APPENDIX C

2022 RURAL PRACTICE SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2022,

BETWEEN:

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

(the "**Government**")

AND:

ASSOCIATION OF DOCTORS OF BC

(the "**Doctors of BC**")

AND:

MEDICAL SERVICES COMMISSION

(the "**MSC**")

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC and the Government have agreed to renew and replace the 2019 PMA, the 2019 General Practitioners Subsidiary Agreement, the 2019 Specialists Subsidiary Agreement, the 2019 Rural Practice Subsidiary Agreement, the 2019 Alternative Payments Subsidiary Agreement and the 2019 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Rural Practice Subsidiary Agreement, to take effect as of April 1, 2022; and

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

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

ARTICLE 1 - RELATIONSHIP TO THE 2022 PHYSICIAN MASTER AGREEMENT

1.1 This Agreement is one of the Physician Master Subsidiary Agreements under the 2022 Physician Master Agreement and is subject to its terms and conditions.

ARTICLE 2 - DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2022 Physician Master Agreement have the same meaning as in the 2022 Physician Master Agreement unless otherwise defined in this Agreement.

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

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

2.4 "**Isolation Points**" means points allocated by the JSC to a community in accordance with Appendix "B".

2.5 "**IAF**" means the Isolation Allowance Fund referred to in section 7.9.

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

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

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

2.9 "**2022 Physician Master Agreement**" means the agreement titled "2022 Physician Master Agreement" among the Government, the MSC and the Doctors of BC, dated April 1, 2022.

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

2.11 "**Physician Supply Plan**" has the meaning given in Appendix "C".

2.12 "**RBCM**" means Rural Business Cost Modifier referred to in section 7.10.

2.13 "**RCCbc**" means the Rural Coordination Centre of BC which supports and develops provincial initiatives by engaging and coordinating with rural healthcare providers to facilitate the development of local and/or regional solutions, frameworks and networks.

2.14 "**RCF**" means the Recruitment Contingency Fund referred to in section 7.11.

2.15 "**RCME**" means the Rural Continuing Medical Education program referred to in section 6.6.

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

2.17 "**RCMPA**" means the Rural Canadian Medical Protection Association program referred to in section 7.7.

2.18 "**REAP**" means the Rural Education Action Plan referred to in section 7.12.

2.19 "**REEF**" means the Rural Emergency Enhancement Fund referred to in section 7.6.

2.20 **"RGPALP"** means the Rural General Practitioner Anaesthesia Locum Program referred to in section 7.3.

2.21 "**RGPLP**" means the Rural General Practitioner Locum Program referred to in section 7.2.

2.22 "**RIF**" means the Recruitment Incentive Fund referred to in section 6.7.

2.23 "**RRP**" means the Rural Retention Program referred to in section 6.4.

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

2.25 "**RSA Community**" means a community listed in Appendix A.

2.26 "**RSA Funded Rural Programs**" means those programs referred to in section 7.1.

2.27 "**RSLP**" means the Rural Specialist Locum Program referred to in section 7.4.

2.28 "**Rural Locum Programs**" means the RGPLP, the RGPALP and the RSLP.

2.29 "**Rural Programs**" means the RRP, RCME, and RIF referred to in section 6.1. The Rural Programs are funded by the Government at a level sufficient to maintain existing premiums and/or values.

2.30 "**SPLP**" means the Supervisors for Provisionally Licensed Physicians referred to in section 7.8.

2.31 Subject to section 2.32, this Agreement may be amended at any time but only by written agreement of the parties. Any waiver of any provision of this Agreement shall only be effective if in writing signed by the waiving party, and no waiver shall be implied by indulgence, delay or other act, failure to act, omission or conduct. Any waiver shall only apply to the specific matter waived and only in the specific instance and for the specific purpose for which it is given.

2.32 Notwithstanding section 2.31, Appendix A and Appendix B of this Agreement may be amended by the JSC, by consensus decision, as provided herein.

2.33 The provisions of sections 1.2 to 1.6 and 1.8 of the 2022 Physician Master Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this

Agreement, except those references in such sections to "this Agreement" shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2022.

