

2021 REPORT TO MEMBERS

PHYSICIAN HEALTH & WELLNESS

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REPORT OF THE PRESIDENT

MATTHEW CHOW, MD

It has been my honour and privilege to serve as president during extraordinary—and hopefully once-in-a-lifetime—conditions. The challenges we faced together last year included four pandemic waves, a brutal wildfire season, a record-setting heat wave, catastrophic flooding, protests by anti-vaxxers, and the deadliest year of the opiate crisis.

Doctors stood tall throughout these crises. We led the pandemic response, vaccinated our communities, adapted to ever-changing conditions, fought back against misinformation, and held the line as our collective physical and mental health were tested as never before.

As your president, I was interviewed by media as much as nine times in one day, led townhalls with thousands of participants, met with government officials and community leaders, and responded to thousands of social media posts, direct messages, and emails.

My objectives were to get us through the pandemic, protect the physical and mental health of our members, and continue the important work of health care reform despite the challenging conditions. I was supported by a highly professional and capable team at Doctors of BC. I cannot say enough about how the staff supported doctors despite being personally affected by pandemic restrictions, isolation, and fatigue.

Among the highlights of my work were defending virtual care as a critical tool to maintain access to care and reduce the risk of infection, advocating for the prioritization of physicians during the initial vaccination campaign and subsequent booster program, speaking out against misinformation and

anti-vax rhetoric, supporting colleagues who experienced abuse and threats, empowering the public to support health care workers and protect vital system capacity, and contributing to the discourse on the opioid crisis.

In the background, the Doctors of BC team and committed physician leaders and champions continued the heavy lifting of primary care reform, surgical strategy, digital health strategy, quality improvement, equity, diversity, and inclusion, and raising up new physician leaders. While I was heartened to see some efforts continue as if the pandemic did not exist, others were delayed or stalled due to massive pressures on the health care system. I look forward to a time when those important efforts can resume with haste.

I want to thank my predecessor, Dr Kathleen Ross, who served with diligence and courage during the opening salvos of the pandemic. She led during one of the most uncertain times we have ever faced as a profession. I stood on her shoulders as I began my term. I also want to thank Dr Rummy Dosanjh, my successor. I know that she will lead physicians with strength and conviction. I wish for her a year of success, relief from pandemic pressures, and recovery for our brave colleagues who have fought for so long.

Finally, I want to thank all the physicians of British Columbia, the members of Doctors of BC. You have brought compassion where there was suffering, wisdom where there was ignorance, and hope where there was fear. Doctors of BC will continue to be there for you just as you have been there for the people of British Columbia.



REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS

ADAM THOMPSON, MD

It is a privilege to be submitting this report as chair of the Doctors of BC Board of Directors. I am honoured to serve both the board and our members. This year brought with it staggering challenges for our profession as we navigated the second year of a global pandemic and a health care system under assault on a number of fronts.

UNITY

“Unity to be real must stand the severest strain without breaking.”
—Mahatma Gandhi

As you may know, the term “Better Together” is at the foundation of our ethos as an organization. There is never a better time for us to live this. We have been under severe strain. We have not broken. We have strength in our unity. I would be blinkered to think that our unity is perfect, that we do not argue or disagree. But by working together, listening, seeking common understanding, and respecting each of our viewpoints, we can truly be a special organization—an organization focused on the success our profession brings, not just to our patients and society but to each other.

THE STRUGGLES OF THE PROFESSION

Your board is very aware of the challenges facing all physicians in their daily lives. Board delegates are all practising physicians who live in your world and share your experiences. We all entered medical leadership to effect change for the better of the profession and our patients. Many of you are facing these challenges quietly and are not vocal in acknowledging your struggle.

I want to reassure you that these daily challenges are front and centre of every decision we make.

Here are some of the key priorities of the board over the last year:

- **NEGOTIATIONS:** The board approved the negotiations mandate for the 2022 Physician Master Agreement. The board will continue to support the staff and physicians leading the negotiations with the Ministry of Health in 2022 as we strive to achieve a successful outcome.
- **DIGITAL HEALTH:** The board continues to support staff and physicians who are working with the ministry to make virtual care fees a permanent part of physician compensation. The board also took important steps to ensure that physicians are better represented in the overall development of digital health in our province. It approved funding to support new appointments of members to key strategic tables to ensure the physician voice is reflected in strategic planning.
- **JOINT COLLABORATIVE COMMITTEES:** The board held several in-depth meetings with physician co-chairs of the Joint Collaborative Committees (JCCs). Delegates provided input on priorities from the Doctors of BC perspective. Ultimately, the board’s goal is to have a closer relationship with the JCCs, where so much of innovation and reform of our health care system is taking place. We hope to strengthen collaborative leadership, to develop even greater influence and broaden our ability to have meaningful conversations with our partners at all tables.
- **BUSINESS AUTONOMY:** The board considered the importance of business autonomy in the face of changing practice models. It agreed to make this

Continued

a priority and asked staff to identify the top two to three burdens impacting business autonomy, work with key stakeholders to reduce those burdens, understand the role of public-private partnerships in supporting business autonomy, and increase member understanding of how different payment and delivery models may affect various aspects of business autonomy.

- **EQUITY, DIVERSITY, AND INCLUSIVITY:** The board continued its journey toward greater equity, diversity, and inclusion so that the views of all our members, from every background and experience, are considered when decisions are made on behalf of the profession.

I want to thank my board colleagues, everyone who serves on the Representative Assembly and our committees, the staff of Doctors of BC, and —most importantly—each of you who selflessly serves in your daily lives.

REPORT OF THE ACTING CEO

JIM AIKMAN, ACTING CEO

When the global pandemic reached us in early 2020, we could not have imagined it would continue to dominate our lives—and the lives of our members—into a second year.

Doctors are experiencing unprecedented stress and burnout, with the pandemic exacerbating challenges that already existed within the health care system. Doctors of BC is not only providing enhanced supports to members through the Physician Health Program, it is also working on the policy and advocacy fronts to help reduce the burdens that physicians face every day in their work. The theme of this year's *Report to Members* is physician health and well-being, and I hope that you will take time to read and learn more about the association's efforts on your behalf. This work continues and will escalate in the coming year.

Staff, working remotely for the second year, stepped up to deliver exemplary service to our members. Staff and physicians worked together to develop a negotiations mandate for the new Physician Master Agreement that reflects the views and input of our members. At the direction of the board, we advocated on behalf of the profession to address challenges in primary care and among specialists in facilities and those working in community practice. We engaged with government to develop policies on virtual care and in the broader area of digital health. A significant portion of our advocacy was done through the Joint Collaborative Committees, a place where doctors, government, and health authority representatives sit down and have the honest and sometimes difficult conversations that can lead to innovative solutions. Our insurance team was also busier than ever, providing critical advice to members to help protect them, their families, and their practices.

These are just some examples of the commitment of Doctors of BC to make a real difference in the lives of our members. We know the future is uncertain and more change will come. Your association will be here to make a difference, so that you can make yours in service to your patients. Thank you to all the staff, board members, committees, sections, societies, and Representative Assembly for stepping up to the challenges this year, as you do every year.



REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

ERIC CADESKY, MDCM, CCFP, FCFP

It has been just over five years since Doctors of BC members cast their votes to decide on a new governance model. Over 90% chose the model we have today: a 108-member Representative Assembly (RA) that is a source of collective wisdom the board can call on, and a nine-member board that can nimbly govern our association.

Membership of the RA is wide ranging and representative of our profession. It includes members of each section, society, geographic region, and the First Nations Health Authority. Positions are also allocated for medical students and residents. Board members attend as nonvoting members.

In 2021, RA delegates provided input to the board in some key priority areas. They shared their views on priorities for negotiations toward a new Physician Master Agreement. This, along with feedback from our membership-at-large, sections, and societies, helped to set the association's negotiations mandate, preparing for the bargaining to start with the Ministry of Health.

RA members, led by a panel of physicians, held a wide-ranging discussion on the importance of business autonomy and the possible impact of changes in practice and compensation models. This input was considered by the board in formulating its plans to advocate for and support greater business autonomy.

In addition to providing critical input to inform board decisions, the RA acts as a leadership incubator for those who want to learn more about Doctors of BC and become more active in the association. For example, there are opportunities at each RA meeting for questions to be asked of the board chair, president, and CEO. Future meetings will also detail the structure of Doctors of BC and provide opportunities for the RA to meet with the chairs of Doctors of BC committees and the co-chairs of the Joint Collaborative Committees.

The RA also helps with professional unity as doctors from different types and stages of practice come together. After two years of meeting online due to the pandemic, I am optimistic that we will be able to meet in person soon, continuing to work together with shared values and respectful dialogue to drive progress for our association and the profession.

A fresh take on physician wellness: New leadership and funding for the Physician Health Program



Since the onset of the pandemic, the Physician Health Program has seen a dramatic increase in the number of doctors seeking help, as well as an increase in the complexity of issues being faced by those reaching out for support.

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A FRESH TAKE ON PHYSICIAN WELLNESS: NEW LEADERSHIP AND FUNDING FOR THE PHYSICIAN HEALTH PROGRAM

Since the onset of the pandemic, the Physician Health Program (PHP) has seen a dramatic increase in the number of doctors seeking help, as well as an increase in the complexity of issues being faced by those reaching out for support. To help address these needs, in late 2020 the Canadian Medical Association announced \$1 million in new funding for the PHP.

This new funding has enabled the PHP to identify gaps in existing wellness services, and enhance and develop new [peer support services](#) and [wellness supports](#) to address those gaps at all levels—local, regional, and provincial.

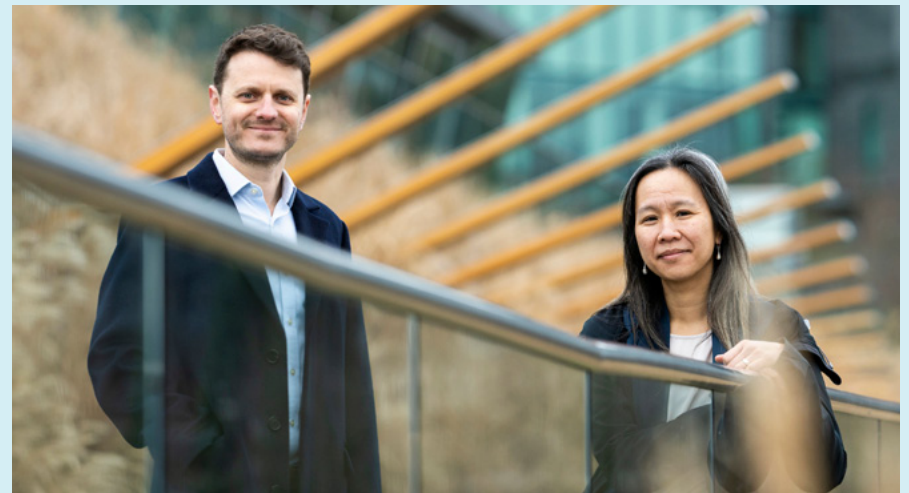
Following the funding announcement, PHP welcomed a new vice president, Mr Tom Rapanakis, and a new physician lead, Dr Anne Nguyen, to steer and support innovative approaches to physician well-being. Mr Rapanakis and Dr Nguyen are working toward a culture shift in which physicians feel they can ask for help before they're in crisis.

Mr Rapanakis came to Doctors of BC from the UK, where he worked as the head of Wellbeing Support, the physician health program serving 160,000 members of the British Medical Association. He also worked as a Supporter Services executive for Cancer Research UK.

During his first year with Doctors of BC, Mr Rapanakis has improved supports for physicians in need and expanded the program's role in physician wellness. "The PHP aims to continue improving the quality of the confidential support it provides, while strengthening bonds with local physician groups through new projects such as the Peer Support Initiative and a Physician Wellness Network," says Mr Rapanakis. "Attention must be given to physicians' workplaces through a health and wellness lens, and we hope to partner with colleagues around the province in enabling healthier, more supportive work environments."

Dr Anne Nguyen completed her medical degree at McMaster University and did her family medicine residency through the Northern Ontario School of Medicine in Thunder Bay. She has worked in rural general practice, inner-city and addiction medicine, hospital care, mindfulness education, and leadership in COVID-19 mitigation and inner-city outreach.

In her work with the PHP, Dr Nguyen is embracing the opportunity to change the culture of medicine. "My vision for the PHP is to create a program that offers high-quality service to physicians to support physician well-being so



Mr Tom Rapanakis and Dr Anne Nguyen are working toward a culture shift in which physicians feel they can ask for help before they're in crisis.

that we can thrive and show up as our best selves at work, at home, and in the community. We do this through timely and confidential peer support, psychoeducation, urgent counselling, and connection to mental health assessments and system navigation when doctors are most in need."

To tackle the massive challenges currently faced by the health system and society more broadly, Dr Nguyen says doctors need to be working and be well—which means not just surviving but thriving. "Doctors have a duty to help regardless of their personal circumstances—and this pandemic has shown us how doctors (like our colleagues in health care) are making a difference even when they are pushed beyond reasonable limits. But when we are flourishing, we have a greater and more sustainable capacity to have a deeply positive impact on the lives of patients, the health system, and society."

MORE INFORMATION

[Physician Health Program](#)

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ANNUAL REPORTS OF THE COUNCIL ON HEALTH PROMOTION

COUNCIL ON HEALTH PROMOTION

With a focus on community health, health promotion, and quality of health care, the Council on Health Promotion (COHP) has for many years played a large role in our association through its subcommittees, advocacy work, policy papers, and public campaigns. This year we continued to align our work with the Doctors of BC's strategic framework by advocating for health promotion in a manner that influences positive change in population health. This included delegating tasks to subcommittees and making the process more transparent and accountable. Succession planning and good role modelling are part of our work, too.

Early in 2021, we were advised of the outcome of a review of Doctors of BC committee structure by the Governance Committee and that their recommendation to the Board of Directors to disband COHP subcommittees and move to a more project-focused model was approved. Disappointment of two of the longest serving members of COHP was reflected in a column in the *BCMJ* last April, entitled, "All in 40 years' work: Differences of opinion."

Here is an update on COHP's 2020–21 key activities:

- We continued to refine COHP's terms of reference and methods to review and prioritize issues for our policy recommendations to the Board and are committed to member engagement when inviting project proposal submissions.
- A project working group, chaired by Dr Naomi Dove, developed a policy statement calling for a multipronged approach to addressing the illicit drugs overdose and toxicity crisis, including decriminalization of simple possession of controlled substances and improved access to safer pharmaceutical alternatives. Involving the Representative Assembly was very useful for engaging members on this matter. Work continues on updating Doctors of BC's existing policy paper on improving addiction care in BC.
- The Geriatrics and Palliative Care Subcommittee, chaired by Dr Maria Chung, developed a policy resolution calling for family caregivers to be formally recognized as partners in the care of residents in long-term care and assisted living.

- The Nutrition Subcommittee, chaired by Dr Michael Lyon, and working with excellent staff support, brought forward a resolution later approved by the Board that Doctors of BC recognizes obesity to be a chronic medical disease requiring enhanced research, treatment, and prevention efforts.

During our quarterly meetings, all via Zoom during COVID-19, we encourage regular brief exercise breaks.

This year we welcomed new COHP members, and we thank subcommittee chairs and members who concluded their contributions to COHP. Thank you to all for continuing to value COHP's work.

We also appreciate members' increasing involvement in the annual Walk With Your Doc and Be Active Every Day, both community engagement initiatives managed by the Communications Department. Particular thanks go to Patrick Higgins for his innovative ways of growing these initiatives.

Ian A. Gillespie, MD, *Chair*

ATHLETICS AND RECREATION COMMITTEE

The focus of the Athletics and Recreation Committee is promoting active living by supporting initiatives to increase physical activity and prevent sport-related injury. The committee supports the two main Doctors of BC health promotion campaigns that help to encourage physical activity: Be Active Every Day and Walk With Your Doc. These are opportunities for physicians across BC to engage with their communities. This year, 1115 participants and 200 doctors participated in the Walk With Your Doc campaign.

In 2021, the committee wrote two articles for the *BCMJ*. In the March issue, "A Walk in Nature: The Superfood of Physical Activities" discussed the health benefits of walking in nature. September's article, "Re-embracing Physical Activity after COVID-19" presented a practical guide to help physicians promote physical activity in their patients during and after the pandemic.

The committee also published an infographic to help older adults stay active during the pandemic. The infographic shares resources that discuss how to be active indoors and outdoors, and complements the infographic for children and youth published the year before. We also developed and distributed an

infographic with tips on how to stay active during virtual meetings, and we hope this philosophy will be expanded. These infographics will be useful for physicians when engaging with families, including seniors, on the importance of physical activity and maintaining a healthy lifestyle.

Finally, our committee developed a policy resolution calling for policymakers to ensure that access to green spaces in BC is equitable and safe. The issue gained urgency during the COVID-19 pandemic when safety restrictions were put in place while need for access to outdoor spaces increased.

This will be the final report for the Athletics and Recreation Committee as its work is being absorbed by the COHP at the end of 2021. It has been a pleasure to serve on this committee, and I want to thank all the committee members, chairs, and Policy and Planning staff, both past and present, for the excellent work they have done over the years.

Steve Larigakis, MD, *Chair*

EMERGENCY AND PUBLIC SAFETY COMMITTEE

The Emergency and Public Safety Committee of COHP has focused its activities on reducing injury and loss of life with primary attention directed toward road safety, disaster preparedness, and broad injury prevention and harm reduction strategies. The committee's initiatives have taken a medium- to long-term strategic approach attempting to initiate progressive change and encourage or support other organizations with similar mandates and motives. Consequently, we have worked closely with RoadSafetyBC, the Driver Fitness Advisory Group, the BC Road Safety Strategy Steering Committee, BC Injury Prevention Alliance, and most recently, Health Emergency Management BC (HEMBC).

Some examples of recent efforts include providing input to a draft framework for allocating health resources during a seismic event, developed by HEMBC, and continued support for RoadSafetyBC in its Driver Medical Fitness Transformation project and Drugs and Driving initiative. We hope to soon witness the transformation from paper-based medical fitness reports to an improved and more efficient digital format. Committee members also provided input and strongly supported the Doctors of BC effort to develop policy on the decriminalization and safe supply of street drugs.

