirectly involved in and affected by the pandemic.

Our Section provides direct care for patients with COVID-19 with respect to surgical pulmonary and pleural sequelae and complications. We are ever present on the respirology and thoracic wards, step-down units, and intensive care units.

Our lung transplant program and extra corporeal membrane oxygenation program have been involved in the care of COVID-19 patients from the onset of the pandemic, dating back to early 2020.

We have maintained our commitment to timely care for patients with cancer; other provinces have been less successful at maintaining wait times.

We have worked closely with all stakeholders in our health authorities to ensure that our patients with cancer have timely access to referrals, diagnostic tests, and the operating room.

Patients with elective benign thoracic and foregut have had surgeries delayed, as is the case across many surgical specialties. We have been working hard to address this.

The surgeons in the four centres have worked together to develop a province-wide COVID-19 response. This involves good communication between centres so that we can provide top-level care. We are prepared to temporarily deploy surgeons to other centres if needed and to redirect patients if required (based on surgeon or operating room availability).

Our Thoracic Surgery Residency Program at UBC (program director: Dr James Bond) is currently training a thoracic resident, who will graduate in June 2023.

In the spring of 2022, we had our first BC Chest Surgery Association Retreat (topic: lung cancer), and the second annual retreat will be held in the spring of 2023 (topic: esophageal cancer).

The mission of the Section is to provide top-notch care in British Columbia, working collaboratively, proactively, and sustainably. We are here to serve.

Alexander L. Lee, MD, *Section Representative and Past President*

CLINICAL FACULTY

The Section of Clinical Faculty works to promote excellence in teaching medical learners and excellence in patient care to promote the health of the citizens of the province. The Section advocates for support of clinical teaching across practice settings, including in the redesign of family medicine with the development and implementation of primary care networks and patient medical homes. The shortage of both family physicians and specialists in BC highlights the importance of support for teaching to attract the next generation of doctors. Unfortunately, teaching is often added to already high workloads of practising physicians. While most physicians in BC see teaching as enjoyable and important, there is minimal compensation for the time and resources required. The Section continues to bring attention to this inadequate support for teaching.

The Section works with Doctors of BC on the joint Doctors of BC-UBC Clinical Faculty Working Group. The dean has yet to respond to the working group's recommendations from last fall, following the 2021 survey results. To compensate for the lack of increase in 2021 and to account for extremely high inflationary pressures in 2022, Doctors of BC proposed an increase in the unit rate from \$91.80 to \$100.47 (9.4%) for 2022, with future increases linked to inflation. Nonmonetary recommendations focused on greater transparency and clinical faculty support.

The Section held its annual general meeting in April 2022 via Zoom. During this meeting, Dr David Wensley, recipient of the 2021 Dr Don Rix Award for Physician Leadership, transitioned to past president of the Section. We want to thank him and acknowledge his leadership, commitment, and tireless advocacy for clinical teaching over the last several years as Section president. The Section will hold its 2023 annual general meeting in April 2023 via Zoom and welcomes clinical faculty to attend.

Elizabeth Wiley, MD, *President*

CONSULTANT SPECIALISTS OF BC

This year Consultant Specialists of BC (cSBC) collaborated with grassroots specialists on an open letter to the Minister of Health about the crisis in specialty patient care. This letter has accrued more than 350 signatures in addition to the original 26 specialist signatories. Please read it [here](#) to see examples of the issues we are highlighting in specialty care, and sign the letter if you haven't. If you are a specialist, please join for 2023. Scroll down to "Consultant Specialists of BC," click on the plus sign, choose the appropriate box, and click "Join selected sections and societies." Thank you!

To support our ongoing advocacy efforts, cSBC requested feedback on wait times for specialist consultative outpatient services via a wait list survey. This

survey showed that the average specialist has more than 360 patients on their wait list for consultation, with urgent and semi-urgent referrals waiting four to five weeks and non-urgent referrals waiting an average of 10 months.

The Physician Master Agreement was front and centre for 2022. We tried to ensure balanced benefit to both specialists and family physicians within the Physician Master Agreement (PMA) and outside it. There are important steps forward for specialists in this PMA, and work still to be done.

The business cost premium was expanded to all fees for specialists with outpatient offices. The daily cap was raised by about 12%, so many specialists will still not have their business costs fully supported.

Medical On-Call Availability Program fees went up 10% as a result of cSBC advocacy, but further increases are sorely needed for physicians providing after-hours care.

Tray fees rose 25% and opened up to allow funding through a new fee item fund.

A specialist income disparity fund of \$70 million was included to continue to address income disparity.

A new fee fund of \$15 million to create new fees benefiting specialists will be divvied up by cSBC.

Alternative payments physician funding of \$129 million will create new full-time equivalent positions to alleviate workload concerns, along with \$31.2 million to address alternative payments income disparity and rising business costs and \$29.3 million for after-hours premiums.

The new family practice payment model negotiated outside the PMA will pay family physicians for a broad spectrum of indirect care. There was no money in the PMA to fund time-based indirect patient care for specialists.

As of this writing, we are in talks with the Deputy Minister of Health to address the remaining shortfalls for specialists and our patients outside the PMA. We will also continue our work protecting telehealth (in combination with in-person care) and updating the rereferral system to recognize and support longitudinal specialist care.

Thanks to our executive director Ms Andrea Elvidge, our council, and the specialists who support our work through their dues.

Chris Hoag, MD, *President*

CRITICAL CARE

The Section of Critical Care aims to compassionately improve care for critically ill patients in British Columbia.

It was a challenging year for critical care medicine. While the numbers of COVID-19 decreased, clinical demands on the various ICUs throughout the province remained high as we navigated the combination of RSV, influenza, and COVID-19 affecting the critically ill.

We also saw the development of the BC Critical Care Network, a health improvement network that aims to optimize health outcomes, improve the quality and coordination of services, and enhance the experience for patients, families, and providers requiring critical care services within BC. We are excited to partner with this network to ensure optimal delivery of critical services across the province.

We look forward to continuing to advocate for both our Section members and patients in the new year.

Titus Yeung, MD, *President*

DERMATOLOGY

I would like to start by thanking our past president Dr Michael Samycia for his contributions during his short time as leader and for helping facilitate the handover of Section leadership. Dr Samycia has moved to Edmonton, and we wish him the best of luck in his new practice. I am also deeply indebted to our past president, Dr Evert Tuyp, not only for his tremendous contributions to our Section over his many years as Section president, but also for his continued involvement with our Section affairs and his invaluable mentorship as I transition into this new role.

Dermatology continues to have a huge workforce shortage, which significantly limits access to timely dermatologic care. Wait list times remain unacceptably high in most areas of the province. Recruitment continues to be impeded by low fees compared with other provinces, as exemplified by the more than a dozen unfilled dermatology postings on Health Match BC. On a positive note, after Northern BC being without a dermatologist for nearly a decade, there are now two full-time dermatologists serving Prince George.

I am also pleased to announce that our first hybrid (in-person and virtual) Section meeting was held in conjunction with the BC Dermatology Society on November 5, 2022, and was attended by a large majority of our members. We are looking forward to another hybrid meeting in May 2023.