3.2 This Agreement shall be for the same term as the 2022 Physician Master Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2022 Physician Master Agreement.

ARTICLE 4 - SCOPE

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

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

4.3 A Health Authority, the Government, or the Doctors of BC may apply to the JSC to add a community, except those referred to in section 4.1, to Appendix A if a physician is (or physicians are) needed in the community as agreed upon by a consensus decision of the JSC or as reflected in a Physician Supply Plan. The criteria for including any community in Appendix A are set out in Appendix B. To be included in Appendix A, a community must receive at least 0.5 Isolation Points as a result of the application of Appendix B. The JSC will review and amend Appendix A at least annually in accordance with sections 5.9 and 5.10.

ARTICLE 5 - THE JOINT STANDING COMMITTEE ON RURAL ISSUES

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

(a) enhancing recruitment and retention of physicians in rural communities;

(b) supporting and enhancing access to medically and culturally safe and appropriate care in rural communities;

(c) supporting education and training of physicians and medical learners in rural communities;

(d) supporting the availability and stability of hospital based care, emergency care, and specialized care to and in rural communities;

(e) recognizing and enhancing delivery of rural care by proactively assisting communities and physicians experiencing sudden or unanticipated difficulties;

(f) supporting team-based care and peer networks to support quality services for rural providers and patients; and

(g) supporting evaluation-driven quality improvement and research to improve rural patient care.

5.2 The JSC is composed of five members appointed by the Doctors of BC and five members appointed by the Government. In addition, each party may designate up to three alternates. Doctors of BC may use funding identified in Article 9 to cover the participation costs for its non-employee physician members or alternate representatives to attend meetings, to a maximum of $150,000 annually. Excess or other participation costs for Doctors of BC members will be paid by Doctors of BC. Government will pay for the participation costs of its own members.

5.3 Government may use funding identified in Article 9 to increase administrative support for the Rural Programs and RSA Funded Rural Programs to a maximum of $150,000 annually, and will report to the JSC on the use of the funding.

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

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

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

5.7 The JSC must adopt appropriate procedural rules to ensure the fair and timely resolution of matters before it. The JSC will make all decisions by consensus decision, whether or not a consensus decision is expressly called for by any other provisions of this Agreement.

5.8 The JSC may make recommendations to the Physician Services Committee on the use of innovative and emerging technologies.

5.9 The JSC must review Appendix A annually in accordance with section 5.10. In addition to amendments made to Appendix A as a result of that annual review, Appendix A may be amended periodically to reflect any changes determined by the JSC to be appropriate and consistent with this Agreement, provided however that any community listed on Appendix A must have at least 0.5 Isolation Points.

5.8 Commencing in January of each year, the JSC must review the Isolation Points assigned to each community in Appendix A by applying Appendix B to each such community. This annual review must be completed by the end of February of the same calendar year. By no later than April 1 of the same year, the JSC must amend the Isolation Points assigned to each of the communities in Appendix A, to reflect the results of the annual review. Implementation of an RSA Community's Isolation Points will be based on a five-year rolling point average.

5.9 Where, as a result of a review pursuant to section 5.9 or section 5.10, the JSC assigns a community:

(a) less than the minimum number of Isolation Points required for eligibility as determined by the JSC then, in the year to which that assignment applies physicians will no longer by eligible for the Flat Premium or Percentage Fee Premium;

(b) between 0.5 and the minimum number of Isolation Points required for eligibility as determined by the JSC, it will be deemed to be a "D" community and physicians residing and practising in such community will only be eligible for the RCME, the RGPLP, the RSLP, the RGPALP, the RIF, the RCF, the SPLP, the REEF and the REAP, all in accordance with the specific terms, conditions, rules and eligibility criteria applicable to each of those programs as established by the JSC from time to time; and

(c) less than 0.5 Isolation Points, the community will be deleted from Appendix "A" and physicians residing and/or providing services in such community will be ineligible for Rural Programs and RSA Funded Rural Programs.