Committee members submitted two articles to the *BCMJ* over the past year. In light of the experiences and events of 2020-21, the most recent article strongly advocated for the inclusion of disaster preparedness training within the core medical school curriculum. If this is not an eventual outcome of our recent collective experiences, then what more will be needed? The other article summarized the many accomplishments of the committee during its long tenure (40-plus years) within the organization and the opinion that these kinds

of important past public safety initiatives, brought forward by the province's physicians, will need to continue in some manner within a future project-centred approach that will be undertaken by COHP.

On behalf of all the physicians who have been members of this committee over its many years, I would like to thank the Doctors of BC for the privilege of serving.

Chris Rumball, MD, *Chair*

ENVIRONMENTAL HEALTH COMMITTEE

The Environmental Health Committee (EHC) is a subcommittee of COHP. It advises Doctors of BC on matters related to human health and the environment. In addition, it develops expertise within the medical profession on the impact of the environment on human health.

Over the last year, the committee has closely followed the issues of climate change and the COVID-19 pandemic as it relates to environmental factors. In addition, it has continued to build the relationship between Doctors of BC and the BCCDC, including discussion of evidence and research related to:

- Wildfires
- Hot weather deaths
- COVID-19 mink farm outbreaks
- Data monitoring from SARS-CoV-2 in sewage
- Lead and mercury surveillance
- Food safety

The committee was active in the development of a policy statement summarizing Doctors of BC's position on climate change, which was subsequently approved by the Board.

Finally, the committee wrote *BCMJ* articles on the following topics:

- Historical achievements of EHC
- Alcohol content in kombucha

Lloyd Oppel, MD, *Chair*

GERIATRICS AND PALLIATIVE CARE COMMITTEE

The Geriatrics and Palliative Care Committee is a subcommittee of COHP. The committee advises Doctors of BC on health promotion, disease prevention, advocacy, and quality-of-care issues pertaining to geriatrics and palliative medicine. It also promotes expertise within the medical profession on seniors' care, end-of-life care, and palliative care.

Over the past year, issues that have been discussed include inequities in the provision of palliative care due to poverty, as well as the lack of trained hospice staff and physicians interested in providing palliative care in rural communities compared to what is available in larger urban centres. Also at issue has been e-prescribing for opioids. Physicians providing palliative care are burdened by the need for paper copies. Patients and caregivers are disadvantaged by this as well due to the need to fax opioid prescriptions and renewals.

Residents and staff of assisted living and care facilities were severely impacted by the COVID-19 pandemic, both by the disease itself and the ensuing public health restrictions.

The following resolution was brought forward to the Doctors of BC Board and passed:

That the Doctors of BC, in alignment with the Doctors of BC 2016 policy paper “Circle of Care: Supporting Family Caregivers in BC” and the recommendations from the 2020 report “Staying Apart to Stay Safe” by the Office of the Seniors Advocate, recommends that:

- a) Family caregivers be formally recognized as partners in the care of residents in long-term care and assisted living
- b) Long-term care and assisted living residents and their family caregivers be included in decisions about individual care plans, and
- c) Long-term care and assisted living facilities have a mechanism for consulting family caregivers on the development of policies that impact residents.

The committee also helped to develop an infographic, Stay Active Stay Safe, encouraging seniors to be active while staying safe during the pandemic. We also wrote three *BCMJ* articles on the following topics:

- The role of family caregivers in long-term care.
- Rural inequities in the provision of palliative care.
- Culturally sensitive care for seniors.

Finally, we met with the Seniors Advocate to discuss a wide range of issues, including the role of family caregivers in long-term care and the impact of the COVID-19 pandemic. It is hoped that the Office of the Seniors Advocate and other key stakeholders involved in geriatrics and palliative care will continue to have input to COHP.

It has been an honour to serve on this committee as a member and as chair.

A.M. Chung, MD, *Chair*

NUTRITION COMMITTEE

The Nutrition Committee is a subcommittee of COHP. Its mandate is to advise Doctors of BC on public health issues pertaining to nutrition using scientific, evidence-based research, and to advocate for disease prevention and improved nutrition and health of the population of BC. The committee works on programs and policies to help support physicians providing nutrition counselling to patients in collaboration with the Ministry of Health, the Provincial Health Services Authority, and HealthLink BC.

In 2021, the Nutrition Committee met with Inspire Health: Supportive Cancer Care, an organization that provides multidisciplinary care to support patients with cancer. The discussion focused on leveraging virtual care tools to improve nutrition counselling for cancer patients and opportunities, such as group medical visits, to improve the quality and accessibility of nutrition education for all patients.

The Nutrition Committee also continued to work with the Office of the Provincial Dietitian at the Ministry of Health, the BCCDC, and HealthLink BC to provide input on behalf of physicians on nutrition-related priorities, including developing education resources for physicians for the new Canada's Food Guide.

Early in 2021, the committee determined that it should prioritize work on obesity. After engaging with Obesity Canada and the Canadian Obesity Advocacy Network, the committee undertook a review of clinical and economic research on obesity. We brought this research forward to COHP and indicated our support for recognizing obesity as a chronic disease. Through this effort, we developed the following policy resolution that was subsequently approved by the Board of Directors:

That Doctors of BC recognize obesity to be a chronic medical disease requiring enhanced research, treatment, and prevention efforts.

Finally, the Nutrition Committee wrote two articles for the *BCMJ* in 2021: one on the importance of recognizing type 2 diabetes remission as an achievable clinical target, and the other on the new Canadian Obesity Clinical Guidelines.

Michael Lyon, MD, *Chair*, and Meghan Day, *Ministry of Health Representative*

Rural doctors increase confidence and wellness through virtual supports



Doctors in rural areas often provide patient care in situations and emergencies that urban practitioners, facing similar situations, could refer to specialist care or the emergency department.

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RURAL DOCTORS INCREASE CONFIDENCE AND WELLNESS THROUGH VIRTUAL SUPPORTS

Doctors in rural areas often provide patient care in situations and emergencies that urban practitioners, facing similar situations, could refer to specialist care or the emergency department. Having access to additional expertise in complex patient care situations can increase doctors' confidence, enhance their skills, and provide a higher degree of job satisfaction. In 2021, the Rural Coordination Centre of BC's Real-Time Virtual Supports (RTVs) program was there to help.

The RTVs program was created in 2020 and grew significantly in 2021—150 doctors recruited to participate in the program have now provided more than 40,000 virtual consultations. The program's doctors, referred to as virtual physicians, provide rural health care providers with on-demand, 24/7, urgent and nonurgent clinical support via video or telephone.

In addition to supporting physicians, the RTVs program has improved access to patient-centred care and reduced out-of-pocket costs for patients, who in many cases can avoid travelling to access specialist care when their local physician is supported by the program. Indigenous and other rural patients can also be connected with an RTVs virtual physician directly via the HealthLink BC Emergency iDoctor-in-assistance pathway. Through both the physician and patient RTVs pathways, the program has enhanced health equity for patients across 91 rural, remote, and Indigenous communities throughout BC.

Physicians who have participated in the program report that RTVs pathways are leading to a strong community of practice, improving interprofessional and collegial relationships, and positively impacting practitioner recruitment and retention. The program has also strengthened rural doctors' core competencies; reduced their feelings of isolation, loneliness, and stress; and improved their psychological well-being.

To learn more, visit <https://rccbc.ca/rtvs/>.



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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 to 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 (FTE) model required for stage 1, as well as to provide data for stage 2 of the process.

At the request of the Board, the ASC conducted a review of the FTE methodology and the gross overhead ratio used in the stage 1 fee allocation process. Section comments were requested and discussed by the ASC to help to inform the review. The ASC presented their findings and recommendations to the Board at their May 27, 2021 meeting. The Board asked the ASC to return at a later date to provide a gender-based analysis of the FTE methodology.

The ASC considered the Board's request and reported to the Board on September 24, 2021, that their recommended changes to the FTE model, presented at the May 7 Board meeting, do provide an improved measurement from a gender perspective. However, further refinements are not possible given the limitations of current data available for the model (e.g., lack of data on clinical hours worked). Therefore, there were no changes to the ASC's initial recommendations. The Board approved ASC's recommendations for both the overhead ratio and the FTE model.

I would like to thank all the committee members for their diligence and useful input, and Doctors of BC staff for helping guide the committee and providing all the necessary data and calculations.

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 alternate payment (AP) 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 past year was to make a submission to the Doctors of BC's negotiations committees for the 2022 Physician Master Agreement (PMA) negotiations. Amongst other matters, the APPIC prioritized improving the PMA's provisions that address workload growth, after-hours services recognition, and the descriptions of deliverables in salary agreements and service contracts.

Given the steep decline in government funding made available for the purposes of addressing workload growth of service contract and salaried physicians this year, the APPIC has advocated for improvements in FTE funding and has called on government to provide an explanation that accounts for the decline in funding.

The APPIC was asked to provide recommendations to the Doctors of BC regarding the service contract and salary agreement payments ranges for physicians who provide palliative care services as well as for associate physicians, a new category of CPSBC registrant, who are expected to enter the workforce in 2022.

Other tasks undertaken by the APPIC this past year included a review of the APPIC's terms of reference with a goal of expanding membership to include new forms of alternative payments outside of the scope of the PMA and the identification of the mix skills and attributes sought for APPIC members.

The APPIC membership experienced significant change over the past year with expiration of Dr Rod Tukker's term as chair and Drs L. Vogt and V. Bergson stepping down from their positions. The APPIC would like to thank them for their contributions over the over the past several years and for their advocacy on behalf of alternatively paid physicians in BC.

Gaurav Bahl, MD, *Chair*

AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee assists the Board of Directors in fulfilling its oversight responsibilities for financial reporting, information systems, risk management, and internal controls of the association. Doctors of BC continues to maintain a strong and secure financial position with sizable reserves.

The committee met three times during 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/or funding requests to the Board of Directors.
- Supervising the 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 the Doctors of BC.)
- Reviewing and recommending approval of the Doctors of BC annual financial statements and report to the Board of Directors.
- Evaluating and recommending the association's auditors at the AGM.
- Recommending the annual membership dues increase to the Representative Assembly, if applicable. (It was determined there would not be a dues increase for 2022 due to the continuing pandemic.)
- Monitoring investments to ensure proper return while minimizing risks.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects.
- 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 delegated the physician audit functions of the Medical Services Commission (MSC), to which it reports. The AIC considers all proposed audits of physicians' services and billing practices, approves those audits that proceed, reviews all resulting audit reports, and recommends to the (MSC) whether recovery of funds or other actions should be pursued.

The AIC meets approximately four times per year, at the Ministry of Health in Victoria or virtually.

Effective and reasonable audit processes are vital to the successful functioning of our trust-based billing system. The vast majority of physicians bill appropriately and responsibly, and are very well supported by the presence of fair and transparent audit processes. Through our representation on the AIC, the profession is best served by our active oversight of, and participation in, all billing audits.

Brian Gregory, MD, *Doctors of BC representative*

BC MEDICAL JOURNAL (BCMJ)

I didn't think I would be writing another yearly report during the COVID-19 pandemic. Many of us thought that with the availability of vaccines this would all be behind us. Hopefully, 2022 will see the end of this challenging time.

During the last year, the *BCMJ* Editorial Board continued to meet monthly via Zoom. Surprisingly, even the editor was eventually able to use this platform without huge difficulty. Most of the time he even managed to activate video and sound at the same time.

Despite the editor's grumpy disposition, there were no changes on the *BCMJ* board over the last year. As always, I am amazed by the board members' collective intellect and decision-making process when it comes to evaluating scientific manuscripts for potential publication. I would like to thank each of them for their dedication and significant contributions.

I would also like to thank the fabulous journal staff for making the *BCMJ* the excellent publication that it is. Mr Jay Draper, managing editor, guides us all with patience and aplomb. Ms Tara Lyon, production coordinator, keeps everything running smoothly which is a testament to her organizational skills. Ms Joanne Jablkowski, associate editor, orchestrates most of the editing and is skilled problem-solver, continually improving our systems.

The *BCMJ* is a unique publication written by BC physicians for BC physicians, and we can all be proud of its quality and value. The Editorial Board will continue to strive on your behalf to keep the journal relevant and informative. Please remember to send in your research, opinions, and letters as your colleagues would love to hear from you.

David R. Richardson, MD, *Editor*

BRITISH COLUMBIA ROAD SAFETY STRATEGY STEERING COMMITTEE

The mandate of the British Columbia Road Safety Strategy Steering Committee is to report to the Minister of Public Safety and the Solicitor General in order to champion Vision Zero—the elimination of deaths and serious injuries due to traffic crashes.

In 2021, the committee introduced a co-chair, Dr Martin Lavoie, the Deputy Provincial Health Officer.

At the March 1, 2021 meeting, the terms of reference for the committee were updated. It was noted that there would be a consensus model for decision making. Much of the work will be collaborative in nature with evidence, reason, and persuasion being the basis for discussion, engagement and problem solving.

In May 2021, the committee introduced the launch of BC Road Safety Strategy 2025: A collaborative framework for road safety. The three pillars for this strategy are:

- Working together for the future road safety.
- Tools to make our roads safer.
- Inspiring British Columbians to make safe road choices.

The strategy is a part of Vision Zero, and highlights effective interventions for vehicle crashes, including police enforcement, automated enforcement, setting speed limits, 30 km per hour zones, dynamic speed display signs, and speed humps, among others. The speeding interventions that hold the most promise include targeting the driver, the roadway, and the vehicle itself generally through education enforcement and engineering of both roads and vehicles.

As a part of the May 11, 2021, committee meeting, Dr Ian Pike, professor in the Department of Pediatrics, Faculty of Medicine, and co-executive director of the BC Injury Research and Prevention Unit, presented information on a number of road safety data sets and how the committee wanted to use that data in the future.

Chris Stewart-Patterson, MD, *Doctors of BC representative*, and Patricia Boyle, *Chair*

COUNCIL ON HEALTH ECONOMICS AND POLICY

The Council on Health Economics and Policy (CHEP) develops policy options for Doctors of BC under the guidance of the Board. This work empowers Doctors of BC to address issues that affect the context in which physicians in British Columbia practise. CHEP is particularly concerned with the structure and funding of the health care system.

Over the past year, the committee provided input on the development of a guidance document on nonphysician-owned clinics to support members entering new practice arrangements. CHEP also developed a policy statement on virtual care, which was subsequently approved by the Board. Doctors of BC had existing policy on telemedicine in primary care, but in light of the COVID-19 pandemic, a statement inclusive of specialty care was necessary. The final policy statement, published in November, is relevant to both primary and specialty care.

CHEP also provided input on a number of proposals or policy amendments put forward by other health care partners, including the BC Orthopaedic Association and the College of Pharmacists.

In addition to developing policy, CHEP continually monitored potential issues that may affect BC physicians, including the political promise to build a new medical school at SFU and the development of a Business Pathways Program at Doctors of BC.

CHEP also had a presentation from Doctors of BC staff in the economics departments on data about gender pay equity in medicine. Based on this presentation, CHEP decided to develop policy on this topic. The work has evolved over the year to look more broadly at gender equity in medicine and will be ongoing through 2022.

Throughout the year, CHEP also monitored the implementation of the physician burdens policy statement, which was published in February 2021, and began work on a longer policy paper that will address specific burdens faced by BC physicians with concrete commitments and recommendations.

Lloyd Oppel, MD, Vice *Chair*, and Jessica Otte, MD, *Chair*

DOCTORS OF BC-INSURANCE CORPORATION OF BC (ICBC) LIAISON WORKING GROUP

The Doctors of BC-ICBC Liaison Working Group was re-established by the Doctors of BC Board in 2019. In accordance with the terms of reference, the working group is to serve as the primary means of communication and collaboration between Doctors of BC and ICBC. This includes identifying and addressing issues for physicians on the treatment of patients injured in motor vehicle accidents, including long-term strategies, and exploring opportunities

to work with other established insurance entities. It also includes work on forms, workflow, and processes and payment for physician services.

In 2021, the working group focused on implementing the enhanced care model, ensuring there was adequate education, training, and communication support to help physicians navigate this change. This included providing feedback on communication materials (e.g., the creation of the new comprehensive medical assessment service and the elimination of the registered care advisor role) along with promoting UBC CPD courses that support patients injured in motor vehicle accidents.

Another focus this year was improving existing family physician forms for ICBC and developing a new form and fee for physicians providing specialized services. Lastly, the working group addressed an issue raised by members related to ongoing subpoena requests from ICBC that compelled physicians to attend court as a nonexpert witness on short notice. ICBC agreed with the concern and sent a message to their defence counsel to avoid this practice.

The working group looks forward to continuing to improve workflow processes and support ICBC's new enhanced care model, with the focus of managing patients injured in motor vehicle accidents being on care and recovery. Members can find updates on this work on the Doctors of BC website.

Andrew Yu, MD, *Chair*

DOCTORS OF BC-WORKSAFEBC LIAISON COMMITTEE

Under the Doctors of BC-WorkSafeBC agreement ratified in 2019, the Liaison Committee's mandate is to review issues and consult with physicians and appropriate section groups to address challenges on fees, administrative burdens, and processes needing to wait for the next round of negotiations.

A key focus area for the committee this year was the ongoing implementation of the 2019 agreement, which included several significant commitments from both WorkSafeBC and the Doctors of BC. Initiatives tied to the agreement included expedited surgical premium changes to EMRs, data report analysis and education, and a disability management education program (DMEP).

For the first time, WorkSafeBC provided the 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.

Another substantial initiative this past year was DMEP. This program aims to provide physicians treating injured workers with more training and education for disability management, as well as a coordinated approach to injured worker care. In return, physicians participating may receive a compensation lift. The project is still in its initial stages and is expected to launch with a pilot project sometime in 2022.

The committee also focused on providing recommendations on billing challenges and easing the administrative burden that comes with treating injured workers. More specifically, Doctors of BC and WorkSafeBC are working together to improve and redesign the Physician's Report Form F8/11. The first step is to create a project group to be overseen by the committee; this group will consist of WorkSafeBC staff and physicians who will provide input for the redesign. WorkSafeBC is keen to engage with Doctors of BC during the initial redesign stages.