The Section is committed to ensuring that high-quality medical dermatology consultative expertise is available in an equitable manner to all patients in our

province. We are hopeful that with the upcoming Physician Master Agreement negotiations and other ongoing initiatives, our province will be able to retain and hopefully attract the workforce required to meet this goal.

Michael Copley, MD, *President*

EMERGENCY MEDICINE

The Section of Emergency Medicine executive committee consists of three co-presidents, a treasurer, a secretary, 17 executive members, and two resident representatives. In 2022, we addressed many significant issues facing emergency physicians across the province, including:

- Meeting with the Ministry of Health, the Emergency Services Advisory Committee, and the government to address emergency department overcrowding.
- Liaising with Doctors of BC, the Ministry of Health, and BC health authorities through the Section's violence committee to develop a violent incident reporting application, while continuing to enforce zero-tolerance policies for abusive behaviour in our emergency departments.
- Lobbying to offload excessive and inappropriate tasks that have been placed on emergency physicians, such as the completion of psychiatric Form 5s, through appeals to BC's Office of the Ombudsperson.
- Mitigating the problems associated with the expansion of virtual care and its impact on patients and emergency departments across the province.
- Advocating for privileging and recredentialing processes of health authorities to be streamlined and made more efficient for physicians.
- Appealing to the Canadian Association of Emergency Physicians that the existing College of Family Physicians of Canada and Fellow of the Royal College of Physicians of Canada residency training programs be harmonized into a single program.
- Addressing sources of emergency physician burnout, such as emergency department gridlock, inadequate emergency department care spaces, and staff (nursing, allied health, physician) sick calls.
- Facilitating communications to inform patients of alternatives to using an emergency department for nonemergency care.
- Forming an equity, diversity, and inclusion subcommittee; authoring the Equity, Diversity and Inclusion Tool Kit for Emergency Medicine, a best practice document to guide the hiring, recruitment, and retention of emergency medicine staff; and submitting the toolkit to the *Canadian Journal of Emergency Medicine*.

At alternative payments sites, the Section is:

- Negotiating for increased after-hours rates in the upcoming Physician Master Agreement.
- Advocating for further reductions in intersectional disparities in remuneration.
- Working with Consultant Specialists of BC to greatly increase annual funding for additional full-time equivalents in the 2022 Physician Master Agreement.
- Assisting individual emergency physician groups during contract negotiations with health authorities.
- Helping to protect all emergency physicians from pay cuts via an erosion in payment per hour of clinical work by maintaining the current definition of an emergency medicine full-time equivalent during negotiations.

At fee-for-service sites, the Section is:

- Continuing to review and resubmit changes to the wording of the Emergency Medicine section of the Preamble to the Payment Schedule as emergency medicine work evolves within our province.
- Maintaining and updating the Section's billing guide to simplify billing and providing an interactive resource for emergency physicians.
- Allocating our disparity funding to increase weekend 1840 codes to sit between 1820 evening and 1830 night codes. This money has also enabled College of Family Physicians of Canada emergency medicine physicians to transition to billing the 1810 consultation fee instead of age-based family practice consults, further cementing their role as emergency medicine specialists.
- Advocating for further reduction in interprovincial and intersectional disparities in remuneration.
- Supporting fee-for-service emergency physicians in the upcoming WorkSafeBC negotiations.

The membership of the Section continues to grow consistently, resulting in another dues reduction for 2023. We aim to continue increasing our numbers to strengthen our ability to advocate and negotiate.

Gord McInnes, MD, Steven Fedder, MD, Quynh Doan, MDCM, *Co-Presidents*

ENDOCRINOLOGY AND METABOLISM

HEALTH HUMAN RESOURCES

There are 65 adult endocrinologists in BC, based on Doctors of BC's methodology (>\$100,000). This is a reduction of four practitioners. We are pleased that there are two additional recruitments within Interior Health.

Informal surveys indicate that wait times to see endocrinologists after referral vary from three months to seven months.

INNOVATIONS

Endocrinologists continue to offer both virtual and in-person care. We support the continuation of virtual care options post-pandemic.

We are seeking approval for funding of new diabetes technologies: continuous glucose monitors linked to insulin pumps and for complex pediatric to adult transition patients. The process to initiate new fees via the Tariff Committee is slow and cumbersome. This item appeared in last year's annual report, and there has been no movement.

HEALTH POLICY

The Society held a workshop in 2022 with Dr Brian Gregory to review the referring physician-consultant relationship regarding consultation and repeat consultations.

We would like to recognize the significant and successful advocacy work done by endocrinologists and internists in advocating for changes to PharmaCare policy for coverage of glucagon-like peptide 1 receptor agonist medications.

We strongly support the work of Consultant Specialists of BC and encourage all specialists to become dues-paying members of that organization.

LEADERSHIP

We welcome Dr Monika Pawlowska as president and thank members of our executive for their work in 2022.

Marshall Dahl, MD, *President*

GASTROENTEROLOGY

EXECUTIVE

In 2021, we made a significant change in our executive to reflect the complexity of negotiating with various government agencies, to maintain relations with other societies for mutual benefit, and to serve our members better. Our current executive includes a president, vice president, treasurer, and member at large.

MEMBERSHIP UPDATE

An annual meeting was held virtually for all BC Gastrointestinal Society members on September 12, 2022. Nonmembers were allowed to attend. The first hour was exclusive to gastroenterologists, and the second hour was a

joint billing seminar with the Section of General Surgery. Highlights of the meeting included:

- Introduction of the new executive and their roles.
- Overview of the work of the Section to date.
- Ongoing discussions with PharmaCare following a mandated nonmedical switch to a biosimilar in 2021 and a second switch in 2022.
- Discussions about difficult situations, such as access in rural areas, grandfathering of remotely initiated and inherited cases from retired physicians, transitioning patients from pediatric to adult, and patients from other countries and provinces.
- Ongoing close collaboration with the Section of General Surgery for mutual benefit—for example, the transition of endoscopic retrograde cholangiopancreatography fees from the Section of General Surgery to the Section of Gastroenterology, appealing to change the complex polypectomy fee to a new fee fund item (this worked in our favour), and successfully retaining the original monies slated for the complex polypectomy fee in consult and follow-up fees.
- A joint billing seminar, which clarified many aspects of billing for members with an initial presentation by Dr Hamish Hwang, the Section of General Surgery economics representative, followed by questions and answers.

ONGOING INITIATIVES

The executive continues to strengthen our ties with other Sections to leverage negotiating power for the Section of Gastroenterology. This included:

- Applications for several new fee fund items, including pancreatic necrosectomy, cholangioscopy and intraductal lithotripsy, Barrett's esophagus ablation, and peroral endoscopic myotomy.
- Changes to current fee items (including esophagogastroduodenoscopy) to align with current practices (a net-zero revenue move).
- Ongoing meetings with PharmaCare regarding issues with grandfathering patients, as outlined above. This is a joint venture with other Sections, including Rheumatology, Endocrinology and Metabolism, and Pediatrics.