5.12 Where a community has been recommended for inclusion in Appendix A in accordance with section 4.3, the JSC must evaluate the community by application of Appendix C. If the evaluation results in a rating for the community of at least 0.5 Isolation Points, the JSC must add the community to Appendix A.

5.13 The JSC will periodically review Appendix B and may, by consensus decision, make any changes determined by the JSC to be appropriate.

5.14 In the event the JSC is unable to reach a consensus decision with regard to any matter that it is required by this Agreement to decide, the Government and/or the Doctors of BC may refer the matter in dispute for in accordance with section 21.2 of the 2022 Physician Master Agreement.

5.15 The JSC must establish practices and procedures appropriate to decisions with respect to the disbursement of public funds, including conflict of interest guidelines. The practices and procedures adopted by the JSC must include provisions that promote accountability, transparency and, consistent with section 5.3 of the 2022 Physician Master Agreement, confidentiality.

5.16 On an annual basis, the JSC will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2022 Physician Master Agreement.

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

ARTICLE 6 - RURAL PROGRAMS

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

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

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

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

(a) To be eligible for a Percentage Fee Premium, a physician must meet all eligibility criteria approved or established by the JSC from time to time and must provide medical services in an RRP Community.

(b) To be eligible for a Flat Premium, a physician must meet all eligibility criteria approved or established by the JSC from time to time.

(c) The value of the Percentage Fee Premium and the value of the Flat Premium, each as applicable to each RRP Community, will be based on the Isolation Points allocated by the JSC to such community at least annually in accordance with sections 5.9 and 5.10, and the value of the Percentage Fee Premium and Flat Premium resulting therefrom shall be determined by the JSC.

(d) Percentage Fee Premiums apply to the professional component of radiologists' and pathologists' in-patient and emergency services.

(e) Subject to 6.2, the Government will continue to fund the RRP at a level sufficient to maintain Percentage Fee Premium and Flat Premium values that reflect the implementation of the at least annual application of Appendix B and the amendments to the Isolation Points for each RRP Community that result therefrom, on the following basis:

(i) for RRP Communities without a resident physician and without a vacancy, a Percentage Fee Premium will be available in an amount equal to the total Isolation Points for the RRP Community in question but to a maximum Percentage Fee Premium of 30%;

(ii) for RRP Communities with at least one resident physician or at least one vacancy, a Percentage Fee Premium will be available in an amount equal to 70% of the Isolation Points for the RRP Community in question but to a maximum Percentage Fee Premium of 30%;

(iii) for RRP Communities with at least one physician living and working, a Flat Premium will be available in an amount equal to 30% of the Isolation Points for the RRP Community in question multiplied by a multiplier as agreed to by the JSC; and

(iv) if the JSC chooses not to implement reductions in Isolation Points for RRP Communities as a result of the application of Appendix B, the cost of maintaining the Percentage Fee Premium and Flat Premium values will be paid out of funds provided in Article 9.

6.5 Rural Premiums on specified Family Practice Services Committee fees (listed in Appendix D), will be funded out of the amount set out in sections 9.1 and 9.2, up to a maximum of $4.2M.

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

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

(a) vacancies identified in a Physician Supply Plan; or

(b) pending vacancies identified in a Physician Supply Plan; or

(c) identified community need or support,

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

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

ARTICLE 7 – RSA FUNDED RURAL PROGRAMS

7.1 The "**RSA Funded Rural Programs**" means the suite of rural programs that the JSC supports with its annual funding provided by the Government as per Article 9. As of April 1, 2022, the RSA Funded Rural Programs include: the Rural Locum Programs (RGPLP, RGPALP and RSLP), RCME Community Funds Program, SPLP, REEF, RCMPA, RCBM, IAF and RCF. The RSA Funded Rural Programs are intended to support the JSC objectives set out in section 5.1 and are subject to JSC policies. The terms, conditions, rules and eligibility criteria governing the RSA Funded Rural Programs may be amended by the JSC from time to time.