Finally, the committee focused on Occupational Health and Safety. Doctors of BC and WorkSafeBC have worked together to revise the WorkSafeBC registration guide, which will be available to members soon. This will assist members in understanding and navigating if and how to register for WorkSafeBC to ensure they are protected in the event of a workplace injury or exposure. Webinars on WorkSafeBC policies and guides are being developed and are expected to be available for physicians in 2022.

In the coming year, the committee expects to continue with its focus on the initiatives negotiated in the 2019 agreement as it prepares for another round of negotiations, which are expected to occur in late 2022.

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 at fferdowsi@doctorsofbc.ca or 604-638-6059.

Colin Jackson, MD, *Co-Chair*

GENERAL PRACTICE SERVICES COMMITTEE

The General Practice Services Committee (GPSC) is a partnership between the BC government and Doctors of BC that works to increase capacity and access to high-quality primary care in BC. GPSC's strategic focus is to support creating and implementing team-based patient medical homes (PMHs) as the foundation of primary care networks (PCNs).

To support the work of community longitudinal care, GPSC continues to fund existing and new incentive fees and payments for physicians. These include:

- The annual community longitudinal family physician payment to family physicians based on panel size and complexity.
- Expanded mental health management fees.
- Expanded personal health risk assessment fee to include substance use disorder.
- A new brief clinical conference fee that supports coordinating patient care with other doctors and providers.
- A new patient intake fee for confirming a patient addition to the practice panel.

A series of new GPSC grants supported family physician practices including:

- A team-based care grant to help address recruiting and onboarding costs for interprofessional team members.
- A minor tenant improvements grant to support space needs for incorporating team members into practice.
- A group family practice development grant to help cover the costs of closing or merging group practices.

GPSC began transitioning delivery of the Practice Support Program (PSP) services from the regional health authorities into one centralized team at Doctors of BC. In 2021, PSP coaches worked with 1,293 family physicians on quality improvement activities.

The Doctors Technology Office (DTO) supports clinics to navigate the health technology landscape and leverage tools to provide efficient, comprehensive, and collaborative patient care. In 2021, DTO supported 592 issues raised through their health technology support desk. GPSC continues to support the physician-led Pathways online referral and community information resource and the Health Data Coalition data-sharing initiative, both of which expanded their engagement and tools.

In September 2021, a long-term care initiative task group was formed to implement the recommendations from a recently completed review. Through the in-patient care initiative, GPSC continued to support community family physicians in providing care to patients in hospital. GPSC is making enhanced

funding available to 46 communities to sustain their hospital programs pending a provincial process to work toward sustainable system solutions.

Divisions play a key role in supporting and networking physicians and also have an important partnership role, with health authorities and Indigenous partners, in developing and implementing Primary Care Networks (PCNs). There are 53 PCNs across the province, 14 of which began implementation in 2021, and there are an additional 16 communities in the planning phase.

GPSC provided support to physicians and practices responding to the extra burdens of providing care during the pandemic through the Office Safety Grant to offset the costs of safely reopening their practices for in-person care, and the BC Care Bundle one-time payment for managing high-risk patients during the COVID-19 pandemic and influenza season.

These are especially challenging times in family practice. It has been a privilege to work with the committee to support physicians in their practices and communities..

A. Meyer, MD, *Doctors of BC*, and T. Patterson, *Ministry of Health, Co-Chairs*

GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

The Guidelines and Protocols Advisory Committee (GPAC) is an advisory committee to the Medical Services Commission (MSC) and a joint collaboration between the Doctors of BC and the Ministry of Health. GPAC's mandate is to support both the effective use of medical services and high-quality, appropriate patient care. This is achieved by developing, publishing, and promoting clinical practice guidelines and protocols. GPAC's clinical practice guidelines are evidence-based recommendations for common medical situations with a particular focus on primary care practice in BC. These "made in BC" guidelines are published under our brand name BC Guidelines at www.BCGuidelines.ca.

Guidelines and Protocols Published/Revised January 2021–December 2021

- Cataract
- Diabetes Care
- Fall Prevention
- High Ferritin and Iron Overload
- Obstructive Sleep Apnea
- Suspected Lung Cancer
- Viral Hepatitis Testing (in collaboration with BC Centre for Disease Control)

Guidelines and Protocols in Development January 2021–December 2021

- Atrial Fibrillation Suite
- Novel Oral Anticoagulants (NOAC) in Atrial Fibrillation
- Warfarin Therapy
- Warfarin Therapy—Invasive Procedures and Surgery
- Stroke and Transient Ischemic Attack (TIA)
- Venous Thromboembolism
- Heart Failure
- Cardiovascular Disease
- Cobalamin (Vitamin B12) and Folate
- Colorectal Cancer Screening
- Colorectal Cancer Follow-Up
- High-Risk Drinking and Alcohol Use Disorder
- Infectious Diarrhea
- Managing Pain

Other GPAC updates

- GPAC strengthened its membership and knowledge of First Nations health by welcoming Dr Kelsey Louie (family physician, Victoria; medical officer, First Nations Health Authority [FNHA] Representative) as a standing member to represent the FNHA.
- GPAC asked the Patterns of Practice chair, Dr Janet Evans, to help strengthen primary care communication and education for primary care providers regarding appropriate utilization.
- GPAC representatives attended various virtual conferences throughout the year, including, BC Rural Health Conference, BCCSU Conference, Nurse Practitioner Conference, and St. Paul's Continuing Medical Education (CME) Conference. Virtual conferences have enabled GPAC to continue connecting with primary care practitioners, increase external review participation, and increase brand awareness.

GPAC Executive Committee and General Committee:
J. Gray, MD, *Co-Chair, Doctors of BC*
S. Ooms, *Co-Chair, Ministry of Health*

DIGITAL INFORMATION PRIVACY STANDING COMMITTEE

The Digital Information Privacy Standing Committee (DIPSC) is the latest iteration of the former IPSSC (Information Privacy and Security Standing Committee), a subcommittee of the Ministry of Health Chief Information Officers Committee. The mandate of the DIPSC is to advise on health information privacy concerns across the BC health sector. Having a physician

representative on this committee meets the strategic objective of Doctors of BC to engage with its partners to achieve a high-quality health care system by engaging with government on the development and implementation of policies and programs that promote the best standard of health care, specifically health information privacy policy and governance that affects physicians and their patients. The Doctors of BC Digital Health Strategy Team also participates on this committee.

For the past year, the committee continued to address privacy policy development of importance to physicians, specifically on these issues:

- Access to private community physician medical records by health authority systems.
- Transfer of private community physician medical records to a health authority system.
- Access to health authority systems from community offices and physician homes.
- Proposed changes to the Freedom of Information and Privacy Act, specifically removing the requirement that data be held on servers in Canada.
- PRIME access to PharmaNet, authorization and authentication requirements, and access from community offices and physician homes.
- Provincial Health Gateway access to health authority and community physician EMRs.

Eugene Leduc, MD, *Doctors of BC*

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. The health authorities, Ministry of Health, and Doctors of BC are all voting members.

The committee worked on two standards in 2021:

- Pharmanet ePrescribing: This project aims to improve the process and physician experience of ordering medications electronically. For the first time, three databases (two national and one provincial) have been combined. The new structure includes an ontology for all medications that can be prescribed in BC and allows physicians to specify a generic

medication name and dose, on paper, rather than having to select from a long list of medication names and doses. Specific trade names can also be used. The new structure also improves how medication frequency and duration are specified and allows physicians to clarify a medication's indication to inform clinicians caring for the patient of the treatment purpose. This ontology uses SNOMED as its terminology.

- BC Gender, Sex and Sexual Orientation (GSSO): This standard was created with extensive consultation with leading organizations on this topic including Trans Care BC and the University of Victoria GSSO research team. It is intended to enable culturally safer care and health outcomes for the gender-diverse community by standardizing the way organizations in BC define, collect, organize, and exchange gender and sex data.

In late 2020, an update to the BC LOINC ontology was made to improve its functionality and add new document types. LOINC, which stands for Logical Observation Identifiers Names and Codes, is a system used to clearly identify the content of documents and lab results moving through the digital health system. The improvements will enable wider adoption, and partners anticipate it will be used in 2022 to standardize and improve the content of the document titles physicians see in their EMRs. Further updates to ontology are expected to support this effort.

Ian Bekker, MD

INSURANCE COMMITTEE

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

2021 UPDATES

It is with great sadness that I note the passing of Dr Michael McCann, former chair, in 2021. Dr McCann's contributions to the Insurance Committee, Health Benefit Trust Fund governance, and other committees of the Doctors of BC were innumerable over decades.

In 2021, 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. They also advocated on behalf of individual members who contacted the committee for insurance assistance throughout the year.

SUMMARY OF PLANS

- Physicians' Disability Insurance (PDI) (premiums sponsored by the Medical Services Commission)
- Disability Income Insurance (supplemental to the PDI plan)
- Life Insurance (term life plan shared with the AMA and SMA)
- 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 UPDATE

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

PREMIUMS

For the 2021 calendar year, total premiums of \$61M were generated, broken down as follows:

- PDI: 9193 enrollees; \$19 million premium
- Disability: 4728 enrollees: \$5.4 million premium
- Life: Ins. – 6905 enrollees: \$5.2 million premium
- Professional Expense: 1234 enrollees: \$938,000 premium
- Accident: Ins 1350 enrollees: \$224,000 premium
- Health and Dental: 4408 enrollees \$14.2 million premium
- Critical Illness: 3045 enrollees: \$1.9 million premium
- Office Contents/Homeowners: \$10 million premium
- MEDOC Travel Plan: \$1 million premium
- Specialty Individual Coverage: \$3.2 million premium

Bradley Fritz, MD, *Chair*

JOINT BENEFITS COMMITTEE

The Joint Benefits Committee is responsible for general oversight of the benefit plans as outlined in the Benefits Administration Agreement. The primary function is to oversee and allocate funds as specified in the agreement between the negotiated benefit programs: the Physicians Disability Insurance (PDI), the Contributory Professional Retirement Savings Plan (CPRSP), the Continuing Medical Education Fund (CME), the Parental Leave Program (PLP), and the Canadian Medical Protective Association (CMPA) Rebate Fund.

For 2020–21, the CPRSP increased its maximum basic and length of service benefits to \$5000 and \$4000 respectively. The matching requirement was removed and the benefit can now be paid into a TFSA. RRSP withdrawals funded by the CPRSP for use in the first-time homebuyers’ plan and the lifelong learning plan are also permitted.

The maximum CME benefit for 2020 was increased to \$2200 and is paid automatically to physicians who have been revalidated by the College of Physicians and Surgeons.

The PLP maintained its maximum benefit of \$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 CMPA rebate is allocated based on 2020 rates while establishing cross-group subsidies for only those high-risk work codes where CMPA increases will result in recruitment and retention issues.

The PDI benefit has been maintained at \$6100 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 has 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 PDI, for a period of up to two weeks.

The table outlines benefit levels over recent years:

PROGRAM	2018-19	2019-20	2020-21	COMMENTS
PLP	\$1000/wk	\$1000/wk	\$1000/wk	Benefit maximum
CME	\$1900	\$1900	\$2200	Benefit maximum
PDI	\$6100/mo	\$6100/mo	\$6100/mo	Benefit maximum
CPRSP	\$7580	\$7580	\$9000	Benefit maximum
CMPA	\$57.7 million	\$57.7 million	\$60.9 million	Program funding

Sanjay Khandelwal, MD, *Co-Chair*

JOINT STANDING COMMITTEE ON RURAL ISSUES

The Joint Standing Committee on Rural Issues (JSC) is a Joint Collaborative Committee (JCC) of the Doctors of BC and the Ministry of Health. The JSC is the trailblazer of the JCCs and has been active and effective since 2000 and is responsible for the overall governance of the rural programs within the Rural Subsidiary Agreement (RSA).

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. Difficult circumstances cannot be understated with the profound impact the pandemic has had on the health care system. At the start of the pandemic, the JSC made the commitment to be as nimble and flexible as possible in adapting our rural programs and initiatives to meet the needs of rural physicians. The JSC was able to maintain this commitment throughout 2021 and continued to adapt as our rural communities faced the other significant impacts of the heat dome, forest fires, and flooding.

Throughout this time period, the JSC relied heavily on the work of the Rural Coordination Centre of BC (RCCbc). Through its extensive networks with the rural communities and our health partners, such as the First Nations Health Authority (FNHA), the RCCbc was able to identify local needs quickly and work with its partners to identify appropriate mechanisms of support. This included deploying 1500 Zoom licences to the profession and an escalated focus on ensuring access to care virtually by establishing a number of real-time virtual supports. The JSC thanks the RCCbc for its leadership in true meaningful engagement during a time when it was critically needed.

The JSC is happy to report that we were able to make the following significant improvements to our rural programs: Extension of the Rural Emergency Enhancement Fund (REEF) to Alternative Payment Plan (APP) communities; completion of the first phase of the evaluation of the Rural Retention Program (RRP); and implementation of the Rural Business Cost Modifier (RBCM).

The JSC remains committed to strengthening the partnership between rural communities, the FNHA, and First Nations Health Council (FNHC), and prioritizes activities to support Indigenous, First Nations and Inuit communities to have equitable access to rural health programs and supports. This year, the RCCbc worked closely with their First Nations lead to support a number of initiatives, such as the BC Indigenous Physician Network and the First Nations Virtual Doctor of the Day, and continues to make outreach and engagement of First Nations communities a priority through its Site Visits Program. This has been a true success in establishing meaningful local community relationships, and has published the paper: “How can rural community-engaged health services planning achieve sustainable healthcare system changes?”

The JSC continues to be the primary funder for the Practice Readiness Assessment BC (PRA-BC) program, which has placed 162 physicians within 53 communities of need.

The Rural Education Action Plan (REAP) continues to support rural students and preceptors with their rural rotations as well as supporting initiatives focused on mentoring and coaching for physicians, students, and residents.

The JSC continued as primary funder to the Selkirk College Rural Pre-Medicine (RPM) program, and up to the close of 2021 the JSC and Selkirk have celebrated five cohorts graduating with 13 alumni granted entry to Canadian medical programs. Ninety-one per cent of RPM graduates are continuing onto relevant pathways to study in a related health science programs. The successes of the RPM program demonstrate the importance of its work toward eliminating the health inequities that disproportionally affect rural communities.

As the primary funder of the Rural Doctors' UBC Chair in Rural Health, the JSC works closely with UBC faculty and chair. Dr John Pawlovich was appointed to serve as the next Rural Doctors' UBC chair in rural health, taking over from the founding chair Dr David Snadden in fall 2020.

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

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

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

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 to represent MSP beneficiaries. Appointments to the commission 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 virtually due to the pandemic.

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 of approximately \$2.6 billion. About 99% of these funds go directly to pay for medical and supplementary health care services insured under the MSP. The other 1% covers administrative and operational costs of MSP, including salaries.

The MSC is a cosignatory to the Physician Master Agreement (PMA) 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 commission is also responsible for:

- Establishing payment schedules for practitioners.
- Administering the MPA.
- Investigating reports of extra billing.
- Investigating unjustifiable departure from billing patterns of practice.
- Hearing appeals brought by beneficiaries, diagnostic facilities, and physicians as required by the MPA.
- Arbitrating disputes that may arise between the Doctors of BC and the BC government under the Physician Master Agreement.

S. Bugis, MD, *Doctors of BC representative* and R. Halpenny, MD, *Chair*

MEASUREMENT SYSTEM FOR PHYSICIAN QUALITY IMPROVEMENT STEERING COMMITTEE

The Measurement System for Physician Quality Improvement (MSPQI) is intended to identify quality measures through which the Ministry of Health can demonstrate value for money using aggregate, anonymized data. It is also intended to encourage physicians to use quality measures appropriate to their practice to understand and improve their practice. In phase 1, the MSPQI Steering Committee established the Primary Care and Surgical/Procedural Quality Working Groups that are identifying quality measures—both existing ones and ones to be developed. The committee has also developed the principles for a physician participation plan and has struck and 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 Leadership Council (CEOs of the health authorities and Ministry of Health), the Quality Working Groups for Acute/Emergency, Specialty Care and Diagnostics have been formed. Pilot studies are in progress for the surgery measures that have been chosen to see how they will work for practising doctors.

Doctors of BC would like to thank Dr Ken Hughes for his expertise, time, and effort as Doctors of BC co-chair. Also thanks to Dr Fiona Duncan for her contributions to the committee and the Primary Care Working Group. Drs Cole Stanley and Jaron Easterbrook are their respective replacements. The five Doctors of BC representatives will be choosing a new Doctors of BC co-chair.

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

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. Committee mandates; core functions; necessary qualities, skills, and experience; and demographic considerations regarding type of practice, geographic location, stage of practice, gender balance, and other elements of diversity are considered.

The Nominating Committee met six times in 2021, discussing more than 150 applications to fill approximately 30 member, chair, and co-chair positions. Meetings continued to be held virtually in the context of the ongoing COVID-19 pandemic.

This year marked important steps forward in Doctors of BC's commitment to promoting equity, diversity, and inclusion (EDI) in its committees. Based on the work of the Diversity and Inclusion Advisory Working Group, the Governance Committee and the Board developed a plan to incorporate EDI questions on the applications reviewed by the Nominating Committee. The Nominating Committee helped refine these questions, which now give applicants the option to describe how their own diversity or experiences in diverse settings will bring value to the committee to which they are applying. Applicants are also asked to describe how they will contribute to an environment where all members feel welcome, respected, and safe to participate in the committee's work.

To further improve the ability of the Nominating Committee to select individuals who meet the needs of the committees, in 2021 the chairs and staff of all Doctors of BC committees were asked to identify the qualifications, skills, and attributes required by members of their committee. The online process to apply for a committee position was updated in late 2021 to incorporate questions addressing these criteria. As a result, the Nominating Committee can see more specific information from applicants on how their characteristics, skills, and experience will meet the needs of the committee. This information, combined with applicants' EDI responses, help the Nominating Committee to continue to nominate individuals who reflect the diversity of the membership while best meeting the needs of the committees and of the organization as a whole.

Gregory Deans, MD, *Chair*

PATTERNS OF PRACTICE COMMITTEE

The Patterns of Practice Committee acts in an advisory capacity to the Medical Services Commission (MSC). The committee's main function is to inform and educate physicians about their billing practices. It monitors the MSP processes of detecting and deterring inappropriate billing and generates the Mini-Practice Profile for all physicians.