Section-specific initiatives include a new fee fund item application for FibroScan.

Nazira Chatur, MD, *President*

GENERAL INTERNAL MEDICINE

The role of the Society of General Internal Medicine of BC (SGIMBC) is to cultivate a community to advocate and represent the interests of general internists of BC, as well as educate the public on the role of general internists across the province.

EXECUTIVE COMMITTEE

The executive committee went through a number of changes in 2022. Drs Stephane Voyer, Graham Lea, Robert Shaw, and David Shanks permanently stepped down from their positions. Drs Casey Chan and Jasdeep Saluja joined the committee as new members. In addition, Dr Jennifer Grace joined the committee in the past president role. All other members will be continuing their roles in 2023.

The SGIMBC's annual general meeting was postponed from December 2022 to February 2023 and will be the first meeting since 2019 to have an in-person option.

MEMBERSHIP AND COMMUNITY

The SGIMBC continues to endeavour to recognize general internists across the province who are taking leadership roles in their community or health authority or in the province.

Leadership awards were presented again this year to two outstanding SGIMBC members who are positively impacting their community and the practice of general internal medicine.

As a commitment to address equity issues, the SGIMBC started to explore gender-based disparities in general internal medicine billings. The SGIMBC will hold an open forum with members this winter to discuss data and strategies to address gender-based disparities.

FAIR REMUNERATION

The SGIMBC strives to further establish general internal medicine as a distinct specialty and ensure that general internal medicine doctors are being appropriately compensated for their work. The SGIMBC executive worked to provide representation, information, and clarification to the Medical Services Plan and the Tariff Committee to ensure fair remuneration for general internists in BC. In 2022, this resulted in significant retro payments provided as part of the Specialist Disparity Fund Adjudication to compensate for relative underfunding compared with other specialists in BC. In addition, the executive worked closely with the Tariff Committee to create more succinct and clear definitions for required training to gain access to general internal medicine complex fee codes.

Shavinder Gill, MD, *President*

GENERAL PRACTITIONERS IN ONCOLOGY

General practitioners in oncology (GPOs) work in a variety of settings. Some practise at the larger BC cancer centres (Vancouver, Victoria, Surrey, Prince George, Kelowna, and Abbotsford). Others practise in smaller communities as part of the Community Oncology Network. For some, their focus is GPO work, while for others, GPO work is part of a broader family practice. Others pair their GPO work with palliative care.

There are several different compensation models for GPO work:

- Salary from BC Cancer (Provincial Health Services Authority)
- Contract with BC Cancer (Provincial Health Services Authority)
- Sessional contract with the local health authority
- Fee-for-service

In the past, communication to GPOs throughout the province on a variety of topics was facilitated through BC Cancer's Family Practice Oncology Network. However, this is not the mandate of the Family Practice Oncology Network. Its mandate is educational.

It has become evident that BC GPOs would benefit from improved cohesion and communication on noneducational issues. Given the variety of methods by which GPOs are compensated, as well as the different health authorities involved, GPOs endeavoured to form a Section in the hopes of benefiting from the structure, knowledge, and experience of Doctors of BC.

The application for a Section was approved in 2022. The group met at the BC Cancer Summit in November. It is early days for the Section. We hope to grow it and improve advocacy for GPOs going forward.

Steve Kulla, MD, Randy Marback, MD, *Co-Presidents*

GENERAL SURGERY

The General Surgery Section has continued to work with the Tariff Committee to evolve our fee guide to reflect evidence-based surgical practice, including the latest innovations, and we are working toward addressing gender disparity through an analysis of fees that lead to disparity and increasing applicable fees. We focused our previously negotiated allocation to address some of the lower fees in our fee guide and were able to bring most of our fees within 70% of the Alberta fee guide, some a little higher. This year we successfully supported a new Physician Master Agreement, and multiple recommendations awarded came from our proposal. We have been applying for new fees to leverage the new fee fund; most recently, our complex polypectomy fee was approved. In addition, new transanal total mesorectal excision fees have

now been implemented, and a revenue-neutral realignment of the upper gastrointestinal endoscopy fees has come into effect.

A list of new fees and other economic updates will be presented at our annual general meeting in conjunction with the BC Surgical Society's meeting this May in Whistler.

Our executive has attended several meetings on your behalf. I regularly attend the Representative Assembly (RA) to conduct the affairs of the profession. This involves Physician Master Agreement negotiations, general surgery representation at the RA and on the Doctors of BC Board, and specific issues that come up during the year. It is important that the RA retains its autonomy and has meaningful input over items brought before it for consideration.

We continue to support and sponsor residents through our organization, research opportunities, regional contact support, and our biennial job fair. This year we've had two residents working to update a study on the state of the general surgery workforce in BC that was published in the *BCMJ* 10 years ago. We hope that this study will help us break down barriers to recruiting general surgeons.

We've also helped spearhead seven projects approved by the UBC Mentorship Program. We have guaranteed \$10,000 for another year from General Surgeons of BC (along with additional industry funding) to help remove barriers for surgeons wanting to continue their learning with and from colleagues and to provide better care to their communities.

We are pleased that most of the general surgeons of the province (98%) pay their annual dues to the Section—we truly do represent you. Residents can join our Section at no cost, and we are delighted to host an annual reception for them at our annual general meeting. Retired members stay in touch with Section matters for a \$100 fee.

It has been my privilege to be your president this past year, and I look forward to welcoming Dr Scott Cowie as our incoming president at our annual general meeting in May this year. We have a dedicated executive, an economics committee, and regional representatives representing you and our profession. A special thanks as always to Dr Hamish Hwang for his tireless work to advance our Section's interests again this year. Please continue to bring your ideas forward.

Dan Jenkin, MD, *President*

HEMATOLOGY AND ONCOLOGY

The Section of Hematology and Oncology has nothing to report for 2022.

John Yun, MD, Paul Yenson, MD, *Co-Chairs*

INFECTIOUS DISEASES

The Section of Infectious Diseases is represented by the BC Infectious Diseases Society (BCIDS). Our society membership includes 49 full voting members certified by the Royal College of Physicians and Surgeons of Canada in addition to 29 nonvoting associate members, including trainees, retired physicians, and physicians from disciplines other than infectious diseases.

Our 2022 annual general meeting was held virtually on November 4, 2022. As of this meeting, there were no changes in the executive. Attendees listened to reports from the directors and participated in a subsequent discussion about potential directions to expand the role of the BCIDS in the future.

Later in November 2022, the previous secretary, Dr Issa Ephtimios, resigned his role and has been succeeded by Dr Caitlyn Marek. We thank Dr Ephtimios for his service, and we look forward to working with Dr Marek.

In 2022, the BCIDS awarded an Outstanding Service Award to our past president, Dr Dwight Ferris, in grateful appreciation of his outstanding leadership, commitment, and dedication as BCIDS president. We also awarded, in conjunction with the BC Infectious Diseases Symposium, an Award of Recognition to Dr Anthony Chow in recognition of his transformational leadership in the field of infectious diseases in BC and in appreciation of his outstanding contributions to the BC Infectious Diseases Symposium.