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

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

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

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

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

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

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

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

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

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

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

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

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

7.15 The JSC may make changes to funding amounts between the various RSA Funding Rural Programs, as well as policy changes. The JSC may also add new programs as funding allows.

The JSC must review and approve the distribution of the annual funding for the RSA Funded Rural Programs (as set out in sections 9.1 and 9.2) on an annual basis, considering the outcome of evaluations referenced in 7.14.

7.16 The funding described in sections 9.1 and 9.2 is in addition to the current funding of approximately $300,000 annually provided by the Government for four (4) full time equivalent personnel who provide the day to day administration of the Rural Locum Programs.

ARTICLE 8 - NORTHERN AND ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM

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

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

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

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

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

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

ARTICLE 9 - FUNDING

9.1 The Government will continue to provide $60.8 million in annual funding for the RSA Funded Rural Programs.

9.2 The Government will provide the following additional funding to be allocated by the JSC:

(a) an additional $4.6 million per year effective April 1, 2022;

(b) an additional $4.6 million per year effective April 1, 2023; and

(c) an additional $5.6 million per year effective April 1, 2024.

9.3 The JSC will direct the additional funding in section 9.2 to the following:

(a) improvements to the RRP;

(b) improvements to the RCMPA;

(c) rural maternity care enhancement; and

(d) other programs and priorities as agreed to by the JSC.

9.4 In addition to the funding in 9.2, the Government will provide the following additional funding to be allocated by the JSC to address the rising cost of business for rural physicians:

(a) an additional $5.0 million per year effective April 1, 2023; and

(b) an additional $1.0 million per year effective April 1, 2024.

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

9.6 Any funds identified in sections 9.1 and 9.2 that remain unexpended at the end of any Fiscal Year will be available to the JSC for use as one-time allocations to improve the quality of care.

ARTICLE 10 - EXPENSES WHILE ACCOMPANYING A PATIENT

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

ARTICLE 11 - DISPUTE RESOLUTION

11.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2022 Physician Master Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2022.

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

Signature of Authorized Signatory

Mark Armitage
Name

ADM, HSWBS, MoH
Position

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

Signature of Authorized Signatory

Dr. Ramneek Dosanjh
Name

President of Doctors of BC
Position

MEDICAL SERVICES COMMISSION

Per:
Authorized Signatory

Dr. Robert Halpenny
Name

Chair Medical Services Commission
Position

Appendix A

COMMUNITIES WITH AT LEAST 0.5 ISOLATION POINTS (As of April 1, 2022)