In 2021, the committee's education function has been front and centre in its activities. Committee members continue to offer audit and billing sessions to various physician groups, upon request. These sessions enhance physician knowledge of the audit process and common billing pitfalls revealed in recent audits, as well as provide a better understanding of Mini-Practice Profiles.

The committee invited four different sections/stakeholder groups to attend meetings throughout 2021. This provided the opportunity to educate the various physician groups about the common billing issues or patterns identified in recent audits. This type of education provides the sections/stakeholders an opportunity to take the information back to their members to encourage appropriate billing and reduce possible audits.

The committee continues to work with the Guidelines and Protocols Advisory Committee (GPAC) related to audit findings and also look to future collaboration on projects that are educational and serve to encourage appropriate patterns of practice and increase adherence to the made-in-BC guidelines and protocols.

Janet Evans, MD, *Chair*

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

The Physician Health Program (PHP) of BC helps physicians and their families by fostering an environment of health and wellness; offering prompt personalized assistance with a variety of issues, including physical health, mental health, addictions, and difficult relationships; and advocating for the individual and collective health of physicians. 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 2021, the committee met four times and there were no changes to the committee membership. An amendment to the PHP strategic plan was approved in August to include strategic program improvement as a priority. In 2020, PHP paused their family doctor connection service because demand for services exceeded the program's capacity. The committee approved the restart of the family doctor connection service in 2021 and has since facilitated 578 family doctor matches. The PHP Virtual Peer Support Group that started in response to the pandemic continues to be offered to all BC physicians twice per month. A tendering process to select a potential new vendor for 24/7 intake and counselling network services was intended to take place in 2021. Due to the heightened demand for PHP services, this process was postponed and will take place during the first half of 2022.

Use of the program's services remain elevated in 2021 partly due to the ongoing stress associated with the pandemic. PHP served 1716 new physicians, which is a 53% increase from 2020 and a 93% increase from 2019. The PHP's core operational funding comes 100% from the Ministry of Health. However due to unprecedented increases in usage early in 2021, emergency funding was granted by Doctors of BC. The PHP also continued its agreement with the BC Dental Association and the Medical Society of PEI in 2021 to provide the

same range of services to BC dentists, PEI physicians and their families as is currently provided to physicians in BC. The program also receives funding from the CMA's Wellness+ initiative to assist in outreach activities.

We would like to thank the members and staff of the 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 through engaging in continuous quality improvement, strengthening our partnerships, and launching physician wellness initiatives in 2022.

Ashok Krishnamoorthy, MD, and Ryan Murray, *Co-Chairs*

PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

The committee's mandate is to review the current anatomical pathology workload model and make advisable modifications, continue the development and validation of a clinical pathology workload model, and determine how these models will be used in or are related to laboratory physician compensation contracts. The mandate of the committee is set to expire in 2022 and will need to be renewed in order to finalize its objectives.

The anatomical pathology workload model is currently finalized and is awaiting the ministry's final approval. The clinical pathology workload model is currently being developed, and discussions at the committee level continue.

The committee had only one meeting during 2021. The pandemic resulted in numerous delays due to Ministry of Health personnel being unavailable. Additionally, several Ministry of Health-appointed members of the committee were changed due to retirement. We are hopeful that the committee will resume its work early in 2022.

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

PROVINCIAL MOCAP REVIEW COMMITTEE

The Provincial MOCAP Review Committee (PMRC) continues its work of overseeing the implementation of the MOCAP redesign recommendations. This includes ongoing efforts to resolve issues with a number of specialty groups as well as the development of an evaluation strategy.

Eric Harris, *Independent*, *Chair*

PROVINCIAL SURGICAL EXECUTIVE COMMITTEE

The Provincial Surgical Executive Committee (PSEC) is a Ministry of Health committee and has moved from a co-chair structure to a single ministry chair. Information about policy decisions and ministry direction is provided to the committee members, who include operational and medical leaders in surgery in the health authorities, heads of the UBC Departments of Surgery and Pediatric Surgery, and various provincial leaders in anesthesia and surgery. Doctors of BC has two representatives and Specialist Services Committee has one.

Recently, PSEC was informed that the Surgical Waitlist Management and Scheduling Solution awarded in 2018/19 to Novari Health had been cancelled. It had been worked on for about a decade. PSEC also heard that a presurgical screening initiative was being undertaken by the Ministry of Health. For both those activities, it seems that the ministry has decided to develop a solution made in BC.

Like all of health care, the delivery of surgical services has been impacted by the pandemic. PSEC is informed by the ministry about the decisions that are made on these issues.

Kristy Anderson, *Ministry of Health, Chair*

REFERENCE COMMITTEE

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

Members of the committee include representatives from family practice and from the subspecialties. The majority of cases sent to the Reference Committee are surgical in nature.

The Reference Committee (and MSP) did not meet in 2021 and therefore has nothing to report. However, it is anticipated that the committee will be reviewing cases in 2022, awaiting final submission.

Chair

RURAL ISSUES COMMITTEE

In January 2021, the Governance Committee recommended that the Board sunset the Rural Issues Committee (RIC).

As a standing committee of the Board, the RIC mandate had been to advise the Doctors of BC and its caucus of physician members at the Joint Standing

Committee on Rural Issues (JSC) on issues affecting rural medicine and the working conditions of those physicians practising in rural BC, as well as hold the connection of rural physician committee members with longitudinal knowledge of practice issues specifically pertaining to BC's rural, remote, Indigenous, and vulnerable communities. The RIC's strategic value proposition to the association was that of professional advocacy.

In 2019–20, prior to sunset, the RIC fulfilled the valuable and imperative role to inform the negotiations process for the current Physician Masters Agreement (PMA) to further enhance access to care, support improved models of health service delivery, and stabilize care within rural communities. RIC advocated for our BC rural physician colleagues, PCNs and the people who call our rural, remote, and Indigenous areas within the province their home. Further, the RIC successfully identified and called to attention emerging issues affecting rural practice within the province to the attention of the Doctors of BC Board and the JSC.

The RIC also reviewed issues pertaining to RRP Improvements and stabilization of points; COVID supports; rural CMPA; JSC funding to support practice change during the pandemic; governance process; analysis of rural funding received through previous PMAs; Medical education in the North; support for physicians transitioning to retirement; options to improve the existing rural programs; locum program flexibility; RCCbc Zoom licences for virtual care; physician safety and access to PPE during the pandemic; Doctors of BC/JCC/government alignment. Further, the RIC provided a Statement to the BC Provincial Health Officer and Minister of Health on rural transport and COVID-19 transport planning.

The Board decision in January 2021 to sunset the RIC was received by members with disappointment and, through the RIC chair, a letter with recommendations was sent to the president. Those recommendations were made to ensure that a rural voice and perspective is longitudinally maintained to the discussions and decisions made at internal and external committees, steering committees, and working groups.

The Doctors of BC will continue to support a recently established extended JSC pre-meeting and expand the regular agenda to include the opportunity to address any key emerging issues that affect rural practice within this province and that they continue to be addressed and considered through negotiations, advocacy work, and engagement with the wider membership.

Doctors of BC will propose to further align the processes of the Joint Collaborative Committees in the upcoming PMA negotiations to support practice equity for all physicians across the province, and the skills and qualifications for nominations of members to serve on the JCC Doctors of BC caucus has been updated for the Nominations Committee to consider a mix of urban, semi-urban, and rural representation when reviewing skills, abilities, and attributes required to provide a balanced cohort to their committees.

Rural members of Doctors of BC can continue to rely on the Rural Representative Assembly delegates, the Board-appointed caucus of JSC physician representatives, and Doctors of BC staff who attend to the unique needs of rural members, including those appointed to bring a rural voice and perspective to internal or external committees, steering committees, and working groups as agents of the Doctors of BC and its Board. Meredith Cormier, Doctors of BC lead of rural issues will continue to be the key contact and will seek the support of Doctors of BC JSC members to assist and address emerging and raised rural issues when required.

The RIC held tremendous history within the Doctors of BC, and we acknowledge the immense value that the committee provided to the JSC, Doctors of BC Board, Doctors of BC staff, and the membership. We thank all members of the committee for their leadership, time commitment, expertise, and contributions to ensure that the rural voice was heard to improve advocacy and practice equity across the province.

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. SCC's work spans three strategic areas.

COLLABORATIVE CHANGE AND INNOVATION

In 2020 there were 21 physician-led patient care improvement projects completed, and SCC continued to approve and fund innovative physician-led collaborative 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, transgender care, coordination of complex care, as well as others.

SCC continued to build on work in response to the *In Plain Sight* report to ensure that SCC projects actively engaged local Indigenous communities in project development and implementation that improves how care is delivered with cultural safety and humility.

SPREADING SUCCESSFUL SHARED CARE WORK

Activities to engage and connect physicians and partners interested in priority areas of care have progressed this year with the launch of two new communities of practice: maternity care and chronic disease. SCC networks continue to grow, linking communities of palliative care, chronic pain, and adult mental health and substance use.

The Child and Youth Mental Health and Substance Use community of practice increased activities to support the mental health of children, youth, and families during the pandemic, providing eight skill-building webinars to over 1300 physicians involved in their care.

The provincial spread initiative, cognitive behavioural therapy (CBT) group skills training, launched in partnership with UBC-CPD, offering CBT training and group facilitation skills to support physicians with their own mental well-being, and to increase skills to support patients with CBT strategies.

The SharedCareLearningCentre.ca website launched in the fall with tools, resources, and a project directory available for physicians and project teams. A Shared Measures pilot was initiated in six communities to enhance reporting of outcomes for SCC projects, with the intent to expand further to include future SCC and other JCC projects.

SUSTAIN COLLABORATION AND BUILD PHYSICIAN LEADERSHIP

SCC's annual Physician and Project Leads Workshop attracted the largest number of attendees to date, and was very well received by the 130-plus participants, with particular praise for Grand Chief Doug Kelly's session on cultural safety and humility.

With the aim to support the comprehensive needs of physicians to lead and excel in quality impact initiatives, SCC has developed a strategic framework to focus on a more coordinated regional and provincial approach to scale up, spread, and sustain successful initiatives.

Finally, as I took over the Doctors of BC's co-chair role from Dr Ken Hughes, I'd like to acknowledge and thank him for his years of dedication and service leading the Shared Care Committee and for his overall leadership and invaluable contribution with all the JCCs.

J. Li, MD, and S. Ooms, *Co-Chairs*

SPECIALIST SERVICES COMMITTEE

The [Specialist Services Committee](#) (SSC) strategic plan focuses on three priority areas: building physician capability in leadership and quality improvement; engaging physicians and partners to address health system issues; and transforming patient care delivery.

BUILDING PHYSICIAN CAPABILITY

In 2021, over 700 physicians were trained in quality improvement and/or leadership via the Physician Quality Improvement (PQI) initiative, the Physician Leadership Scholarship (PLS), and the UBC-Sauder Physician Leadership program. [An evaluation](#) on the impact of the PQI initiative noted improved collaboration and relationships between stakeholders, strengthened QI culture, and positive impact and outcomes within BC's health care system with regards to the IHI Triple Aim. The scope of PQI steering committees in health authorities was expanded to oversee both PQI and the newly launched Spreading Quality Improvement (SQI) initiative.

ENGAGING PHYSICIANS AND PARTNERS

The Facility Engagement (FE) initiative is continuing to provide funding and support to medical staff associations (MSAs) and health authorities for local and regional engagement. Achievements included completing the provincial evaluation of the initiative, supporting MSAs with multiple tools (including release of a governance guide, an HR toolkit, and a series of webinars), and engaging stakeholders to support learning through various knowledge-sharing activities, covering major topics such as COVID-19 and physician-health authority engagement. There was greater uptake and interest in regional engagement work.

SSC and SCC provided funding and support to both specialists and family doctors for a series of cohorts of IHI's Joy in Work online course. In these courses, participants learned about proven quality improvement methods that can help create a positive work environment fostering camaraderie, meaning, choice, and equity, and ensuring the commitment to delivering high-quality care.

The initiative to support community-based specialists launched to support physicians without health authority or hospital privileges. Achievements included providing these specialists with access CareConnect, PHSA's Professional Spoken Language Interpretation and UptoDate. SSC is continuing to develop other practice supports and engagement opportunities for community specialists.

TRANSFORMING PATIENT CARE DELIVERY

The Enhancing Access initiative's [evaluation](#) indicated that groups of specialists who implemented a single-entry model decreased patient wait time by an average of 75 days.

The [Surgical Patient Optimization Collaborative](#) noted that as a result of their presurgical optimization work, 86% of patients reported improved health before surgery, 91% of patients reported improved surgical experience, and 94% of physicians reported a positive physician experience. The Spreading Quality Improvement initiative selected 14 projects to support for regional spread.

Despite the continuing challenges of the pandemic, many specialists and family physicians were involved in patient care improvement initiatives locally, regionally and provincially. I'd like to thank all of you for your dedication, commitment and support for your colleagues and patients in these important initiatives.

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

STATUTORY NEGOTIATING COMMITTEE

The Statutory Negotiating Committee (SNC) is responsible for representing physicians in negotiations with the Government of BC for the Physician Master Agreement (PMA). It pursues a mandate that is set by the Board of Directors based on extensive consultation with members and member groups as well as a review by the Negotiations Coordinating Group and the Negotiations Forum.

The current PMA expires on March 31, 2022, and continues in force until it is replaced with a renewal agreement.

The Board approved a mandate for the PMA negotiations at its meeting on June 11, 2021.

To date, the SNC approved a protocol agreement with government that sets out the process by which PMA negotiations are to be conducted. The start of substantive negotiations, however, has been delayed at the request of the government because of its focus on the COVID-19 pandemic. As a result, substantive PMA negotiations began in January 2022.

T. Larsen Soles, MD, *Chair*

TARIFF COMMITTEE

The Medical Economics Committee, better known as the Tariff Committee, is a statutory committee with a mandate to advise the Board on all matters related to medical economics. The committee's principal ongoing task is to review and recommend approval of fee guide payment schedule changes proposed by sections. The committee also provides information, clarification, and direction to the profession on MSP billing matters and policy, and maintains and updates protocols and policies related to the processes for modifying the fee guide payment schedule.

Eight meetings take place annually, with attendance by our committee members as well as MSP guests and Doctors of BC staff.

In addition to the usual tasks, the Tariff's Consultation Working Group (CWG), a joint committee with MSP, was reactivated in 2020 to study and present to the Tariff Committee findings and recommendations on referrals and consultations in British Columbia. As its first task, the CWG reviewed the current payment rules, focusing on common misconceptions and misinterpretations of the MSC Payment Schedule. A list of clarifications and FAQs were developed and ultimately approved by the Tariff Committee and the Board. That information is now available on the Doctors of BC website (<https://www.doctorsofbc.ca/managing-your-practice/practice-supports/consultations-referrals-and-re-referrals>) and comments are welcome as we work to improve and refine the document. These should be directed to economics@doctorsofbc.ca.

Ongoing issues of importance discussed throughout the year included virtual care and payment schedule equity through a gender lens, an important topic in fee-for-service which has been popularized but mischaracterized as the gender pay gap. The committee also continued to work with the various challenges presented within the shifting landscape of COVID-19.

The Tariff Committee will continue to strive to provide sensible advice to the Board on fees and other economic matters.

The committee expresses its sincere gratitude for the essential work and valued guidance of both MSP and Doctors of BC support staff.

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 those 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 these agreements expire on March 31, 2022, and continue in full force until replaced with a renewal agreement.

The WSNC has not met this year. It's anticipated that WorkSafe negotiations will only begin once the Physician Master Agreement has been ratified. The process for preparing for these negotiations began in October 2021 with the objective of obtaining a mandate for negotiations by the Board in June 2022.

The Board will appoint a new WSNC to negotiate the agreements with WorkSafeBC next year in December 2021.

E. Weiss, MD, *Chair*

Grassroots physician wellness solutions from divisions and MSAs

Divisions of family practice and medical staff associations are well known for finding creative solutions to support physicians at the community level.

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GRASSROOTS PHYSICIAN WELLNESS SOLUTIONS FROM DIVISIONS AND MSAS

Divisions of family practice and medical staff associations (MSAs) are well known for finding creative solutions to support physicians at the community level. When burnout rates increased in 2021 due to the COVID-19 pandemic, many divisions and MSAs ramped up efforts to support local physicians. The positive response to these initiatives proves that the little things can go a long way in reducing burnout and increasing physician morale.

HEALTHY SNACKS FOR DOCTORS IN POWELL RIVER

Many doctors avoid leaving the hospital on breaks to eat a healthy meal because they don't want to put the public at risk of COVID-19. The solution? A healthy snack program initiated by the Powell River MSA that sees emergency snacks and meals being purchased and delivered by a division staff member (who is then reimbursed by program funding) to the hospital's MSA lounge. A survey taken in April 2021, five months after the program began, found 73% of doctors at the hospital had used the healthy snack program and reported that it helped them work more effectively and increased patient safety.

DOCTORS IN CAMPBELL RIVER HONOURED THROUGH THE SPIRIT AWARDS

Recognizing and rewarding those who go above and beyond is a proven way to boost morale, and what better way to honour award winners than holding a fun virtual ceremony? The Campbell River Spirit Awards were created in 2021 by the Campbell River and District Division of Family Practice and the local MSA to honour local physicians and health care advocates who went the extra mile to support and improve patient care in 2020, during the challenging circumstances of the pandemic. The inaugural award ceremony, held in February 2021, honoured 12 physicians and community health advocates for their leadership, integrity, and hard work to improve patient care.

The awards were presented in a humorous, [Oscars-style video ceremony](#), with local physicians acting as presenters. The video incorporated supportive remarks from Campbell River Mayor Andy Adams; Rachel Blaney, MP for North Island–Powell River; and Michele Babchuk, MLA for North Island.

The awards program has been lauded by physicians and politicians alike for encouraging and validating physicians' work to provide excellence in patient care during the pandemic.



Dr David May helps himself to a snack between surgeries at Powell River General Hospital.