This year saw the publication of a study funded by the BCIDS to look at the adverse events and costs associated with outpatient parenteral antimicrobial therapy and home IV therapy in a BC context. This study, completed by Dr John Staples and colleagues, was published in *Clinical Infectious Diseases* in April 2022. The study concluded that "Outpatient IV antimicrobial therapy is associated with a similar overall prevalence of adverse events and with substantial cost savings relative to patients remaining in hospital to complete IV antimicrobials. These findings should inform efforts to expand [outpatient antimicrobial therapy] use."

In the wake of the ratification of the latest Physician Master Agreement, the executive will continue to advocate for correction of income disparity in comparison to other specialties.

A heartfelt thank you goes out to the executive and all our colleagues as well as to the supportive and helpful staff at Doctors of BC and the UBC Division of Infectious Diseases.

Gregory Deans, MD, *President*

NEUROLOGY

The Section of Neurology has nothing to report for 2022.

John Falconer, MD, *President*

NUCLEAR MEDICINE

The issues facing the Section of Nuclear Medicine remain unchanged in 2022, from 2021, from 2020, from 2019, and from the challenges of 2018. The Section has not been able to obtain any new fees for over a decade and will not obtain any new fees in the foreseeable future. This was confirmed by Mr Paul Straszak, the chief negotiator for Doctors of BC in the Physician Master Agreement negotiations. Doctors of BC has agreed—for reasons unknown to this Section—to a ceiling of \$1 million annually for new fee items. Fortunately, a new ceiling—one time only—of \$10 million is now intended for 2023. A nuclear medicine fee code must account for the cost of radiopharmaceuticals. Most new radiopharmaceuticals cost \$1,000 or more, so any new fee in nuclear medicine that involves 500 patients would take up half the amount allotted annually for new fees. There are hundreds of new radiotracers and radiotherapeutics in the pipeline, so essentially the Medical Services Plan and Doctors of BC have decided—in absentia—to forgo radical new diagnostic and therapeutic entities, especially in the areas of oncology and neurology. It is now completely apparent in the mainstream media that there is a significant delay in obtaining cancer referrals and treatments, and this will only become more dramatic, as the BC nuclear medicine infrastructure is completely inadequate, with many nuclear medicine specialists now in their 60s and 70s.

British Columbia, particularly Vancouver, has fewer positron emission tomography (PET) scanners than many single large American hospitals, and a few Canadian centres, like Foothills Medical Centre in Calgary and the Sherbrooke University Hospital Centre in Quebec, have almost as many as the entire province of British Columbia. Only 40% of BC Cancer Agency patients are receiving PET scans within recommended time limits. According to BC Cancer Agency statistics, PET changes management of cancer patients 40% of the time. Since large numbers of BC patients with cancer are not being offered PET scans, a BC cancer patient without a diagnostic PET scan has almost a 50% chance of receiving the wrong treatment.

In 2020, a new treatment for neuroendocrine tumours, Lu-177 dotatate, became reimbursable in BC, but the treatments were limited to the BC Cancer Agency. Currently no fee exists for Ga-68 prostate-specific membrane antigen scans for prostate cancer, which were approved by Health Canada in 2022. A novel therapy for prostate cancer patients with Lu-177 prostate-specific membrane antigen was also approved in 2022. No fee exists for I-123 DaTscan for Parkinson disease, and no fees exist for F-18 amyloid and F-18 tau scans for dementia. No fees exist for F-18 fluorodeoxyglucose scans, and no fees exist

for F-18 fibroblast activation protein inhibitor scans, which will likely become available in the United States in 2023 to complement F-18 fluorodeoxyglucose studies. As the specialty of nuclear medicine evolves, British Columbia will increasingly be seen as a very backward part of the world in which to be ill, far worse than supposed developing countries like India, China, or Brazil.

Philip Cohen, MD, *President*

OPHTHALMOLOGY

Representing the Section of Ophthalmology, the BC Society of Eye Physicians and Surgeons (BCSEPS) has had an active year, with an ongoing commitment to growth, fee updates, relationship building, and continuing to develop our Society into a clear and responsive representation of ophthalmologists in BC.

One major project over the last year or so has been the BCSEPS economics committee's fee code revisions. These were started over a year ago and require a huge amount of time and energy from our committed economics committee volunteer members, who are working on examining our fee guide and working with the Medical Services Plan (MSP), the Tariff Committee, Doctors of BC, and our intermediary consultant, Dr Ray Dykstra, who has been an invaluable contributor to reviewing the economics committee's recommended changes. At this stage, we are in the middle of submitting a very large package of revisions, new codes, and code changes. It is currently in the hands of the MSP, and we are working with them to get all our package fee items properly presented so that there is the maximum chance that the MSP will approve the majority without significant modifications. Some of the economics committee's goals have been to reduce intrasectional disparity (disparity between remuneration between different ophthalmology areas of practice), to increase codes that pay disproportionately low for the time and complexity required, to decrease codes where new equipment has streamlined processes making current codes outdated, and to redistribute funds from codes that should be used with discrimination and within certain parameters. Members of our economics committee will present at the upcoming Tariff Committee meeting in March 2023.

In addition, the BCSEPS is actively involved in the Consultant Specialists of BC group, where we represent ophthalmology within the province and discuss any forthcoming issues or disagreements with other specialties. This includes relationship building and advocacy, as well as gathering information that is important to the Section on an ongoing basis.

This year, the BCSEPS Spring Clinical Day will be on the topic of the cornea. It will take place at SFU's Morris J. Wosk Centre for Dialogue at an all-day event in May 2023. We have lined up some fantastic international and local speakers, and we look forward to a dynamic event.

An additional ongoing project at the BCSEPS is to try to discover where our membership is based and where we are lacking representation. We would like to have robust membership in all geographical areas of BC and across all areas of specialty. We have been encouraging our members to connect with each other to increase the number and strength of our group, which at present covers about two-thirds of ophthalmologists in the province.

Bill H. Johnston, MD, Marius Scheepers, MD, *Co-Presidents*

PAIN MEDICINE

The Section of Pain Medicine, represented by the Pain Medicine Physicians of BC Society, is an interdisciplinary Section, with members hailing from family practice, anesthesiology, physical medicine and rehabilitation, psychiatry, radiology, various surgical specialties, emergency medicine, and internal medicine. Our mandate includes advancing the scientific, educational, professional, and economic welfare of pain medicine physicians, and promoting the highest quality of health care delivery to the one in five British Columbians living with persistent pain.

Our members practise medical, psychological, physical, and interventional pain management strategies. The interventional strategies performed by our members range from simple trigger point and joint injections to complex neuromodulatory and neuroablative techniques.

We are currently operating in a challenging environment at a time when there are relatively few community resources for the management of chronic pain. A combination of the recently implemented College of Physicians and Surgeons of BC procedural pain management standards, advanced pain management physician shortages, family physician shortages, and the challenges of the COVID-19 pandemic have had a significant impact on patient access to high-quality physician-based pain management. Wait times for advanced assessment and therapies are far too long. At the same time, the Ministry of Health still has not implemented the recommendations of the Canadian Pain Task Force in its Action Plan for Pain in Canada.