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

100 Mile House
Agassiz / Harrison / Seabird Island Band
Ahousaht (Flores Island)
Alert Bay / Namgis First Nation
Alexandria / Alexandria Indian Band / ?Esdilagh
Alexis Creek / Tl'etinqox-T'in Government / Yeneskit'in Government / Yunesti'in
Anahim Lake / Ulkatcho First Nation
Armstrong / Spallumcheen
Ashcroft / Cache Creek / Ashcroft Indian Band / Bonaparte Indian Band / Oregon Jack Creek Indian Band
Atlin / Taku River Tlingit First Nation
Balfour / Procter
Bamfield
Barriere / Simpcw First Nation / Whispering Pines Indian Band (Clinton Indian Band)
Bella Bella / Waglisla / Heiltsuk
Bella Coola / Nuxalk Nation
Big White
Blind Bay
Blue River
Blueberry River First Nation
Boston Bar / Boston Bar First Nation
Bowen Island
Bridge Lake
Burns Lake / Francois Lake
Campbell River / Campbell River Indian Band (Wei Wai Kum) / Dzawada'enuxw First Nation / Homalco First Nation
Canal Flats
Canim Lake / Canim Lake Band
Canoe Creek Band / Dog Creek / Esk'etemc First Nation
Castlegar
Chase / Scotch Creek / Adams Lake Indian Band / Little Shuswap Indian Band / Neskonlith Indian Band
Chemainus / Halalt First Nation / Lyackson First Nation
Cheslatta
Chetwynd / Saulteau / Saulteau First Nations
Christina Lake
Clearwater
Clinton / Highbar First Nations
Cobble Hill
Cortes Island / Klahoose First Nation
Courtenay / Comox / Cumberland / K'ómoks First Nation
Cranbrook / ?aq'am (St. Mary's)
Crescent Valley
Creston / Lower Kootenay Band
Dawson Creek
Dease Lake
Denman Island
Doig River
Duncan / N. Cowichan / Cowichan Band
Edgewood
Elkford
Enderby / Splatsin Tsm7aksaltn
Fernie
Fort Babine
Fort Nelson / Fort Nelson First Nation
Fort St. James / Binche
Fort St. John / Taylor
Fort Ware
Fraser Lake
Gabriola Island
Galiano Island
Gilford Island / Kwikwasut'inuxw Haxwa'mis
Gold Bridge / Bralorne
Gold River / Mowachaht-Muchalaht First Nation
Golden
Grand Forks
Granisle
Grasmere / Tobacco Plains Band
Grassy Plains
Greenville / Nisga'a Village of Laxgalts'ap
Greenwood / Midway / Rock Creek
Halfway River
Hartley Bay / Kulkayu
Hazelton / Gitanmaax Band / Glen Vowell (Sik-e-Dakh) / Hagwilget Village (Tse-kya) / Kispiox Band (Anspayaxw)
Holberg
Hope / Chawathil / Peters First Nation / Shxw'Ow'Hamel First Nation / Skawahlook First Nation (Sq'ewá:lxw) / Union Bar Road
Hornby Island
Hot Springs Cove / Hesquiaht
Houston
Hudson's Hope / West Moberly First Nations
Invermere / Windermere / ?Akisq'nuk (Akisqnuk) / Shuswap Band
Kaslo
Kelly Lake
Keremeos
Kimberley
Kincolith / Nisga'a Village of Gingolx
Kingcome (Dzawada'enuxw First Nation)
Kitimat
Kitkatla / Gitxaala Nation
Kitsault
Kitwanga (Gitwangak Band) / Gitanyow / Gitsegulka
Klemtu / Kitasoo Band
Kootenay Bay / Riondel
Kyuquot
Ladysmith
Lake Cowichan / Lake Cowichan First Nation
Lasqueti Island
Lax Kw'alaams (Port Simpson)
Lillooet / Bridge River / Cayoose Creek Indian Band (Sekw'el'was) / Lillooet Indian Band (T'it'q'et) / Xaxli'p First Nation / Xwisten
Logan Lake
Lower Post / Daylu Dena

Council (Kaska Dena Council)
Lumby
Lytton / Lytton First Nation / Kanaka Bar (T'eqt"aqtn'mux) / Nicomen Indian Band / Siska Indian Band / Skuppah Indian Band
Mackenzie
Madeira Park
Masset / Old Masset Village Council
Mayne Island
McBride
McLeod Lake Indian Band
Merritt / Coldwater Indian Band / Lower Nicola Indian Band / Upper Nicola Band
Metlakatla
Middle River
Mill Bay
Miocene
Mount Currie
Nadleh
Nakusp
Nee Tahi Buhn
Nelson
Nemaiah Valley / Xeni Gwet'in First Nation Government
New Aiyansh (Nisga'a Village of Gitlaxt'aamiks) / Canyon City (Nisga'a Village of Gitwinksihlkw)
New Denver
Nitinat / Ditidaht First Nation
Ocean Falls
Oliver
Osoyoos
Parksville / Qualicum / Qualicum First Nation
Pavillion / Ts'kw'aylaxw First Nation
Pemberton
Pender Island
Penelakut Island
Port Alberni
Port Alice
Port Clements