THOMPSON REGION DOCTORS LAUGH AND LEARN AT DIVISION EVENT

Laughter can sometimes be the best medicine for doctors too—this was the message conveyed during a virtual event held in February 2021 by the Thompson Region Division for local physicians and their MOAs. The event featured a keynote speaker/comedian who talked about finding humour in challenging times, and how laughter completes the body's stress cycle and helps to prevent the feeling of burnout. Forty-five division members attended the event, and participants were encouraged to include their partners and kids as well. All attendees had the opportunity to connect in breakout rooms after the show to hold informal conversations with colleagues as they would at an in-person event.

Feedback from the event was overwhelmingly positive, with attendees reporting that the presentation was excellent and made for a “much-needed fun time.”

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REPORTS OF DOCTORS OF BC COORDINATING GROUPS AND WORKING GROUPS

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, as needed, to the Board as they work to consider the viability of and best approaches to the implementation of the recommendations from the Diversity and Inclusion Barrier Assessment.
- Provide advice and recommendations to the Board of Directors on the development of a high-level diversity and inclusion vision statement.
- Prepare reports to the Board regarding progress on diversity and inclusion-related work.

The DIAWG accomplished substantial work in 2021. The group started the year providing input for, and participating in, diversity, inclusion, and unconscious-bias training for Doctors of BC committees, the Representative Assembly (RA), and the Board. It also provided input on an inclusive set of demographic questions to collect data on member diversity to track progress toward diversity and inclusion goals. Informed by member engagement, the group developed a high-level diversity and inclusion vision statement to articulate Doctors of BC's commitment and approach to diversity and inclusion. It also provided advice to the Governance and Nominating Committees on incorporating diversity and inclusion considerations in the committee appointment process. Near the end of 2021, the DIAWG began considering options for mentorship opportunities for members wishing to learn more about participating in our governance bodies or participating in different positions within committees, the RA, or the Board. To support the Board's ongoing diversity and inclusion goals, the Board has extended the term of DIAWG members for another year.

I would like to thank all the working group members for their thoughtful contributions and willingness to discuss sensitive issues in a collegial and respectful way. I would also like to thank the Doctors of BC staff for supporting the working group with research, analysis, and meeting coordination.

Derek Chang, MD, *Chair*

NEGOTIATIONS COORDINATING GROUP

The Negotiations Coordinating Group (NCG) is responsible for making a recommendation to the Negotiations Forum on a mandate for negotiations on a new Physician Master Agreement (PMA). The negotiations are expected to begin in January 2022.

The NCG met on four occasions in 2021: March 9, 19, and 30, and April 9. Over the course of those meetings, the NCG reviewed approximately 800 proposals for changes to the PMA from members and all sections and societies, from the physician representatives on the Joint Collaborative Committees and the Benefits Committee, and from the Board and Representative Assembly. The NCG also considered the results of a comprehensive survey of the membership specifically designed to obtain perspectives and priorities for changes to the PMA. The NCG was very pleased with the comprehensive input from this outreach, which established the direction for the 2022 PMA negotiations plan.

Based on this information and a comprehensive review of the negotiations environment, the NCG approved a negotiations plan, which consists of the following elements:

- Core objectives that must be achieved in the negotiations.
- A strategic plan that outlines how the Statutory Negotiations Committee should approach the negotiations.
- Notional opening proposals that balance the interests of the entire membership.

The 2022 PMA negotiations plan was unanimously recommended for approval by the Negotiations Forum. The plan is confidential as its release would undermine the ability of Doctors of BC to achieve its bargaining objectives.

T. Larsen Soles, MD, *Chair*

NEGOTIATIONS FORUM

The Negotiations Forum is responsible for reviewing the recommendations of the Negotiations Coordinating Group (NCG) with a view to ensuring it is representative of Doctors of BC members' interests. Following this discussion and consensus on a final mandate, the Negotiations Forum makes a recommendation to the Board of Directors on a negotiations plan for a new Physician Master Agreement (PMA). PMA negotiations are expected to begin in early 2022.

The Negotiations Forum met on three occasions in 2021: April 27, May 4, and May 18. Over the course of those meetings, the Negotiations Forum considered the recommendation of the NCG on the negotiations plan in the context of a comprehensive review of the bargaining environment and all the information collected from members and member groups in preparation for negotiations. This included approximately 800 proposals for changes to the PMA from members and all sections and societies, from the physician representatives on the Joint Collaborative Committees and the Benefits Committee and from the Board and Representative Assembly. The Negotiations Forum also considered the results of a comprehensive survey of the membership specifically designed to obtain perspectives and priorities for changes to the PMA.

The Negotiations Forum approved an amended negotiations plan that consisted of the following elements:

- Core objectives that must be achieved in the negotiations.
- A strategic plan that outlines how the Statutory Negotiating Committee should approach the negotiations.
- Notional opening proposals that balance the interests of the entire membership.

The amended 2022 PMA negotiations plan was approved by the Board of Directors at its meeting on June 11, 2021. The plan is confidential as its release would undermine the ability of Doctors of BC to achieve its bargaining objectives.

C. Clelland, C. MD, *Chair*, and T. Larsen Soles, MD, *Chair of SNC*

PHYSICIAN SPECIFIC ISSUES WORKING GROUP

The Physician Specific Issues Working Group (PSIWG) is a joint provincial working group of the Ministry of Health, health authorities, Health Employers Association of BC, and Doctors of BC. It was established through the 2019 Memorandum of Agreement on Physical/Psychological Safety. Its purpose is to help inform the BC Health Care Occupational Health and Safety (OH&S) Society and to identify and discuss regional-level issues to ensure consistency

across the province. The scope of issues include physical and psychology health and safety in the workplace.

In 2021, the group developed a recommendation for the Ministry of Health to work with health authorities to help create a uniform provincial process for collecting physician-specific data related to occupational health and safety, including psychological safety. This was done in response to there being no consistent means for physicians to report and track across health authorities or the province. Working group members were introduced to data collection systems from both Fraser Health and Vancouver Coastal Health. After learning about the different ways that physician data related to occupational health and safety is managed, there was consensus that a provincial framework with regional and local flexibility is the most beneficial way to move forward. This recommendation has been sent to Victoria Schmid, OH&S Society CEO.

In 2022, the group will focus on issues and supports to enable physicians to have occupational health and safety services similar to other health care providers and workers within the health care system. Topics include seeking clarity on rights and obligations for occupational health and safety policies for multi-employer worksites and aligning a consistent incident reporting system across the province while enhancing communications on currently available supports and processes for physicians.

M. Ocana, MD, *Co-Chair*; L. Fernando, *Co-Chair*, *Ministry of Health*

PROVINCIAL WORKLOAD MEASURES WORKING GROUP

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

In 2021, the PWMWG developed the following criteria, listed in order of importance, to be considered when developing workload measures:

"Whenever possible, all Provincial Physician Workload Measures should meet the following criteria, listed in order of importance:

- 1) Objective: informed by data.
- 2) Verifiable: ensure that data is independently verifiable, cannot be artificially manipulated or altered by any party.
- 3) Clearly defined: easily understood by all stakeholders.
- 4) Material: reflective of a meaningful impact on physician workload.

- 5) Standardized: where Physician Services span different sites and health authorities, ideally the measures should be consistent across all health authorities and where possible, applicable across sites.
- 6) Proportionate: ideally the collection of data should:
 - a) Not be overly time consuming or detract from patient care;
 - b) Be accessible in a timely manner; and
 - c) Not be administratively burdensome.
- 7) Avoidance of Duplication: where appropriate, duplication of measures should be avoided.”

In 2021, the PWMWG also confirmed a new appendix that can be added to service contracts and salary agreements at the request of either the physician or health authority where locally defined workload measures or provincial workload measures can be listed. The group is currently developing workload measures for emergency medicine, which will be followed by measures for hospitalist medicine and medical oncology.

S. Fedder, MD, *Doctors of BC representative*

WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

The WorkSafeBC Negotiations Coordinating Group (WSNCG) is responsible for making a recommendation to the Negotiations Forum on a mandate for negotiations on two agreements:

- The Salaried Physicians’ Agreement, which covers those salaried physicians who are employed by WorkSafeBC to provide medical advice 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.

These agreements expire on March 31, 2022, and continue in full force until replaced with a renewal agreement.

The WSNCG has not met this year. It is anticipated that WorkSafeBC negotiations will begin only once the Physician Master Agreement has been ratified. The process for preparing for these negotiations began in October 2021 with the objective of obtaining a mandate for negotiations by the Board in June 2022. Meetings of the WSNCG will begin once a draft mandate that reflects the input and priority of members on the agreements has been developed.

The Board appointed a new WSNCG and WorkSafeBC Negotiating Committee in December 2021 to negotiate the agreement with WorkSafeBC in 2022.

E. Weiss, MD, *Chair*

Wellness supports for doctors expanded through new partnership

Even before the pandemic, physician burnout was an issue requiring attention and support.

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WELLNESS SUPPORTS FOR DOCTORS EXPANDED THROUGH NEW PARTNERSHIP

Even before the pandemic, physician burnout was an issue requiring attention and support. With the added stressors on physicians and their families as a result of COVID-19, the need has increased exponentially.

Since 2019, the Physician Health Program (PHP) has seen a 58% increase in the number of physicians seeking help, and a 37% increase in case complexity (number of activities per case). This has resulted in a doubling of workload.

Seeking to address this growing need, the PHP joined forces with the Joint Collaborative Committees (JCCs) with a commitment to expand existing resources and develop new wellness and mental health programs that increase supports for BC physicians and their families.

As part of these collaborative efforts, work continued on broadening the scope of the [CBT Group Skills Initiative](#) from patient group sessions facilitated by physicians to also include a physician-only CBT group skills training program. These sessions, which started in fall 2021, offer a peer-based learning environment to support physician wellness, while also providing physicians with strategies to share with patients seeking help with mild to moderate mental health issues.

Building on the known success of peer-to-peer support, plans are also underway to develop a Provincial Physician Peer Support Network, which would train physicians to offer personal one-to-one support to their colleagues.

Recognizing that longitudinal care is as important for doctors as it is for patients, PHPs Family Doctor Connection Service aims to work with Divisions of Family Practice to increase capacity to match physicians with their own personal primary care provider.



Throughout the planning and development of these initiatives, a concerted effort has been made to consult with Divisions of Family Practice, medical staff associations, Doctors of BC, and other partners to ensure alignment and to avoid duplication of efforts. The goal is to collaborate and provide multiple opportunities for prevention, intervention, and levels of support for BC doctors in this time of need, and to secure their future well-being as essential partners in BC's health care system.

FOR INFORMATION

[BC Physician Health Program](#)

[CBT Skills Training for Physicians](#)

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BC FAMILY DOCTORS

BC Family Doctors advocates for the fundamental role of family doctors to be seen, heard, and valued. It's part of our commitment to standing up for the unique value of family doctors in this province.

A YEAR OF GROWTH AND ADVOCACY

The pandemic has amplified and accelerated the pace of change. BC Family Doctors saw a significant increase in membership in 2021. With 2826 members, we now have the highest number of members in our history. In order to advance the organization's goals, we:

- Developed our Physician Master Agreement and WorkSafeBC 2022 negotiations priorities.
- Advocated for family physicians to be recognized as specialists.
- Created and amended fee codes to reflect modern medical practice and values, consider patient and physician equity, and support patient-centred care.
- Supported family physicians during a global pandemic.
- Expanded our member billing education and support services with improved tools and resources.
- Released a position statement on the corporatization of primary care recognizing that the introduction of corporate entities into primary care is changing our health care landscape.

The Board has set BC Family Doctors on an ambitious course of action for 2022. It's time to reimagine the future of care for British Columbians and the future of work for family physicians.

CHOICES FOR A NEW TOMORROW

COVID-19 has forever altered the BC health care system along with the needs and expectations of patients. BC Family Doctors is advocating for

different choices to create a new reality for physicians and patients. Our choices include:

- Increase supports to address the rising costs of doing business.
- Modernize and create equity in physician compensation.
- Address systemic factors impacting physician workload and health.
- Increase family physician engagement and representation.

THE FUTURE OF CARE

We know virtual care is here to stay. We are advocating for a thoughtful, deliberate approach to the role of virtual care in the future of health care delivery in BC, one that considers the significant changes, expectations, and needs of both patients and physicians in this new era of care.

Our priorities for virtual care are to:

- Ensure all virtual care decisions are made through an "equity first" lens.
- Improve the patient and physician experience of care.
- Ensure remuneration is principle-based and modality neutral.
- Modernize quality and safety standards.

We believe each small action we take as we emerge from the pandemic will add up to the world we're creating. As we move into 2022, BC Family Doctors will be working with and for family physicians to build a future where family doctors thrive.

Toye Oyelese, MD, *President*

BC SOCIETY OF GERIATRIC MEDICINE SPECIALISTS

Our mandate has mostly been to work toward fair remuneration for the work we do as geriatric FRCPC specialists in BC. We have a number of members who are paid by salary and/or service contracts, and many who still work in primarily fee-for-service arrangements. We aim to make it possible for these work streams to be equal-earning opportunities. Over the years, we have worked with Doctors of BC and the Consultant Specialists of BC (CSBC,

formerly the Society of Specialist Physicians and Surgeons) to make this a reality. We are slowly achieving our goals but still have work to do in the realm of disparity in earnings across many metrics.

Our members continue to be very involved in their respective health authorities in many roles. They have a strong presence in academics, research, Doctors of BC, CSBC, and in their communities (local and outreach).

By nature, geriatricians are team players, and we work together in any setting with whomever we find ourselves teamed up with—or whomever we find we should team up with—to deliver quality in care across whatever artificial or real boundaries may be present.

Thanks to all our other doctor and team members!

Scott M. Comeau, MD, *President*

CONSULTANT SPECIALISTS OF BC

I took over from Dr John Falconer in April 2021 as president, just over a year into the COVID-19 pandemic. Early on, we assisted in securing PPE supply for community-based specialists; since then, we have fought to ensure the early strides we helped make in virtual care fees are not lost so we can continue to care for our patients safely and efficiently. Virtual meetings of our Council (our board of directors) led to increased attendance and avoided the need for travelling; they are currently in place until September 2022 and will continue to make up half the meetings in future.

This year an internal focus has been on reorganizing and revitalizing our organization, starting with a name change to Consultant Specialists of BC. We are working to ensure the structure and committee composition reflects the diversity of the specialists we represent. We are developing material to help our specialty representatives communicate the behind-the-scenes work that Consultant Specialists of BC is doing, as well as refreshing our website and updating our bylaws. We are also reviewing our finances to safeguard a sustainable fiscal structure.

Medicine has changed over the last two years, in many ways for the better. The changes in telehealth in response to COVID have opened up accessibility to medical care for our patients. We need to make sure the lessons learned and benefits realized are not lost. We will continue to work with our partner organizations to maintain telehealth in its current state and to improve it further for patients.

BC Family Doctors have labelled themselves “specialists in family care.” We believe this appropriation of the specialist terminology is confusing and in the interests of neither the profession nor our patients. We hope to find common ground with our family physician partners and colleagues. We are

all physicians essential to the care of BC patients. We need to celebrate and support each other while continuing to recognize the necessary differences in our roles in the care of BC patients and the importance of a medical lexicon to clearly delineate those differences.

The Physician Master Agreement negotiation is pending, and we are passing on specialists’ concerns regularly to the team at Doctors of BC.

The mechanism and frequency of referrals are once again being debated in the wake of the controversial Consultation Working Group report released in late 2021. We continue to be actively involved in these discussions.

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

Chris Hoag, MD, *President*

SECTION OF CLINICAL IMMUNOLOGY AND ALLERGY (BC SOCIETY OF ALLERGY AND IMMUNOLOGY)

We had a great year of collaboration, communication, and interaction among our members—all virtually. Our section includes both community and hospital-based allergists and immunologists.

Our accomplishments this past year:

- We had our first virtual two-day annual conference in May 2021 with great success and a variety of talks from local and Canadian speakers. Topics included food oral immunotherapy, eosinophilic esophagitis, asthma and the microbiome, racism in health care, gender pay gap in medicine, food allergen introduction in plant-based families, COVID-19, zoonotic infections and the impact of humans on animals and the environment. There were wellness sessions with virtual Pilates, introduction to dancehall, and tea meditation and mindfulness.
- We continued to organize monthly talks for our members throughout the year.
- As a society we wrote a position statement on the climate crisis, publishing a letter in the *BCMJ* and an article in *The Province*.
- We collaborated with public health and provincial health officers to finalize the COVID-19 vaccination deferral form.
- We had our midterm meeting in May 2021 and our AGM in November 2021, both virtual.

Challenges faced by our members included the increased referrals for COVID-19 vaccine allergy assessment and vaccine hesitancy. Members shared their suggestions and practices to deal with this issue. We asked provincial health officers for support, such as creating specific vaccine assessment clinics

with public health nurses or increased funding since these assessments and vaccine administration/desensitization are time-consuming. However, our request was not their priority, despite our collaboration with helping improve the vaccine deferral form.

Bahar Torabi, MD, *President*

SECTION OF ANESTHESIOLOGY (BC ANESTHESIOLOGISTS' SOCIETY)

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

PROFESSIONAL ADVOCACY

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

The BCAS appreciates the collaborative support from our surgical and surgical-assist partner sections who endorsed a joint perioperative proposal for the upcoming Physician Master Agreement (PMA) negotiations. We hope to see a consultative mechanism developed with government and health authorities where frontline doctors participate as partners in the design and implementation of surgical capacity improvements, clinical innovation, and new delivery models.

We have also been engaged with provincial and national partners in furthering the development of BC's Anesthesia Care Team. On a positive note in 2021, the BC government financially committed to expanding the UBC anesthesiology residency program, as well as extending its commitment to train anesthesia assistants at Thompson Rivers University. This complements the nationally accredited VCH/VGH-based training program created in 2017.

In May, the BC Ministry of Health hosted a virtual town hall of over 400 anesthesiologists where it was shared that the nurse anesthetist model of care was being seriously explored. Cognizant of the potential risks to patient safety and the impact this would have on the evolving crisis in nursing resources throughout health care, BCAS representatives—along with many members with clinical, academic, and administrative leadership roles—engaged the ministry in numerous robust discussions regarding anesthesiology and surgical capacity building.