We are disappointed that the Ministry of Health chose not to consolidate the College of Naturopathic Physicians into the College of Physicians and Surgeons of BC in its “modernization of medical professional colleges.” This allows naturopaths to continue practising advanced axial procedures, including facet injections, with minimal training, outside the strict regulatory guidelines placed on medical doctors.

After a six-year process, we were finally able to establish fees for percutaneous facet medial branch neuroablative procedures. We will continue to fight for fair and adequate remuneration for pain management physicians, particularly in noninterventional (consultative, follow-up, and counselling) areas. These

are challenging issues, as members from different background specialties and family practice members have vastly different Medical Services Plan fees for similar work.

Brent MacNicol, MD, *Chair*

PALLIATIVE MEDICINE

This year has been busy for us, as we are reaching the final stages of negotiation for specialist fee codes for palliative medicine. Fee codes have been discussed with Doctors of BC for 14 years, with the most recent application in 2018. An offer was made in March of this year but was rejected by the Section.

The requirement for being cost-neutral was the major stumbling block, as well as obstacles around the dual-stream certification process involving both a College of Family Physicians Canada Certificate of Added Competence credential and a new Royal College subspecialty. Adding to the confusion was a third class of specialists with unique status due to appropriately trained and experienced specialists who originally came from family medicine being eligible to sit the Fellow of the Royal College of Physicians of Canada subspecialty exam via the practice-eligible route.

Discussions between the president of the Section and individuals within Doctors of BC and the Tariff Committee led to a better understanding of the needs of our Section and the need for specialist palliative care to be adequately compensated to ensure ongoing recruitment and retention. This resulted in inclusion of our Section in negotiation of the Physician Master Agreement as a “special group” and resulted in allocation of up to \$2 million for new specialist palliative medicine fee codes.

Removing the need for cost-neutrality has opened the door to more appropriate code funding. Ongoing discussion has also led to the Tariff Committee agreeing that time-based fee codes are more suitable for our work than service-based codes than had previously been understood. A letter from the Tariff Committee has confirmed that time-based specialty palliative medicine codes will be implemented in spring 2023, with a small working group of Section members, Doctors of BC representatives, and Ministry of Health staff working on the details.

Our membership numbers have been stable for the last four to five years. We are working to raise awareness of our Section and increase our membership to represent all palliative care service providers in BC. We will likely also need to form a credentialing committee.

Our executive team is focused on learning more about the challenges faced by palliative care physicians, especially rural and community. There are also ongoing negotiations within the health authorities about service contracts and

the inconsistent and inappropriate use of “shadow billing.” We hope to be able to contribute to the process of removing shadow billing from those service contracts that still do this, and to use better means of data collection for encounter reporting where required.

In 2023, we hope to be able to move on from the fee code issue that has consumed much of our attention over recent years and to focus on other aspects of service delivery and development of our specialty in conjunction with our partners: the UBC Division of Palliative Care, the BC Centre for Palliative Care, and BC health authorities.

Our membership rate has remained at \$190 for more than three years but may need to be increased to \$200 for fiscal year 2024 due to the ongoing need to provide honoraria for Section members to participate in meetings, etc.

Philippa Hawley, FRCPC, *President*

PHYSICAL MEDICINE AND REHABILITATION

The Section of Physical Medicine and Rehabilitation met four times in 2022, all via Zoom.

These meetings immediately followed UBC division meetings. Subjects for discussion included economic issues and disparity; topics relevant to WorkSafeBC, including negotiations; participation in Doctors of BC committees; and issues specific to the Consultant Specialists of BC.

E. Weiss, MD, *Section Head*

PLASTIC SURGERY

During this past year, the Society of Plastic Surgery has remained committed to our constitutional aims: the promotion of high-quality health care and of working conditions that allow for the sustainable and satisfying delivery of such care. Often it has felt as though progress is slow or absent, particularly when it is reliant on cooperation with the Tariff Committee, the government, or health authorities. On the other hand, it has been refreshing, even inspiring, to work with partners in other Sections and the Consultant Specialists of BC (cSBC).

The renewal and the efforts of the cSBC have been a source of reassurance and hope. We plan to work alongside the cSBC this coming year on a number of issues. Our priorities will include the preservation of virtual care fee codes and the improvement of the Medical Services Plan/Tariff Committee approval process. In addition, we support the cSBC’s position on specialist nomenclature and the work that is being done by the Consultation Working

Group. The Critical Care Coverage Program is also seen by our members as a valuable initiative.

We hope to work collaboratively with other Sections to allocate funding received as part of the Physician Master Agreement. New fee codes would help reflect recent advancements and changes to plastic surgery practice. New funding is required to reflect the time and effort associated with complex patients. In addition, we are pleased to see that tray fees have been added to the new fee item Ffund. New tray fees would allow our members to provide more services in their community offices.

Like many other Sections, our practices are burdened by long wait times and resource shortages. Nursing and anesthesia shortages have limited operating room time. In addition, some communities have difficulty finding surgical assistants. Many of our Section members are supportive of a movement to license physician assistants in BC. This could be an initiative that meaningfully extends the current focus on team-based care that we have seen this year.

Many of the society’s initiatives over the past few years have been related to our fee schedule. Some of the applications in progress are proposals to amend and clarify existing fee codes in light of the new rules around extra billing—rules that will negatively impact the health of British Columbians. These rules assume that there is a distinct line between cosmetic surgery and reconstructive surgery—between what is private and what should be publicly funded—but in practice, it’s more nuanced. It’s by focusing on patients, not fee codes, that surgeons determine which patients are appropriate for Medical Services Plan-funded care. The NDP government’s focus on fee codes and their punitive threats around extra billing will force cosmetic patients into an already stressed public system, while at the same time eliminating the autonomy, safety, and efficiency provided by a parallel private care option.

Serving the society this year was made so much easier and more pleasant by the staff at Doctors of BC, who are reliably capable and professional. We are grateful for your excellent support.

Owen Reid, MD, *President*

PSYCHIATRY

Representing the Psychiatry Section, the BC Psychiatric Association (BCPA) promotes the highest quality of psychiatric care for the BC population through the broad representation of the board members, as well as strong advocacy for the psychiatric profession.

We continue to collaborate with multiple partners toward achieving these goals, including the BC Schizophrenia Society on issues of Mental Health Act reform and hospital overcapacity, the UBC Department of Psychiatry on the provincial psychiatrist shortage and licensing barriers, the Family Justice

System Collaborative on the impact of divorce on children's mental health, and the Shared Care Committee's Adult Mental Health and Substance Use network. Our board has also liaised with regional health authorities in support of facility engagement projects such as overcapacity, provided input into the Police Reform Act, and provided feedback to the Medical Services Commission regarding appropriate insured benefits. The BCPA endorsed a call to confront the climate emergency. We have provided ongoing support to members in collaboration with the Canadian Psychiatric Association regarding the pending changes to Canadian MAID provision for those solely with mental health illness. Our board is acutely aware of increasing danger to providers and patients with the societal increase in violence and offered condolences to the Burnaby RCMP with their loss of Constable Shaelyn Yang in the line of duty. The board values liaison with our colleagues in primary care and other consultant specialties in helping to promote the Pathways program and the RACE line and participating in Specialist Services Committee initiatives. Physician wellness remains a key concern, and BCPA members again responded robustly to a call from our president to provide assessment and treatment to colleagues in our challenging times.