Port Hardy / Gwa'sala-Nakwazda'xw / Kwakiutl First Nation (Kwakwaka'wakw) / Tlatlasikwala First Nation
Port McNeill
Port Renfrew / Pacheedaht First Nation
Powell River
Prince George / Lheidli Tènneh Nation
Prince Rupert
Princeton
Prophet River First Nation
Quadra Island / Cape Mudge Indian Band
Quatsino / Quatsino First Nation
Queen Charlotte / Skidegate Band
Quesnel
Redstone Reserve
Revelstoke
Riske Creek / Toosey Band / Tl'esqox
Rivers Inlet / Oweekeno (Wuikinuxv First Nation)
Saik'uz
Salmo
Salmon Arm
Saltspring Island
Samahquam
Saturna Island
Savary Island
Savona / Skeetchestn Indian Band
Sayward
Sechelt / Gibsons
Seton Portage / Seton Lake / N'Quatqua First Nation / Shalalth / Tsal'alh
Shawnigan Lake
Sicamous
Sirdar
Skatin
Skin Tyee
Slocan Park
Smithers
Sointula
Sorrento
Sparwood
Spences Bridge / Cook's Ferry Indian Band
Squamish / Squamish First Nation
Stellat'en
Stewart
Sun Peaks
Tachet
Tachie
Tahsis / Mowachaht Muchalaht First Nation
Takla Landing / Takla Lake

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

Appendix B

ISOLATION POINT CRITERIA

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

Appendix C

PHYSICIAN SUPPLY PLANS

1.1 A Physician Supply Plan is a plan created by a Health Authority further to the Ministry's Health Human Resource Strategy, in consultation with the Health Authority's medical advisory committee, and approved by the Ministry, which addresses issues related to access to physician services within the geographic jurisdiction of the Health Authority.

1.2 For purposes of this Agreement, the key elements of a Physician Supply Plan are:

- The number of Family Physicians and Specialists required to provide the physician services identified in the Physician Supply Plan; and

- The on-call requirements necessary to ensure coverage.

1.3 In some cases, Health Authorities do not yet have approved Physician Supply Plans. Pending development and approval of a Physician Supply Plan covering a community within the jurisdiction of a Health Authority without a Physician Supply Plan, a reference to "Physician Supply Plan" in this Agreement means, with respect to that community:

- The number of Family Physicians and Specialists in the community as of December 31 of the previous year, plus any vacancies identified by the Health Authority as of that date where active recruitment was underway; and

- On-call requirements as determined by the Health Authority.

1.4 Despite any provision to the contrary, all physicians working in any RSA Community as of December 31 of the previous year are deemed to be included in the Physician Supply Plan for the term of this Agreement.

Appendix D

RURAL RETENTION PROGRAM

SPECIFIED FAMILY PRACTICE SERVICES COMMITTEE FEES

14010	MATERNITY CARE NETWORK INITIATIVE PAYMENT
14015	GENERAL PRACTICE FACILITY PATIENT CONFERENCE
14016	GENERAL PRACTICE COMMUNITY PATIENT CONFERENCE FEE
14017	GENERAL PRACTICE ACUTE CARE DISCHARGE CONFERENCE
14018	FP URGENT TELEPHONE CONFERENCE WITH A SPECIALIST
14021	FP W/CONSULT EXPERTISE TELE ADVICE - URGENT
14022	FP W/CONSULT EXPERTISE TELE PT MGMT-W/IN 1 WK
14023	FP W/CONSULT EXPERTISE TELE/VIDEO PT MGMT-FOLLOWUP
14033	GP ANNUAL COMPLEX CARE MANAGEMENT FEE (2 DIAGNOSIS)
14043	FP MENTAL HEALTH PLANNING FEE
14050	INCENTIVE FOR MRP FAMILY PHYSICIAN (DIABETES)
14051	INCENTIVE FOR MRP FAMILY PHYSICIAN (HEART FAILURE)
14052	INCENTIVE FOR MRP FAMILY PHYSICIAN (HYPERTENSION)
14053	INCENTIVE FOR MRP FAMILY PHYSICIAN (COPD)
14063	FP PALLIATIVE CARE PLANNING FEE
14066	PERSONAL HEALTH RISK ASSESSMENT (PREVENTION)
14079	GP TELEPHONE/EMAIL MANAGEMENT FEE
14250	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-DIABE
14251	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-HEART
14252	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-HYPER
14253	MRP ANNUAL CHRONIC CARE INCENTIVE(ENCOUNTER)-COPD