MEMBER EVENTS

In addition to our AGM and two webinars to discuss anesthesiology workforce solutions, the BCAS and the Washington State Society of Anesthesiologists

(WSSA) successfully moved to a virtual format for the 55th Annual BCAS/WSSA Joint Scientific Meeting on November 13, which was followed by our Perioperative Emergencies Simulation Workshop.

New in 2021, the BCAS initiated a series of educational workshops on personal financial independence.

We continue to grow our support of the UBC anesthesiology residents. The BCAS sponsored and organized three resident academic days in spring 2021. In June, the BCAS recognized Dr Julena Foglia as the third annual recipient of the BCAS Resident Award in Physician Leadership.

ECONOMICS

Work to modernize our MSP fee guide continued in 2021, while the \$8.4 million in new annual funding awarded to help correct interprovincial and intersectional fee disparities was ushered in. The BCAS provided support where needed to anesthesiology groups who had converted to the provincial Alternative Payment Plan contract, as well as other compensation templates. The BCAS also provided proposals to Doctors of BC on the renewal of the PMA and the Doctors of BC-WorkSafeBC agreement.

LOOKING AHEAD

We hope the worst impacts of the pandemic are now behind us. We are eager to build on all of our collaborative work to date, to advocate for system improvements for our patients, and to support the educational, economic, and professional interests of our members everywhere in the province.

Annika Vrana, MD, *President*

SECTION OF CARDIAC SURGERY

Due mainly to the COVID-19 pandemic, cardiac surgeons have experienced significant changes to our practices over the last year. While a large portion of work remains in person for inpatients and operations, outpatient office and clinic encounters were often conducted virtually. Inpatient services have been impacted by outsize reductions in surgical volumes, due to reallocation of critical care capacity to admit COVID-19 cohorts during crests of pandemic waves, an increased need for long-term ECMO for COVID-19 patients (reducing perfusionist availability for cardiopulmonary bypass during surgery), and the requirement for all open-heart surgical patients to recover initially in an ICU setting. The five adult cardiac surgical referral sites in the province have seen extended periods of 25% to 50% reductions in surgical capacity, including cancellations of inpatient surgeries, with occasionally even the requirement for surgical diversion. This has affected all aspects of cardiac surgery, including elective and urgent surgery, heart rhythm devices, transcatheter

heart valves, and ECMO. It has also resulted in spikes in surgical wait times, as evidenced by real-time waitlist monitoring by Cardiac Services BC (CSBC). The pediatric cardiac surgery service at BC Children's Hospital has had a challenging year as well.

Unfortunately, surgical renewal and ramp up has had little positive impact for our patients, due mainly to our reliance on a severely stretched critical care infrastructure, major shortages in nursing staff and surgical assistants, and thus limited capacity to increase volumes above baseline levels. CSBC has developed a new version of its electronic data collection tool for cardiac surgeries, with most sites up and running this year, and the remaining sites going live by early 2022. All cardiac surgeons are now enrolled in alternative payment plans. Two new cardiac surgeons have started practice in BC during the last year, to replace retiring surgeons. Dr K. Kumar has been named the new economic representative for our section.

K. Kumar, MD, Economic Representative D. Wong, MD, *President*

SECTION OF CLINICAL FACULTY

THE UNIVERSITY CLINICAL FACULTY ASSOCIATION

The Section of Clinical Faculty works with Doctors of BC on the Joint Doctors of BC-UBC Clinical Faculty Working Group. The dean responded to the nonmonetary recommendations from spring 2020, generally accepting them. While UBC provided a 2% increase in fees in 2020, the recommendation for a further increase for 2021/22 was rejected. The working group developed the clinical faculty survey sent out by Doctors of BC to physicians in November and December 2021. The results will be analyzed and used to guide discussions and recommendations to UBC early in 2022.

The section works with the Doctors of BC and UBC to promote excellence in teaching future doctors, and in patient care to promote the health of the citizens of the province. It has a delegate at the Doctors of BC Representative Assembly (RA) 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 lack 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 current 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.

In July 2020, we sadly lost one of the founding members, Dr Angus Rae. His passion and dedication will be missed.

David Wensley, MD, *President*

SECTION OF CRITICAL CARE

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

After navigating the two waves of COVID-19 in 2020, 2021 proved to be even more challenging for the intensive care units of our province. The section acknowledges the dedication of our members who supported the province throughout this pandemic through (1) increasing workload and clinical hours caring for patients at the bedside, (2) supporting the province, health authorities, and local hospitals in leadership committees, and (3) supporting internists in community hospitals via telehealth as they increased their capacity to manage critically ill patients.

The BC Critical Care Network, an initiative of the BC Patient Safety & Quality Council with heavy involvement and support from our critical care physicians, was established and helped apprise the critical care community on the evolving COVID-19 literature and management guidelines, provincial critical care and transport needs, and general medical critical care literature. The BC Critical Care Network was also paramount in maintaining and balancing critical care capacity for the province during COVID-19 surges. Different health authorities experienced various levels of capacity stress at different times, and patients were transported across health authorities to ensure care and safety of all, despite overwhelmed systems.

Ultimately, 2021 proved to be a challenging year for critical care, yet it also demonstrated the resilience, strength, and resolve of our specialty and clinicians. We hope that the pandemic will end soon and we can shift our focus to other areas of critical care, including finding new projects to support with our quality improvement bursary.

Titus Yeung, MD, *President*

SECTION OF EMERGENCY MEDICINE

The Section of Emergency Medicine executive committee addressed issues facing practising emergency physicians across the province, including the following:

- Preparing for 2021 Physician Master Agreement negotiation by canvassing the section and creating a list of negotiating priorities.
- Addressing emergency department (ED) volume surges in association with reduced access to in-person community care (a result of Provincial Health Office guidance followed by the persistence of predominantly virtual care practices), rising cases of COVID-19, and the mental health and substance use crisis.

Advocating for amendments to billing virtual care visits and ongoing, multipronged communication strategies to inform patients of alternatives to using an ED for nonemergency care.

- Forming an Equity, Diversity, and Inclusion Subcommittee, which has authored and distributed 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.

At alternative payment sites, the section:

- Successfully lobbied with the After-hours Disparity Allocation Committee, which resulted in an 11% income increase per FTE annually.
- Prepared for 2021 Ministry of Health workload applications by generating a list of negotiation priorities for workload at AP sites.
- Worked with Doctors of BC, the Ministry of Health, and health authorities to develop a formal list of workload indicators.

At fee-for-service sites, the section:

- Worked to align FP and specialist emergency medicine consultation fees and combined into a single (1810) fee code for consultations in the ED.
- Worked to change the wording of telephone follow-up billing codes for use by emergency physicians initiating follow-up of imaging discrepancies or positive culture results for patients initially seen by a colleague.
- Adopted an improved process in Interior Health to harmonize the process by which hospitals, health authorities, and physicians can collect payments for ED treatment from uninsured or out-of-province patients. We've now distributed information about this work so that government can consider implementing these changes province-wide.

Other section highlights include:

- Seeking clarification regarding the Mental Health Act and its implication for ED care in response to intersite variability in Form 5 practices.
- Holding the AGM and conference virtually in September, with conference presentations on violence in the ED, code silver (active shooter) protocols, criminal law basics and its application to the ED, early recognition and de-escalation of violent patients, and addressing racism as violence in the ED. (The section created a working paper on violence in ED to act as a formal blueprint to aim for solutions to this growing issue.).

In 2021, the section executive members directly promoted these and other ED-related issues across the province through their involvement on the Tariff Committee, Alternative Payment Issues Committee, Workload Advisory Committee, Workload Measures Committee, PMA negotiations Co-ordinating Group, Patterns of Practice, ESAC, Representative Assembly, Overhead Committee, WSBC Committee, and Emergency Planning Committee. The

membership of the section continues to grow consistently, resulting in a dues reduction for 2022. We will continue the membership sweepstakes to further increase our numbers with the aim of strengthening our ability to advocate and negotiate.

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

SOCIETY OF ENDOCRINOLOGY AND METABOLISM OF BRITISH COLUMBIA

HEALTH HUMAN RESOURCES

There are 69 adult endocrinologists in BC, based on Doctors of BC methodology. There were six recruitments and one exit in 2020–21. We are pleased that there are additional recruitments to bring up numbers of physicians in Interior Health (2) and Northern Health (1).

Gender balance varies: in the 39 and younger age group, 68% are women; in the 40 to 49 age group, 58% are women; and in the 50 and older age group, 29% are women. We welcome Doctors of BC interest in gender-based analysis to correct payment discrepancies linked to gender of practitioner.

INNOVATIONS

Endocrinologists continue to use both virtual and in-person care in a hybrid fashion. We have appreciated the technologic advances that make this possible and hope that virtual care options will continue post-pandemic.

We are seeking approval for funding of new diabetes technologies: continuous glucose monitors linked to insulin pump and complex pediatric to adult transition patients.

HEALTH DELIVERY CHANGES

The society welcomed the expansion of PharmaCare coverage to include continuous glucose monitoring. We recognize that increased funding for new technologies has been supported, in part, by PharmaCare savings through biosimilar substitution programs. The most recent of these began in December 2021 for rapid-acting insulin analogues.

Our thanks go to Doctors of BC Section Service—Dr Sam Bugis and Ms Rheanna Corpuz for their assistance—and to Doctors of BC Economics—Mr Raaj Tiagi and Mr Jeff McPhail for their analytical support.

Marshall Dahl, MD, *President*

SECTION OF GASTROENTEROLOGY (BC SOCIETY OF GASTROENTEROLOGY)

CHANGES IN EXECUTIVE

Over the past year, 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. We have gone from having only a president to adding the positions of a vice president, treasurer, and member-at-large.

MEMBERSHIP

The executive has initiated building a website to disseminate information more efficiently and eventually allow for a discussion forum for the membership and facilitate communication.

WORKING WITH PHARMACARE

In 2019, PharmaCare mandated nonmedical switching to one biosimilar and in 2020 to another. We have remained involved in the process to ensure safe transition for patients and have brought issues forward to PharmaCare as needed.

RELATIONSHIPS WITH OTHER SECTIONS

We have continued to work with our colleagues from the Section of General Surgery in negotiating with the Tariff Committee to streamline fee codes, and we are very grateful for that section's support and collaborative approach. We await fees for complex polypectomy. The ERCP fee has been transitioned to gastroenterology (from surgery) because the vast majority of ERCP in BC are carried out by gastroenterologists.

Nazira Chatur, MD, *President*

SOCIETY OF GENERAL INTERNAL MEDICINE SPECIALISTS OF BRITISH COLUMBIA

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

EXECUTIVE COMMITTEE

The society's AGM was held this year via Zoom on December 4, 2021. Kiley Cindrich stepped down as a committee member at the end of her term. All other members will be continuing in 2022. A motion was carried to provide the executive members with an appropriate stipend for their

regular responsibilities, as well as additional project-specific remuneration for members. The society's bylaws were updated and are now pending legal review before being brought to the membership for approval in 2022.

MEMBERSHIP/COMMUNITY

The society endeavours to recognize general internists across the province who are taking on leadership roles in their community, health authority, or the province. Awards were presented this year to two outstanding members who are making a positive impact on their community and the practice of general internal medicine. In addition, a member survey was circulated to gather high-level information across the province. The data collected will be used to further develop the goals and objectives for the society, to ensure it's best serving its members and the general internal medicine community. The website continues to provide a supportive community with a discussion forum, billing guidelines, informative newsletters, and other support for members.

CME SESSIONS

This year the society provided three valuable CME sessions to members. Topics focused on practice-related human resources, billing, and complex chronic diseases.

FAIR REMUNERATION

The society strives to further establish general internal medicine as a distinct specialty and ensure that doctors are being appropriately compensated for their work. The executive worked tirelessly providing representation, information, and clarification to MSP and the Tariff Committee to ensure fair remuneration in BC. In fall 2021, this resulted in two significant retroactive payments provided as part of the Specialty Disparity Fund Adjudication to compensate for underfunding relative to other specialists in the province.

GOALS FOR THE FUTURE

Over the last tumultuous year, the society focused on supporting the identity and success of all general internists. We are now working to clarify and develop long-term strategies and goals. Continuing the efforts of 2021, we will further push toward reducing financial disparities.

Shavinder Gill, MD, *President*

SECTION OF GENERAL SURGERY

The General Surgeons of BC has had another busy and very successful year.

ECONOMICS

This past year, the section continued to work with the Tariff Committee to continually evolve our fee guide to reflect evidence-based surgical practice including the latest innovations. We are proactively working to address gender disparity through an in-depth analysis of those fees that lead to disparity and to increase applicable fees. We previously introduced time-based fees, which has already helped decrease the gap. We focused our previously negotiated allocation to address some of the lower fees in our guide and were able to bring most within 70% of the Alberta Fee Guide and some a little higher. We were awarded disparity funds and have used them to continue increasing underfunded fees and have applied to introduce a new complex polypectomy fee (pending).

A list of new fees and other economic updates will be presented at our AGM in conjunction with the BC Surgical Society's 75th annual spring meeting this May in Kelowna where we will be holding our biennial Job Fair.

ADVOCACY

Our executive attended several meetings on your behalf, including meetings sponsored by Doctors of BC and the Society of Specialists. I regularly attend the Representative Assembly (RA) that meets three times a year to conduct the affairs of the profession. This involves our Physician Master Agreement negotiation, general surgery representation at the RA, and Doctors of BC board and specific issues that come up during the year. It is important that the RA retain its autonomy and has meaningful input over items brought before it for consideration.

We continue to support and sponsor residents through our organization by providing research opportunities, regional contact support, and, of course, the Job Fair. Our previous fair was extremely successful with all fourth- and fifth-year residents invited to meet surgeons from around the province, representatives of several hospitals who were recruiting, and health authorities from several regions. This Job Fair has created a venue for new surgeons and senior residents to connect with surgeons who are looking to retire or slow down their practice and help with the transition.

This past year we also helped spearhead the UBC Mentorship Grant Program to which we have guaranteed \$10,000 per year for the next two years as funding from General Surgeons of BC among other industry groups contributing additional funds. This grant is to help remove barriers from surgeons wanting to continue their learning with and from colleagues, and provide better care to their communities.

MEMBERSHIP

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

It has been my privilege to be your president this past year, and I look forward to welcoming a president-elect at our AGM in May for my final year. We have a dedicated executive, Economics Committee, and regional reps. A special thanks goes, 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.

Finally, I would like to once again thank Ms Tanyss Bugis for her tireless service over the past 18 years. She has been a crucial component of transforming our Ilotte into an organized, professionally run, and successful body that has benefited us all immensely. Tanyss has once again stepped up by delaying her retirement to help Taryn and Chris Zroback welcome their second daughter, Amelia, into the world! As Tanyss once again steps back, please join me in welcoming Taryn Zroback into her official role as the executive director of our Ilotte.

Dan Jenkin, MD, *President*

SECTION OF INFECTIOUS DISEASES (BC INFECTIOUS DISEASES SOCIETY)

The Section of Infectious Diseases is represented by the BC Infectious Diseases Society. Our society membership includes 49 Royal College-certified full voting members in addition to 32 associate non-voting members, including trainees, retired physicians, and physicians from disciplines other than infectious diseases.

Our 2021 AGM was held virtually on November 5, 2021. At this meeting, two long-serving members of the executive, Drs Ferris and Steiner, completed their terms on the executive. The Ilotte welcomed Dr Deans, who previously served as vice president, as its new president. The Ilotte was also pleased to welcome two new members to the executive: Dr Stevens to the position of vice president and Dr Ephtimios to the role of secretary.

Since the founding of our society in 2006, Dr Ferris served as its president and its heart. Under his caring stewardship, the Ilotte grew from 19 to nearly 50 active members, expanding its presence into all health authorities. Dr Ferris's tireless advocacy has helped improve remuneration for BC infection diseases specialists with the creation of new fee codes and careful application

of disparity correction awards. We thank Dr Ferris for his years of service and wish him the best in his future endeavours.

Thanks go as well to Dr Steiner for his years as secretary, and to all current and past members of the executive for volunteering their time and energy to improve the situation for their colleagues.

In the context of the ongoing COVID-19 pandemic, the Section of Infectious Diseases was prepared for the pivot to virtual care. New telemedicine fee codes were created this year to ensure that all in-person fee codes have an equivalent telemedicine option. Although the majority of infectious disease care has returned to being in person, having a virtual health option has improved access to care for many of our patients, particularly those who have difficulty travelling to appointments or who reside in remote areas.

In the upcoming Physician Master Agreement negotiations, the executive will continue to focus on advocating for fair remuneration of infectious disease specialists and particularly for correction of disparity in comparison to other specialties. Other negotiation priorities include ongoing support for virtual care post-pandemic and support for outpatient IV antibiotic services.

A heartfelt thank-you goes to the executive and all of 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*

SECTION OF NEUROSURGERY

The Section of Neurosurgery represents neurosurgeons practising in the province. It has been re-established for the last five years after a prolonged period of inactivity. Currently, of the 42 neurosurgeons who have billed MSP in 2020–21, about 75% have joined the Iltote. Integrating all BC neurosurgeons currently represents the largest challenge.

The COVID-19 pandemic has posed challenges to neurosurgeons as with all other physicians. On the other hand, simplified telehealth options made access to neurosurgical services easier for patients in remote communities as our specialists are concentrated in a few central locations. To facilitate consultation and follow-up of all British Columbians, there is a strong support across our membership to continue conducting telehealth services by phone in the current Physician Master Agreement negotiations.

Finally, the last year has seen two women neurosurgeons begin their practice in the province. They are the first women to practise neurosurgery in British Columbia, and the section is happy to welcome them and wish them a prosperous career.

J-F Chevalier, MD, *President*

SECTION OF NUCLEAR MEDICINE

The issues facing the Section of Nuclear Medicine remain unchanged in 2021. The section has not been able to obtain any new fees for over a decade and will not do so in the foreseeable future. This was confirmed by Mr Paul Straszak, the chief negotiator for Doctors of BC in the upcoming Physician Master Agreement negotiations. Doctors of BC has agreed—for reasons unknown to this Iltote—to a ceiling of \$1 million annually for new fee items. A nuclear medicine fee code must account for the cost of the radiopharmaceutical. Most new radiopharmaceuticals cost \$1,000 and up, so any new fee in nuclear medicine that involves 500 patients would take up half the entire amount budgeted annually for new fees.