The annual BCPA educational meeting and annual general meeting continues to advance the Section's educational, scientific, and professional welfare, with our November 2022 virtual conference of almost 250 psychiatry attendees.

Our annual meeting recognized outstanding contributions to psychiatry in BC. Dr Paul Dagg received the Distinguished Contribution to BC Psychiatry Award, and Dr Vijay Seethapathy accepted the Outstanding Lifetime Community Service Award. The Senior Resident Advocacy Award went to Dr Oshin Maheshwari for her work in resident wellness and equity, diversity, and inclusion, and the Junior Advocacy Award went to Dr Randi George for her work in Indigenous health. Special thanks were extended to "retiring" board member Dr Kevin Stevenson, who has represented Interior Health for over a decade, and past president Dr Alan Bates.

The BCPA also values building the mental health of our future populations by liaising and supporting the UBC Medicine Gala as a gold sponsor and hosting the UBC Department of Psychiatry Resident Member Dinner. A lively lecture and discussion on the current state of ketamine research by Dr Ray Lam was enthusiastically received by over 50 residents.

Our current board remains proactive in addressing the ambitious mandate of our Section in 2023.

Colleen Northcott, MD, *President*

PUBLIC HEALTH AND PREVENTIVE MEDICINE SPECIALISTS

The purposes of the Section of Public Health and Preventive Medicine (PHPM) Specialists are to advance the scientific knowledge pertaining to the specialty and to consider business and economic matters pertaining to the interests of the specialty while keeping members apprised of the activities.

The three years of the pandemic have been particularly challenging for our specialty as we have worked to protect the health and well-being of British Columbians in the context of a rapidly evolving novel coronavirus and diminished resources. The Section has been focusing on supporting physician wellness and strengthening our community of practice as well as returning attention to other important public health issues, like mpox, influenza, and outbreaks of vaccine-preventable diseases, amid the increasingly overburdened health system.

The Section's 2022 activities included:

- Collaboratively working with the Physician Health Program to support PHPM specialists' wellness.
- Raising awareness of the inequities in population health created and exacerbated by the pandemic.
- Creating the Section economics committee.
- Building awareness within the system of the role of the public health physician through active engagement with Doctors of BC committees and leaders.

PHYSICIAN WELLNESS

In 2022, through the Restoring PHPM Resiliency project, funded by the Specialist Services Committee, the Section continues to facilitate mechanisms for PHPM specialists to engage and support one another to process the experiences during the pandemic, supported by the Physician Health Program and the Specialist Service Committee.

HEALTH SYSTEM AND POPULATION IMPACT

System transformation involving many different health sectors is currently impacting PHPM specialists. The Section continues to engage with available committee opportunities to raise awareness of population health perspectives. PHPM specialists are eager to provide important population perspectives on health issues in the province and how together we can better benefit population health in BC.

ECONOMICS

Specialist salary equity is a justice issue for the population of the province. Notable and persistent income disparity exists for PHPM specialists when

compared to other jurisdictions and all other specialties. In the upcoming implementation of the Physician Master Agreement, the Section's economics committee plans to seek consultation on pathways to equitable remuneration, particularly for after-hours work, workload, and the growing disparity experienced by PHPM specialists.

Going forward in 2023, we will:

- Convene a Section economics committee.
- Sustain the PHPM workforce in the face of post-pandemic pressures by providing resources.
- Consider strategies for achieving parity with other similar specialties to facilitate recruitment in difficult-to-recruit areas.

Sandra Allison, FRCPC, *President*

RADIATION ONCOLOGY

The Section of Radiation Oncology exists to preserve quality of care and sustainability of our profession in BC.

Over the past 12 months, we have been engaged in negotiations with the Health Employers Association of British Columbia, aimed at updating our contracts to reflect the changing landscape of oncology. We have made great progress in updating terms and conditions for salaried physicians, which had not been done since the mid-1990s. In addition, we have made some headway in making our service contracts compliant with the Physician Master Agreement. We have held a number of meetings to update and gather feedback on the direction of our efforts. Our annual general meeting, held in the fall of 2022, was well attended and generated much informative discussion.

The Section has made a few small but important first steps toward strengthening our profession so it will be ready to handle the challenges of modern oncology practice. We plan to continue our efforts.

Jonathan Livergant, MD, *Co-President*

RADIOLOGY

VISION AND GOALS

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

- Advocate for improved patient access and reduced wait times for medical imaging.

- Promote the highest quality and appropriate use of medical imaging.
- Ensure members achieve fair compensation for their services.
- Increase member engagement, value, and satisfaction.
- Strategically align efforts with partner organizations.

EXECUTIVE COUNCIL

The BCRS executive council continues to be well represented by radiologists from all regions of the province. After more than 14 years of dedicated service, our CEO, Bob Rauscher, retired at the end of 2022. We are pleased to welcome Ken Ostertag as our new CEO and Amy Smith as our new COO.

ACTIVITIES

The BCRS has been actively advocating for solutions to a crisis of long medical imaging wait times. We have highlighted four key areas that require urgent action:

- Critical shortage of medical imaging technologists.
- Urgent need to replace aging medical imaging equipment and add net-new equipment.
- Specific actions to reduce breast imaging wait times.
- Emergency overhead support for community imaging clinics.

We will continue to advocate strongly on these issues.

The BCRS continues to provide valuable accredited continuing medical education (CME) for the membership through both synchronous and asynchronous platforms, growing the library of on-demand online courses available in its learning management system. In 2022, the BCRS developed and delivered a CME series on standardized reporting for breast, liver, gynecological, and colorectal cancer imaging, along with comprehensive CME on oncological imaging.

The BCRS continues to work with its members and other stakeholders on compensation issues, including fee allocations, new fee applications, Medical On-Call Availability Program changes, and modernization of fee schedules.

Charlotte Yong-Hing, MD, *President*

RESPIRATORY MEDICINE

The Section of Respiratory Medicine, represented by the Respiratory Physician Association of BC, meets at its annual general meeting. In 2022, we met by Zoom again. Our first in-person annual general meeting since the beginning of the pandemic will be in 2023. As we have evolved from COVID-19 acute to the

current status, in-office visits have been reopening and increasing. However, there is a crucial component for ongoing virtual/telehealth visitation because of the expanse and location of our patients across our province, as well as limitations on their acuity and mobility.

There are still ongoing delays in our ability to see people at many levels.

We have been in touch with the Section membership with intermittent emails of information as well as by telephone and email—they have remained open. Many areas have been brought up and discussed. Those items have included:

- Discussions about getting raw pulmonary function testing data online
- Fee codes
- 2022 Physician Master Agreement/disparity items

P. Hui, MD, *Vice President*

RHEUMATOLOGY

We have seen the impact of COVID-19 slowly decline, which has allowed our members to re-engage in the important work of strengthening rheumatologic care in the province. This work is happening both in person and remotely.