British Columbia, and particularly Vancouver, has fewer PET scanners than many single large American hospitals. A few Canadian centres, like Foothills Medical Centre Hospital in Calgary or Sherbrooke Hospital in Quebec have almost as many as in all of British Columbia. Only 40% of BC Cancer Agency patients are receiving PET scans within recommended time limits and, according to BC Cancer Agency statistics, PET changes the management of cancer patients 40% of the time. This means that 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 PSMA scans for prostate cancer, which will likely be approved in 2022 by Health Canada, and a novel therapy for prostate cancer patients with Lu-177 PSMA will likely be approved in 2022 or early 2023. No fee exists for I-123 DATscan for Parkinson disease or for F-18 Amyloid and F-18 Tau scans for dementia. No fees exist for F-18 FDG or F-18 FAPI scans, which likely will become available in 2022 or 2023 in the United States to complement F-18 FDG studies. As the specialty of nuclear medicine evolves, increasingly British Columbia will be seen to be a very backward part of the world in which to be ill.

Philip Cohen, MD, *President*

SECTION OF OBSTETRICS AND GYNECOLOGY

ADVOCACY

Under the leadership of Perinatal Services BC (PSBC), a Maternity Service Strategy has been developed, with the section involved in the drafting of it. The sustainability of maternity care providers has been one focus of discussion in this process, with the section being involved in working toward sustainable funding for maternity care providers both in rural and urban settings. While

the vulnerability of rural sites is well known, some of the smaller urban sites also have had concerns about sustainability.

Another major concern is providing support to the whole perinatal team (nursing, operations, midwifery, and family practice) that is not remunerated or recognized as being important to the sustainability of the entire service. An alternative payment plan is often not possible as health authorities try not to support clinical service contracts that are not funded through the Ministry of Health. A sustainable model of maternity care must be developed to support maternity care providers throughout the province.

We are also advocating for equity in payment for all providers. The evidence of gender disparity in income for physicians continues to grow. We are hoping to see some progress in the upcoming Physician Master Agreement (PMA) negotiations. We recognize that there are also disparities in patient access. Access for our patient population has worsened significantly for all practitioners in the last two years, and even the gynecology oncologists are struggling for timely access to the operating room for their patients. As gynecology is a combined medical and surgical practice, surgeons need to ensure that there is enough OR time to maintain the department members' surgical skills—if surgical skills are not maintained, this can result in fewer gynecologists being able to providing care in a community. Our speciality continues to support the MANDI formula for calculating disparity between sections. Using other formulas supports specialties that work a high proportion of daytime hours and does not recognize the burdens of specialties with a high proportion of nighttime and weekend work.

ECONOMICS

The executive has worked hard to streamline the fee guide by removing fee codes that no longer apply and by adding new codes to keep pace with innovation in our field. In addition, we have worked to separate several fees that were tied to other sections, and these fee codes will now have new allocations determined by our section rather than being set by others.

There has been a long delay in the Medical Services Commission addressing fee code changes, which has resulted in a long delay in allocation of funding to our members from the last PMA.

COVID 19

Pregnant women have only recently been recognized as a higher risk group for COVID-19. With the onset of the Omicron variant, the neonate is also at increased risk. The lack of support for the pregnant population during COVID-19 has been a struggle for the maternity care providers and particularly for obstetricians and gynecologists. The three-person OB/GYN reproductive

ID team at BC Women's Hospital has done remarkable work advocating for our population and providing support to our providers throughout the pandemic.

Brenda Wagner, MD, *Co-President*

SECTION OF ORTHOPAEDICS (BC ORTHOPAEDIC ASSOCIATION)

The following is a summary report for 2021.

FAST TRACK CARE

The BC Orthopaedic Association (BCOA) continues to advocate for our patients with a media campaign run this summer. Fast Track Care (<https://fasttrackcare.ca/>) encouraged our members to educate their patients to use the Fast Track Care website to report their experience of waiting. This campaign was sponsored by the Canadian Orthopaedic Association and Medtech Canada.

COVID IMPACT ON WAIT LISTS

COVID continues to have a disproportionate impact on orthopaedic reconstructive and disability surgery. With OR closures in many hospitals, and some having almost no reconstructive orthopaedic surgery since the summer (Kamloops, Nanaimo, Prince George) the wait lists have grown extensively.

The impacts from an orthopaedic perspective are many:

- The impact on our patients: Patients are becoming increasingly disabled as a result of the delays. Many cannot work and are losing income, becoming depressed, losing self-esteem, and losing their houses and their families.
- The impact on physician income: The loss of OR time means lost income. This is potentially becoming unsustainable for many surgeons. We request the monthly measurement of income impact be reconsidered.
- The impact and cost on our offices: Cancellations and rebooking costs time and money. The chaos created by cancelled OR days, often with short notice, and rebooking is major. Screening also increases office costs.
- The impact on the consent process: The risks of surgery to those who request care and are unwilling to get vaccinated remains a difficult discussion.

STRATEGIC PLAN

BCOA is hiring Peter Watkins to create a strategic plan that will help us better define the goals of the association and prioritize what matters to make the BCOA an effective organization for the future.

BILLING

Fee rejections remain common and arbitrary in a number of areas of orthopaedics. We continue to work with the Doctors of BC Tariff Committee to resolve the lack of payment on some surgeries (e.g., hip arthroscopy) or rejections in other complex surgeries where payment does not seem to be in keeping with the fee schedule preamble or fee items.

COLLEGE AND PODIATRY CONCERNS

We have raised concern about the privileging dictionary of podiatry and lack of transparency in training and payment (private and public) with the BC College of Physicians and Surgeons.

Direct referral from podiatrists to orthopaedic surgeons, another concern raised, is now allowed as reported by the Tariff Committee in 2021.

CHANGES IN INCOME AND THE OVERHEAD REPORT

Loss of income due to COVID-19 and the loss of other revenue streams through legislation has had a major impact on orthopaedic income. We have asked for the overhead estimates for orthopaedics to be reconsidered as, with this lost income taken into account, the ratio of expense to income will be higher. We continue to question the office overhead rate of 28% assigned to orthopaedics given the constraints to our practice during COVID.

Alastair Younger, MD, *President*

SECTION OF PAIN MEDICINE (PAIN PHYSICIANS OF BC SOCIETY)

The Section of Pain Medicine represents physicians practising in the area of pain medicine. Our aims include 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.

We are currently operating in a challenging environment at a time when there are few community resources for the management of chronic pain. We remain concerned that the implementation of College of Physician and Surgeons of BC standards will restrict access to community-based interventional pain procedures.

The society asks the Doctors of BC leadership team to ensure that the introduction of policies by government, the College, WorkSafeBC, and ICBC is monitored so there is no loss of access to the safe and high-quality pain management services currently provided by our members.

We look forward to collaborating with Pain BC and the BC Ministry of Health to implement the recommendations of Canadian Pain Task Force in its Action Plan for Pain in Canada.

Many of our members are involved in the UBC Pain Medicine residency program, and we are proud that our residents continue to be successful in challenging the RCPSC pain medicine exams and continue to work in BC as pain medicine physicians.

The society looks forward to further discussions with Doctors of BC to develop a process for multidisciplinary societies such as ours to achieve better financial outcomes for all their members. We also look forward to the continuing support of Doctors of BC and invite all other sections to collaborate with us to more efficiently and effectively deal with issues of mutual interest.

The society wishes to acknowledge and thank all its members for their efforts in educating medical students, residents, allied health professionals, people living with pain, and the general public.

Brent MacNicol, MD, *Chair*

SECTION OF PALLIATIVE MEDICINE

The section has had another busy year. We continue to fight for adequate remuneration for palliative care physicians across the province and recognition of our members as specialists.

COVID-19

All physicians in BC have felt the burden of dealing with the pandemic. Palliative care physicians, in particular, found themselves having to care for people who suddenly became palliative due to COVID-19. The impact and ramifications of this to the models of care we provide were sorely tested.

I am proud to say that the members of the section rose to the occasion and collaborated with each other across the province to ensure that the care provided was equitable and based on the best available research during these trying times.

PHYSICIAN MASTER AGREEMENT

We have submitted a proposal to the Physician Master Agreement Negotiating Committee, after having met with Paul Straszak, who is leading the negotiations for Doctors of BC. We are hopeful that our submission will be viewed favourably.

FEE CODES

We have had numerous meetings with the Financial Committee of Doctors of BC and extensively reviewed the correspondence from MSP regarding our application for fee codes. We have submitted a response, which we hope will be met with favourably, as most of what MSP was requesting had already been agreed to and was close to our original application. We will keep members updated once we receive a reply from MSP.

The strategy is to at least have fee codes, to get our foot in the door, and then address any discrepancies in funding through the Specialist Disparity Fund.

SERVICE CONTRACTS

Dr Hawley and I have met with Tod Macpherson and presented the section's concerns on service contract negotiations across the province. He has started looking at the various models of remuneration based on specialist contracts currently and will meet with us again to finalize the amounts that contracts can be negotiated, based on level of training, which would allow palliative care physicians to be compensated on service contracts similar to other specialists.

We will continue to support dialogue across the province on issues affecting palliative care physicians. We hope that in the upcoming year, we will have robust fee codes and service contracts in place that are equitable for all palliative care physicians as they provide excellent palliative care to British Columbians.

I. Reddy, MD, *President*

SECTION OF PATHOLOGY (BC ASSOCIATION OF LABORATORY PHYSICIANS)

CHANGES TO EXECUTIVE COUNCIL

The 2020 AGM of the BC Association of Laboratory Physicians (BCALP) was held on October 23, 2020, and two meetings were held in 2021: a general meeting on April 30 and the AGM on November 9. All meetings have been held virtually via Zoom. The BCALP is pleased to welcome Dr Brian Schick to the Executive Council, taking over the secretary-treasurer role from Drs Trotter and Romney. Also joining the executive in 2020 were Drs Marthe Charles and Janet Simons as new members-at-large. We appreciate the service of outgoing members Drs Martin Trotter and Ken Berean. The BCALP continues to have regional and diverse representation from across BC.

PROVINCIAL LABORATORY MEDICINE SERVICES

The BCALP continues to work with Provincial Laboratory Medicine Services (PLMS) and the Ministry of Health on the validation and implementation of pathology workload models (see below), among other things. The leadership of the BCALP president and PLMS have agreed to hold regular Zoom meetings to ensure a cooperative working relationship.

PROVINCIAL LAB WORKLOAD MEASURES COMMITTEE

This committee includes representatives from the Ministry of Health and Doctors of BC, along with several lab physician representatives, including Drs Bellamy, O'Connell, Smith, and Wilmer.

In spring 2021, the committee agreed that version 1 of the L4E model best represents anatomic pathology practice in BC, and a 16-page agreement was drafted.

The ministry and PLMS still need to respond to the clinical pathology workload model proposed by Drs Smith and Wilmer for the 2015/16 clinical-academic pathology "lift" in a regional relative workload increase monitoring model. Unfortunately, the pandemic and health issues of the committee chair have slowed progress on this, but we are hopeful that meetings will resume soon.

IMPACT OF COVID-19

Workload continues to be substantially increased for medical microbiologists as a result of the ongoing COVID-19 pandemic, and includes testing, public health and infection control activities, and contact tracing. This extra work has not consistently been compensated or staffed for across the province, which emphasizes the importance of making infection control activities more consistently compensated and included in the medical microbiology workload model.

SCIENCE SECTIONS

The following science sections continue to report to the BCALP:

- Anatomic Pathology: Dr Robert Wolber
- Biochemistry: Dr Li Wang
- Forensics: Dr Carol Lee
- Hematology: Dr Nadia Medvedev
- Medical Microbiology: Dr Peter Tilley

Tyler Smith, MD, *President*

SECTION OF PEDIATRICS (BC PEDIATRIC SOCIETY)

The vision of the Section of Pediatrics is that all infants, children, adolescents, and their families in BC will attain optimal physical, mental and social health. To accomplish this vision, the society will:

- Work with allied care providers, government, regional, provincial and national organizations.
- Support the professional needs of its members.

Our advocacy work is centred on the following themes:

- **Economics:** We offer Physician Master Agreement negotiations submission and disparity allocation guidance.
- **Access and quality of mental health services for children and youth:** We are involved with the Shared Care Committee Sponsored Child and Youth Mental Health Community of Practice.
- **Spotlight on children and youth with support needs:** We met representatives from the Ministry of Children and Family Development to advocate for improved access to services and supports for children with complex medical and developmental needs.
- **Advocating for tougher vapour product regulations:** We met with a senior ministerial advisor to Minister of Health Adrian Dix to encourage the government to ban e-cigarette flavours.
- **Immunization:** We produce a yearly general immunization schedule and a schedule for children with high-risk conditions (resources for vaccines can be found at <http://www.bcpeds.ca/physicians/programs-resources/immunization/>).
- **Education:** We provide virtual journal club dinners approximately every two months. We also organize an annual two-day CME accredited conference. Planning is underway for a hybrid in-person/virtual 2022 conference in partnership with the Division of Pediatric Infectious Diseases.

Stephen Noseworthy, MD, *President*

SECTION OF PHYSICAL MEDICINE AND REHABILITATION

The Section of Physical Medicine and Rehabilitation met four times in 2021, all via Zoom. These meetings immediately followed the UBC Division meetings. Subjects discussed included economic issues and disparity, topics relevant to WorkSafeBC including negotiations, participation in Doctors of BC committees, and issues specific to the Specialist Consultants of BC.

E. Weiss, MD, *President*

SECTION OF PLASTIC SURGERY

ECONOMICS

During this past year, the Section of Plastic Surgery has been able to make improvements to the fee schedule. In part, these changes have been in response to the government's decision to enforce provisions of the Medicare Protection Act that limit extra billing. Followed to the letter, these rules would see a large number of cosmetic surgery patients forced onto hospital waitlists. To prevent this, we are trying to revise fee codes that have an application in both reconstructive and cosmetic surgery. In the meantime, many of us are walking a fine line as we protect the health care system and simultaneously put ourselves at risk of steep fines and penalties.

COVID-19

Plastic surgery practice has changed as a result of COVID-19. First, members of our section have been actively recommending, to the highest levels of government, routine preoperative COVID-19 testing for all elective surgery patients. We are pleased to see that some regions have adopted this. Second, the pandemic has resulted in the adoption of a hybrid care model by many practices. This has been generally positive, and we hope that the virtual care fee codes will continue to be available in the future. Third, plastic surgeons have been willing participants in the Surgical Renewal Program; however, there have been staffing shortages and supply chain constraints that make us question the sustainability of the program.

Owen Reid, MD, *President*

SECTION OF PSYCHIATRY (BC PSYCHIATRIC ASSOCIATION)

The BC Psychiatric Association (BCPA) represents the psychiatrists of British Columbia and advocates for positive change within the mental health system and collegial interactions with the entire medical system.

CME

We hosted another successful virtual education day and AGM on November 20, 2021, with nearly 300 in attendance. The theme, The Impact of Social Change on Psychiatry, was reflected in the highly acclaimed speakers and topics. Dr Sisco van Veen from Netherlands spoke about the challenges of MAID for psychiatric suffering, Dr David Pollack from Oregon discussed the impact of climate change on mental health, and our own Doctors of BC president and psychiatrist Dr Matt Chow reflected on his year leading during a pandemic, fires, heat domes, and floods. He also shared his thoughts about the future of psychiatry in BC. Drs Emlene Murphy and Joseph Tham held breakout

sessions on physician safety and IM ketamine for depression, respectively. CPA president, Dr Doug Urness, also gave a motivational address.

AWARDS

The annual education day allowed for several in our community to be recognized for their various professional contributions. The 2021 Distinguished Contribution to Psychiatry in BC Award went to Dr Thanasis Zis (posthumously) and the Outstanding Lifetime Community Service Award went to Dr Terry Isomura. The 2021 Resident Advocacy Awards were shared by Drs John-Jose Nunez and Paige Zhang.

ADVOCACY

Our advocacy efforts have been strengthened through continued partnerships with the BC Schizophrenia Society, UBC Department of Psychiatry, UBC medical students, Anxiety Canada, and other organizations with which we share similar patient-centred goals.

HIGHLIGHTS

In addition to the events described, four very successful and well-attended virtual billing seminars were hosted by our economics director, Dr Tyler Black, and our president, Dr Carole Richford. These were helpful in providing a space for open, candid discussion about appropriate billing and record keeping. BCPA membership also increased significantly following these sessions. Finally, the Physician Health Program asked for our help to have members see our physician colleagues, and the response was overwhelming.

Thank you to retiring board members. We are indebted to their many years of service and wish to acknowledge Drs Carol-Ann Saari, Peter Chan, Nelson Collins, Jay Padmanabhan, and Chris Gorman.

Carole M. Richford, MD, *President*

SECTION OF 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 section seeks to determine the best pathways to improving population health and providing high-quality continuing education for members that is foundational for quality health care.

The last two years 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. PHPM specialists were

facing expanding workloads even prior to the pandemic and have been further stretched during it. Consequently, the section has been focusing resources on supporting physician wellness and strengthening our community of practice.

The section's 2021 activities included:

- Collaboratively working with the Physician Health Program to support PHPM specialists' wellness.
- Securing funding from Specialist Services Committee for PHPM supports.
- Raising awareness of the inequities in population health created and exacerbated by the pandemic.
- Advocating for adequate resources to address workload.

PHYSICIAN WELLNESS

In 2021, the section had ongoing collaboration with the Health Officers Council of BC and provided sessions for physician wellness opportunities, actively building awareness of resources for physicians in BC. The section is also working to facilitate mechanisms for PHPM specialists to engage and support one another to process the experiences during the pandemic. These activities were supported by the Physician Health Program and Specialist Services Committee

THE HEALTH SYSTEM AND POPULATION

System transformation involving many different health sectors is currently impacting PHPMs. In the upcoming year, the ministry, Doctors of BC, and joint clinical committees would benefit from consulting with PHPM specialists to understand the important population perspective and gain further clarity on their health issues and how together we can better benefit population health in BC.