Rheumatology continues to be a leader in emerging models of care. The crisis in primary care has highlighted the need for multidisciplinary teams in the community more than ever. We have now had 10 years of experience in the evolution of rheumatology nursing in community practice, and the field continues to expand. Drs Tommy Gerschman and Michelle Teo have been granted \$1.385 million from the Specialist Services Committee to help specialists develop and implement an interprofessional team care model in their outpatient fee-for-service clinics. Eleven participants from eight different specialties (four surgery and seven medical, one being pediatric rheumatology) across all health regions in BC are participating in this change model based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative.

Our Section continues to administer a very successful rural rheumatology training grant for trainees from across Canada interested in electives in underserved areas.

We also conducted a popular biannual office practice seminar in September.

Our advocacy focus for the past year has centred on discussions with PharmaCare (e-forms, biologic coverage, drug shortages) as well as key changes to provincial lab immunology testing (antinuclear antibody test and mitogen testing).

Meetings of the Section take place twice a year, in the spring and the fall. The major meeting of the BC Society of Rheumatologists took place on November 25, 2022, on Zoom.

Our focus for 2023 will include intersectional disparity, gender equity, and expanding physician mentorship in the province.

Jason Kur, MD, *President*

SPORT AND EXERCISE MEDICINE

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

Our Section operates in an extremely challenging practice environment under drastic inequities within the Medical Services Commission Payment Schedule, and 2022 was another year of advocating for change in the Physician Master Agreement (PMA) negotiations. Leading in to the PMA bargaining process, our Section identified our lack of representation and inability to be fairly represented at previous rounds of bargaining, resulting in sport medicine being left out of previous funding increases. Excitingly, our voice was heard. For the first time, there has been money set aside in the PMA for creating and updating Medical Services Plan fee codes relevant to sport and exercise medicine. BC Family Doctors has been mandated to gain approval from our Section for fee code changes that will total \$700,000 per year. Although this is a relatively small dollar amount, the precedent is being set that we have a voice and our priorities must be heard and acted upon.

All of our expertise and additional sport medicine training has previously been done without a single dollar of financial recognition in the province of BC. When a family physician spends an additional full year learning to manage the complexities of sport and exercise medicine, there is no framework for financial compensation to recognize this additional learning or skill level. There are not yet any sport and exercise medicine fee codes in BC. Becoming a fellowship-trained sport and exercise medicine physician in BC does not gain the physician the ability to access any fee codes that family physicians without any additional training can already access. Our Section hopes this will change in 2023.

The demand for sport and exercise medicine specialist assessments and opinions in BC is high, with referrals originating from all regions of the province and a very high level of continued involvement in teaching, lecturing, and delivering workshops to the next generation of physicians in the province. However, maintaining a sport and exercise medicine practice in BC is becoming financially impossible because of the inequities in the current Medical Services Commission fee structures. The coming year looks to be a pivotal year in the history of sport and exercise medicine in our province, and the Section executive looks forward to leading the change that is long overdue.

Rob Drapala, MD, *President*

SURGICAL ASSISTS

The Section of Surgical Assists continues to represent and advocate for physicians who assist in surgeries across BC. Our goal is to improve recruitment and remuneration of surgical assists across all surgeries.

The Section was included in Physician Master Agreement negotiations and worked with the Statutory Negotiating Committee to outline our goals and requests. December 2022 brought the ratification of the Physician Master Agreement, and we are pleased to announce that for the first time the Section

received dedicated funds of \$1 million. This funding has highlighted that our voices have been heard and our persistence productive. Our Section is energized in continuing to advocate for change. During the Section's annual general meeting this past November, it was unanimous that these funds would be used to create a BMI surcharge, as this would benefit all assists across various surgeries.

We are continuing to advocate for ownership of our own fees, as this would give us the ability to independently lobby for more funds for other improvements to our fees. There is currently a shortage of dedicated skilled surgical assists in BC, particularly for complex cases, so one of our goals is to create a new fee code for surgeries with higher payments to surgeons, to provide better assist remuneration for longer complex cases.

We will continue to collaborate with BC Family Doctors to apply for our proposed new fee codes and to find solutions for improving recruitment and retention of surgical assists.

We have been successful in improving our membership but are continuing to work toward better representation for surgical assists in BC.

N. Barlow, MD, *President*

PHYSICIAN BURDENS UPDATE: CREATING SPACE FOR DOCTORS TO BE DOCTORS

In 2019, Doctors of BC began an engagement journey to learn more about the individual demands faced by doctors, as well as how those demands impact both their mental and physical well-being and their ability to practise medicine efficiently. Initial feedback from this engagement process was compiled to create the [Physician Burdens policy statement](#), released in February 2021.

The full physician burdens policy paper, titled “[Creating Space for Doctors to be Doctors: A Cumulative Impact Lens on Physician Demands](#),” was released in December 2022, expanding on the recommendations made in the policy statement. A [two-page fact sheet](#) summarizing the findings of the policy paper accompanied the release.

The policy paper recognizes that while most demands on physicians’ time are well intentioned and have been implemented with the goal of supporting quality patient care, these demands can accumulate and contribute to burnout. A key recommendation in the paper is that stakeholders apply a “cumulative impact lens” to each new, changing, and existing demand on clinicians, to determine how any new task or proposed change could have an unintended broader impact on the health care system. When new demands on physicians are identified, the newly created [Burdens Solutions Tool](#) can help health care stakeholders identify ways to lessen the burden on physicians. This should similarly be done when creating new demands or modifying existing demands on other health care providers.

In the policy paper, Doctors of BC strongly advocates for stakeholder adoption of the Burdens Solutions Tool and commits to educating

Doctors of BC staff on the tool to ensure it is embedded in the Association’s work.

Other recommendations in the policy paper include:

- The development of an accountability structure, an approval requirement, or legislated limitations on the ability of third parties who are not involved in the delivery of health care or social services to unilaterally impose administrative burdens, such as assessment, signature, or form completion requirements, on physicians without seeking input from physicians on their medical necessity.
- That physicians be meaningfully engaged in the development of BC’s digital health ecosystem governance and the ongoing development of standards, planning, design, implementation, evaluation, and training associated with electronic record-keeping systems.
- That the Ministry of Health, the Ministry of Post-Secondary Education and Future Skills, and health authorities consider options to support the training and expansion of clinical and administrative support staff in all health care settings.
- That the College of Physicians and Surgeons of BC continue its commitment to apply and communicate how the principles of right-touch regulation are being used in the development of proposed standards, guidelines, and policies (or revision thereof).
- The incorporation of meaningful engagement opportunities for physicians in the development of BC’s digital health ecosystem.



As part of the Physician Master Agreement, physician representatives will be appointed to oversee working groups responsible for alleviating administrative burdens. The working groups will start by focusing on Special Authority forms, BC Cancer forms and processes, and patient scheduling for health authority programs.

Read the [full policy paper](#) to learn more about what Doctors of BC learned during the physician burdens engagement process, the organization’s new commitments to members based on those findings, and the many projects underway to reduce the burdens acknowledged in the paper.

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ANNUAL REPORTS OF EXTERNAL COMMITTEES AND AFFILIATED ORGANIZATIONS

ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

The Advisory Committee on Diagnostic Facilities (ACDF) is a subcommittee of the Medical Services Commission, the mandate of which is to “provide advice and assistance to the Commission with respect to diagnostic services and diagnostic facilities and to consider certain applications” from public and privately owned facilities that bill, or wish to bill, the Medical Services Plan. The committee consists of three Doctors of BC representatives, three government representatives, and three public (beneficiary) representatives. The ACDF meets quarterly to assess applications for new, expanded, or relocated outpatient diagnostic facilities.

In 2022, the ACDF welcomed Dr Michael Chen as a new Doctors of BC representative. The ACDF chair and committee members expressed sincere appreciation for the contributions of Dr M.D. Kolodziejczyk over several years.

The committee addressed 209 applications during the year, 15 on behalf of public facilities and 194 from private sector applicants, including 167 home sleep apnea testing facility applications that did not go through the standard committee assessment process.

	SUBMITTED	APPROVED
Pulmonary function	4	4
Radiology	8	6
Ultrasound	11	11
Nuclear medicine	0	0
Electromyography	16	16
Polysomnography	3	3
Home sleep apnea testing	167	167
Total applications	209	207

The Medical Services Commission extended the moratorium on new and expanded ultrasound services to December 1, 2023, due to ongoing sonographer shortages, despite the addition of new training capacity at the British Columbia Institute of Technology, the College of New Caledonia,

and Camosun College. To increase patient access and to relieve pressure on hospital outpatient services, in October 2021, the Medical Services Commission approved a revised ultrasound approval policy to enable qualifying community imaging clinics to provide noncardiac Doppler studies: abdominal (native/transplant liver/kidney), peripheral venous (deep vein thrombosis studies), and carotid arteries.

The prior polysomnography moratorium was lifted on September 30, 2022, and a number of applications were reviewed and approved thereafter. With the recent extensive work by the Ministry of Health, the Medical Services Commission, and the ACDF on diagnostic sleep medicine, BC is the only Canadian jurisdiction allowing qualifying stand-alone home sleep apnea testing facilities to bill the Medical Services Plan for a portion of each diagnostic test. This and the introduction of formal accreditation for home sleep apnea testing facilities through the College of Physicians and Surgeons of BC’s Diagnostic Accreditation Program are significant advancements in the provision of diagnostic sleep testing.

From January 1, 2022, to December 31, 2026, the Medical Services Commission has enacted a moratorium on applications for stand-alone home sleep apnea testing facilities. This will allow the ACDF and support staff to assess the recent additional investments in diagnostic sleep testing.

On June 25, 2021, the Ministry of Health implemented a new application and standardized process for transfer of material financial interest (defined as 10% or more) of an existing privately owned diagnostic facility.

The ACDF continued to advise the Medical Services Commission on diagnostic and lab facilities. There were two radiology application denials in the last year, one for significant unused capacity and the other for insufficient medical need for additional capacity in the catchment areas involved. All remaining applications were approved where moratoriums were not in place for the year.

Vanindar J. Lail, MD, *Doctors of BC Representative*

DRIVER MEDICAL FITNESS CONSULTATION GROUP

The Driver Medical Fitness Consultation Group (DMFCG) serves as a two-way communication channel for sharing information between RoadSafetyBC and the medical community. The objective of the DMFCG is to provide expertise, advice, and recommendations to RoadSafetyBC on driver medical fitness issues, guidelines, research, and best practices.

In 2022, Doctors of BC had two representatives on this committee: Dr Alan Hoffman, a sleep medicine specialist, and Dr Rod Densmore, a family physician interested in patients with developmental disabilities. Dr Hoffman retired from the DMFCG in late 2022; he will be missed by the group not only for his expertise in sleep medicine, but also for his expertise beyond that specialty and his inquisitiveness and approachability.

Returning to the DMFCG in early 2023 is Victoria-based psychiatrist Dr Ian Gillespie; Dr Gillespie served on an earlier iteration of the DMFCG. He has recently written new guidelines for Canadian national driving standards for various patient groups, including people with ADHD and post-concussion/traumatic brain injury patients.

KEY ACTIVITIES OF 2022:

- The DMFCG continued providing input into RoadSafetyBC's Driver's Medical Examination Reports. Most physicians are familiar with the paper reports, which were most often required for older drivers and commercial drivers, especially those with medical conditions. The requirement for filing routine age-triggered Driver's Medical Examination Reports was put on hold in March 2020 because of the pandemic. Now, as the pandemic slowly winds down, these delayed reports will be required, and RoadSafetyBC has hired additional staff to process the larger number of medical reports than usual.
- RoadSafetyBC is in the process of developing an electronic version of the Driver's Medical Examination Report as part of its Driver Medical Fitness Transformation project. We participated twice in live sessions to test drive the electronic Driver's Medical Examination Report and provided our input. RoadSafetyBC sought input from numerous additional physicians and nurse practitioners as it is developing the electronic report.
- Dr Hoffman presented to the group on the challenges physicians experience in accessing diagnostic assessments for daytime drowsiness, which is relevant for driver medical fitness. The DMFCG will look into this issue further.

Priorities for us in 2023 are to continue advocating for user-friendliness in the electronic Driver's Medical Examination Report and to continue providing input into the broader Driver Medical Fitness Transformation project.

Rod Densmore, MD, Alan Hoffman, MD, Ian Gillespie, MD,
Doctors of BC Representatives

EMERGENCY SERVICES ADVISORY COMMITTEE

The Emergency Services Advisory Committee (ESAC) is an external committee that provides expert advice and guidance in strategic alignment with Ministry of Health priorities and acts to co-create solutions to improve emergency care. Using a patient-centred approach, the ESAC provides advice and recommendations to and receives strategic direction from the Ministry of Health to improve emergency care in accordance with the dimensions of quality.

Drs Gord McInnes and Chris Lee serve as Doctors of BC representatives on the ESAC. In 2022, regular ESAC meetings were replaced by two ad hoc topic-specific meetings and a mid-year meeting on future planning and focus. The topics of the two ad hoc meetings were Paxlovid prescription in emergency departments and a potential contrast shortage. The purpose of both meetings was to provide information and updates by subject matter experts. The mid-year meeting centred on a new health improvement network at the Provincial Health Services Authority called Emergency Care BC. Emergency Care BC is working collaboratively with the ESAC and relevant partners to establish a provincially led network that aims to optimize health outcomes, improve the quality and coordination of services, and enhance the experience for patients, families, and providers requiring emergency care within BC.

Gord McInnes, MD, and Chris Lee, MD, *Doctors of BC Representatives*

6 COMMITTEE MEMBERS

THANK YOU TO EVERYONE WHO PARTICIPATED AS A MEMBER OF A COUNCIL, COMMITTEE, SOCIETY, SECTION, OR COORDINATING GROUP IN 2022.

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