ECONOMICS

Specialist salary equity is a justice issue. Notable and persistent income disparity exists for PHPM specialists compared to other jurisdictions and all other specialties. Recruitment to PHPM specialty positions is challenging due to the income disparity, growing workload, and the high cost of living in BC. Furthermore, PHPM specialists do not access pathways other specialists use like billing codes, labour market adjustment, or equipment considerations. In the upcoming negotiation cycle, the section plans to seek consultation on pathways to equitable remuneration, particularly for after-hours work which are currently unremunerated, and to address the increased workload based on metrics that are fitting to the specialty.

In 2022 we will:

- Seek to strengthen connections with ministry partners, Doctors of BC collaborative committees and the Health Officers Council.
- Sustain PHPM workforce in the face of the ongoing pandemic pressures through providing resources.
- Consider strategies for upcoming negotiations.

Trevor Corneil, MD, *President*

SECTION OF RADIOLOGY (BC RADIOLOGICAL SOCIETY)

CHANGES TO EXECUTIVE COUNCIL

Dr Simon Bicknell completed his term as president and has now assumed the role of past president. At the AGM in November 2021, the section welcomed Dr Charlotte Yong-Hing as the new president. In 2020–21, stepping down from the Executive Council were Drs Zenobia Kotwall, representative for breast, gynecological, and obstetrical imaging; Emil Lee, CAR representative; Nancy Martin, programs chair; and Kevin Rowan, member-at-large. They were replaced by Drs Valerie Astrope, Alison Harris, Silvia Chang, and Karen Seland, respectively. Dr Yume Kohno took over the secretary-treasurer job from Dr Brenda Farnquist who has moved to the position of president-elect and Representative Assembly delegate. Dr Wan Yap has transitioned to the newly created position of representative for equity, diversity and inclusion, and Dr Blake Jamieson has assumed the role of communications chair. The section thanks Dr Bicknell for his leadership during the unprecedented times of the COVID-19 pandemic. The Executive Council continues to be well represented by radiologists from all regions of the province along with representatives from the UBC Radiology Residency Program.

CME SESSIONS

The BC Radiological Society (BCRS) continues to provide valuable accredited CME for the membership through both synchronous and asynchronous platforms, growing the library of online, on-demand courses available on the its learning management system.

In 2020–21, courses included two neuroimaging programs, one focusing on CT angiography of the head and neck, and a second on head and neck tumours. This past fall, a virtual program on dual energy CT was held. In 2022, the BCRS will offer an evening CME series on standardized reporting.

SPONSORSHIPS

The 2021 BCRS Leadership in Radiology Resident Scholarship went to Dr Jessica Li, a PGY-3 resident so she could attend the virtual Canadian Association of Radiology Annual Scientific Meeting in April 2021.

2021 ACTIVITIES

The BCRS continues to work with members and other stakeholders, such as the Ministry of Health, Doctors of BC, College of Physicians and Surgeons, health authorities, Medical Imaging Advisory Committee, and Canadian Association of Radiologists, on the following activities:

- Involvement in allocation of funds from the Physician Master Agreement.
- Modernization of fee schedules with a focus on breast imaging and interventional radiology.
- Health human resources.
- Membership engagement.

Charlotte Yong-Hing, MD, *President*

SECTION OF RESPIRATORY MEDICINE

COVID-19 has had an impact on all of us, and it has moved much patient contact to telehealth. The section was involved in some of the clinically extremely vulnerable finalization earlier on in the pandemic.

The pandemic has also had a huge negative impact on pulmonary function testing, both at the Level III labs and in office settings, with backlogs present at most sites across the province above what was present before the pandemic.

There has and continues to be discussion about trying to make test data available online.

Dr Hui became vice president at our last AGM and continues in the role as our representative in the Representative Assembly. This year's AGM is planned for January 2022.

Douglas Rolf, MD, *President*

SECTION OF RHEUMATOLOGY (BC SOCIETY OF RHEUMATOLOGISTS)

Meetings of the section take place twice a year in spring and fall. The major meeting of the BC Society of Rheumatologists (BCRS) was held on November 12, 2021 via Zoom.

PHARMACARE MANDATED NONMEDICAL BIOSIMILAR SWITCHING

This past year has seen the BCSR work through challenges related to the mandated biosimilar transition of rituximab and subsequently adalimumab. The adalimumab transition concluded in October 2021. BC has now completed biosimilar switching for etanercept, infliximab, rituximab, and adalimumab from 2018–2021. These transitions have come with significant strain on physician practices and unique challenges for patients. We continue to monitor the process and provide feedback to PharmaCare. The partnership with PharmaCare has resulted in some shared gain for rheumatologists in BC, notably added support for outpatient nursing care.

RURAL RHEUMATOLOGY TRAINING GRANT

This year has also seen the establishment of a rural rheumatology training grant. Trainees from across Canada interested in electives in underserved areas will be eligible for support. The BC Rheum 2 Grow group is composed of rheumatologists in Chilliwack, Cranbrook, Kamloops, Kelowna, Nanaimo, Penticton, Golden, and Prince George. The grant will support Canadian rheumatology residents in furthering their education in rural patient care and enable them to experience that care within clinic and hospital settings with a UBC faculty member. By exposing the rheumatology residents to a supportive, clinically stimulating, and fulfilling experience, it is hoped that many of them will consider a future working in one of the these underserved but dynamic areas of the province.

LABOUR MARKET ADJUSTMENT FEE CODES

Our section continues to spend considerable time monitoring and advising on the transition of our labour market adjustment fee codes to MSP.

WAIT TIMES

In an effort to improve access to rheumatologic care, the society annually surveys its members to identify those physicians who may have shorter wait times for routine rheumatologic referrals. The list can be found at <http://bcrheumatology.ca/initiatives/>.

In addition, all rheumatologists prioritize referrals for inflammatory disease (rheumatoid arthritis).

Jason Kur, MD, *President*

SECTION OF SPORTS AND EXERCISE MEDICINE

The BC Section of Sports and Exercise Medicine (SEM) represents physicians who practise referral-based sports 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. Eighty percent of our physicians are CFPC-trained, and our members are distributed across all regions of the province. Most members have a designation of Certificate of Added Competency in Sports Medicine to signify their expertise in this complex area of care, and many have completed a full-time one-year fellowship in sports medicine to achieve this enhanced designation.

Our section continues to operate in an extremely challenging practice environment under drastic inequities within the Medical Services Commission payment schedule, and 2021 was another year advocating for change in the upcoming Physician Master Agreement (PMA) negotiations. All of our expertise and additional sports medicine training has been done without a single dollar of financial recognition in BC. There are no sport and exercise medicine fee codes in BC. Becoming a fellowship-trained SEM physician does not offer the ability to access any fee codes that family physicians without any additional training can already access.

There is high demand for SEM specialist assessments and opinions, 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 all physicians in the province. However, maintaining an SEM practice in BC is becoming financially impossible because of the inequities in the MSC fee structures.

The BC Family Doctors group is currently responsible for negotiating and administering the fee codes and structures that SEM physicians currently practise under, and their short- and long-term objectives do not reflect our concerns. Following the most recent PMA negotiations, no new fees or compensation were directed toward the needs of SEM physicians, and the BC Family Doctors actually created additional barriers that specifically identified SEM physicians as an example of those who would intentionally not be supported by the funding advancements provided.

Our section continues to advocate for adequate negotiation representation for the SEM physician members in BC and for the allocation of resources toward the creation of fee codes that represent SEM practitioners and the work they do.

Rob Drapala, MD, *President*

SECTION OF SURGICAL ASSISTANTS

The Section of Surgical Assistants continues to represent and advocate for physicians who assist in surgeries.

We are continuing to work on strategies for ownership of our own fees. Currently, surgical assist fees are under the control of BC Family Doctors and receive little priority during fee negotiations. Having control of our own fees will afford us the ability to lobby for new funding specifically for surgical assistants.

We participated in Physician Master Agreement discussions with the Doctors of BC Negotiations Committee, submitting a proposal for fee changes that would improve remuneration for surgical assistants in several ways, including for longer complex cases. We are awaiting the outcome as negotiations with government commence.

We collaborated with other surgical sections in discussions with the Ministry of Health on their proposal for only a 10% surcharge for out-of-hours elective slates, suggested as a solution to the post-COVID-19 surgical backlog.

We have initiated attempts to improve our membership by disseminating information about our section in several ways to a wide cross-section of Doctors of BC members.

The executive remains challenged by lack of new members willing to be involved in the business of the section but continues to work toward better representation for surgical assistants.

Natalie Barlow, MD, *President*

SECTION OF 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), Surrey (Fraser), Vancouver (Vancouver Coastal), and Victoria (Island). Each centre of excellence has three to six surgeons.

Like 2020, 2021 has been impacted heavily by the COVID-19 pandemic. Our section has been directly and indirectly involved (and affected):

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

- Our lung transplant program and extracorporeal membrane oxygenation (ECMO) program have been involved in the care of COVID-19 patients from the onset of the pandemic, dating back to early 2020.
- 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 will be working hard to address this and hope this current wave (and hopefully the last wave) dissipates to nil.
- The surgeons in the four centres have worked together to develop a province-wide COVID-19 response. This involves good communication between centres to 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 availability or operating room availability).

Our UBC Thoracic Surgery Residency Training Program successfully trained a Canadian thoracic surgeon and a Kuwaiti thoracic surgeon (graduation June 2021), and we are currently training a new resident, to graduate in June 2023.

We continue on our mission to provide top-notch care, working collaboratively, proactively, and with sustainability. We are here to serve.

Alexander L. Lee, MD, *President*

Doctors' voices effecting change: Reducing physician burdens

Doctors generally begin their medical careers understanding that their work will be both rewarding and demanding.

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DOCTORS' VOICES EFFECTING CHANGE: REDUCING PHYSICIAN BURDENS

Doctors generally begin their medical careers understanding that their work will be both rewarding and demanding. However, when the volume of demands becomes so great—or the demands are perceived to be duplicative, unnecessary, or not clearly evidence-based—it becomes burdensome, resulting in negative impacts on quality and access to patient care, physician health and wellness, and health system sustainability.

To better understand the scope of the issues facing the profession, in 2019 Doctors of BC undertook an engagement process through which members could share their challenges, burdens, and potential solutions. The information gathered was used to create the [Doctors of BC Policy Statement on Physician Burdens](#), released in February 2021. In the policy statement, Doctors of BC expresses its commitment to evaluate and minimize any potential burdens identified by members. It also calls on BC's health system stakeholders to explicitly consider the cumulative impact of new and existing demands on physicians to ensure those demands don't detract from physicians' ability to continue to deliver quality patient care.

Since the release of the policy statement, Doctors of BC has been working to implement solutions to several of the issues raised by members.

IMPROVING WORKSAFEBC BILLING PROCESSES

Surgeons have expressed frustration with the labour-intensive and time-consuming billing process for WorkSafeBC cases. Both they and their MOAs have said that searching for information on eligibility, waiting for approvals for expedited surgical premiums, and waiting again for WorkSafeBC follow-up is overly time-consuming. In response, Doctors of BC is working with WorkSafeBC to create summary dashboards so physicians can see what they're eligible for, what's been approved, and what has been rejected.

Doctors of BC was successful in requesting WorkSafeBC to increase the time allowed to bill for expedited surgical premiums to 40 days (from 20). To further ease the challenges faced by physicians when billing WorkSafeBC, Doctors of BC is creating billing tips based on WorkSafeBC's quarterly data reports. These tips will help physicians and MOAs reduce workload and avoid common billing mistakes.

REDUCING ICBC-RELATED ADMINISTRATIVE CHALLENGES

To help physicians reduce the administrative burden of navigating the system while providing care to patients with injuries covered by ICBC, Doctors of BC worked closely with ICBC on new enhanced care coverage regulations. ICBC acknowledges the importance of reducing administrative hurdles in the system and will be implementing training and service design changes in response to physician feedback.



NEXT STEPS:

- Council on Health Economics and Policy (CHEP) has recently completed phase 3 of engagement to better understand how demands on physicians have changed over the course of pandemic. CHEP will update members on its findings sometime in spring 2022.
- CHEP will be conducting further policy reviews and developing resources to address specific burdens that will impact BC doctors over the next year.
- Work will continue to implement the physician burdens policy statement.

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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 tripartite committee that consists of three members from the Doctors of BC, three government representatives, and three public members. It provides advice and assistance to the Medical Services Commission (MSC) on diagnostic services and facilities. It meets quarterly to assess applications for new, expanded, or relocated outpatient diagnostic facilities.

In 2021, Drs J. Kambo and V. Lail were welcomed as new Doctors of BC representatives. The ACDF chair and committee members express sincere appreciation for the contributions of Drs A. Hoffman and G. Scheske over several years.

COVID-19 significantly impacted the committee's work, resulting no in-person meetings this year. Despite this, 37 applications were reviewed in the 2020–21 fiscal year:

	NUMBER	APPROVED
Pulmonary function	8	8
Radiology	1	1
Ultrasound	11	11
Nuclear medicine	0	0
Electromyography	13	13
Polysomnography	4	4
Total	37	37

MSC continued moratoriums for ultrasound and polysomnography, and extended the temporary polysomnography moratorium on new, expanded, or relocated facilities until September 30, 2022. Further, the ultrasound moratorium for new or expanding facilities was extended to June 1, 2022,

due to poor sonographer availability. While expansions of existing and new sonographer training programs occurred, it will be 2022 before we see a significant number of new graduates. The ACDF considered an exception to the ultrasound moratorium, which was reviewed and then denied by the MSC based on the provincial response to the COVID-19 pandemic.

Diagnostic sleep medicine was reviewed by the ACDF and the MSC. The ministry studied the delivery of diagnostic sleep in British Columbia, including an in-depth review of diagnostic sleep testing in Canada and internationally, which ultimately led to:

- Release of the full *Diagnostic Sleep Medicine Review* report.
- Accreditation of previously unregulated, unaccredited home sleep apnea testing facilities.
- A Guidelines and Protocols Advisory Committee sleep guideline for referring physicians.
- Detailed wait time reporting from level 1 polysomnography facilities.

Private temporary approvals for noncardiac Doppler studies were extended. In 2017, the MSC allowed eight privately owned community imaging clinics (CICs) to perform select noncardiac Doppler studies on a limited three-year basis outside of existing hospital facilities. Given the significant impacts of COVID-19, a planned follow-up study was not feasible and did not occur, and the approval for the eight CICs was extended to December 31, 2021.

The ACDF continued to advise the MSC on diagnostic and lab facilities, and all applications were approved where moratoriums were not in place for the last fiscal year.

M. Dean Kolodziejczyk, MD, *Doctors of BC representative*

DRIVER MEDICAL FITNESS CONSULTATION GROUP

The Driver Medical Fitness Consultation Group (DMFCG)—previously the Driver Fitness Advisory Group (DFAG)—serves as a two-way communications 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.

HIGHLIGHTS FROM DMFCG MEETINGS OVER THE PAST YEAR:

- The Canadian Council of Motor Transport Administrators (CCMTA) updated guidelines for reporting drivers with obstructive sleep apnea. Drivers with severe obstructive sleep apnea are disqualified from driving unless the condition is adequately treated or, in the opinion of a sleep specialist, they present a low risk for motor vehicle crashes.
- The latest version of the Canadian Medical Association's *Driver's Guide: Determining Medical Fitness to Operate Medical* is in version 9.1, published in 2019; however, BC's standards were updated to reflect the most recent CCMTA guidelines with BC-specific modification.
- The group met in June 2021 to introduce the new members and review how COVID-19 had affected the operations of both RoadSafetyBC and the referring physicians, particularly with respect to the Driver Medical Examination Report (DMER). DMERs were suspended at the end of March 2020, and RoadSafetyBC was involved in aggressive catch-up program partnering with Doctors of BC and the BC Trucking Association. DMERs returned in August 2020. By April 2021, the backlog had been cut in half.
- There was detailed discussion about the role of hearing loss, particularly with respect to commercial driving, with the CCMTA board considering abolishing hearing requirements for commercial drivers.
- Dr Alan Hoffman led the group through the BC sleep medicine guideline update, reviewing the significant changes that have occurred with home sleep apnea testing, accrediting and credentialing CPAP provider companies, and ensuring that all physicians in the province are aware of the availability of our 21 level 1 sleep laboratories and what investigations they can do with respect to driving safety.
- The group met again in October 2021. A new electronic version of the DMER that will be integrated in physician office EMRs is being developed and currently is at the test stage. This will be flagged for multiple providers to provide input.

We're expecting 2022 to be a busy year for the committee with further changes in sleep diagnostic testing in the province, integrating digital DMERs into physician offices, and ongoing changes to commercial driving at the CCMTA level.

Alan Hoffman, MD, Rod Densmore, MD, *Doctors of BC representatives*, and
Kal Parmar, *Chair*

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 as a community for sharing best practices. Using a patient-centred approach, the committee 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 committee.

In late 2020, the committee produced a COVID-19 rapid learning review in collaboration with the BC Ministry of Health and Reos Partners. The purpose was to capture the lessons learned from the pandemic and identify opportunities to "build back better." The aim is to present the collective best practices and recommendations to the Integrated Primary, Acute, and Community Care Standing Committee; however, this process has been on hold due to the prioritization of the COVID-19 pandemic efforts. Additionally, in early 2021 there were shifts in Ministry of Health staff support to the committee as existing staff were shifted to the ministry's COVID-19 response division.

In spring 2021, Doctors of BC representatives raised the issues of current Forms 4 and 5 from the Mental Health Act and the impact these forms have on emergency physicians. Through ESAC, emergency physicians have been connected to current opportunities to provide feedback on new guidelines to support alignment with the Mental Health Act and consider workflow and operational challenges. Throughout 2021, Ministry of Health updates and committee presentations included the *In Plain Sight* report recommendations; HealthLink BC Emergency iDoctor-in-assistance discussions; and the Ethical Framework for Resource Allocation During a Seismic Event. Roundtable discussions centred on learning best practices and topics, including impacts to emergency room departments due to COVID-19 and the unprecedented heatwave in summer 2021.

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

7 COMMITTEE MEMBERS

THANK YOU TO EVERYONE WHO PARTICIPATED AS A MEMBER OF A COUNCIL, COMMITTEE, SOCIETY, SECTION, OR COORDINATING GROUP IN 2021.

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