**LABORATORY MEDICINE WORKLOAD AGREEMENT BETWEEN THE BRITISH COLUMBIA MEDICAL ASSOCIATION AND THE GOVERNMENT OF BRITISH COLUMBIA**

**THIS AGREEMENT** made as of the 21st day of January, 2011

The objective of this proposal is to establish an agreement for a laboratory medicine workload framework that will enable the resolution of outstanding laboratory medicine physician contracts and provide a structure to address on-going assessment of laboratory medicine physician staffing needs. The goal is to create an equitable, sustainable, and reliable framework that supports a high quality and sustainable laboratory medicine service.

**1. Term**

The term is from April 1, 2010 to March 31, 2013.

**2. Funding Allocation**

Effective April 1, 2010, the Government of British Columbia ("Government") shall provide annual funding in the amount of $3.5 million to be used to fund both increases to the level of laboratory medicine human resources and pro rata payments, as described in Section 5 herein.

Effective April 1, 2012, the Government will increase the annual funding described above by an additional $1.75 million to be used to fund both increases to the level of laboratory medicine human resources and pro rata payments, as described in Section 5 herein.

The funding is reserved for human resource acquisitions and pro rata workload payments, as approved by the Joint Laboratory Medicine Workload Oversight Committee ("JLMWOC"), occurring during the term of this Agreement. Any FTE or pro rata funding will be applied at the provincial contract rates in effect during that period. The British Columbia Association of Laboratory Physicians ("BCALP") and laboratory medicine physicians shall continue to have access to all applicable processes and funding under any Physician Master Agreement between the British Columbia Medical Association ("BCMA"), the Government and the Medical Services Commission ('MSC"). Without limiting the generality of the foregoing, the BCALP and laboratory medicine physicians are eligible to apply through the BCMA for funding available to the Alternate Payments Committee.

**3. Laboratory Medicine Service Efficiency and Quality**

*A. Principles of the Agreement*

This proposal is based on the principle that the availability of sufficient laboratory medicine physician resources to handle a reasonable and safe workload will promote optimal productivity and delivery of quality laboratory medicine services.

The workloads established will support the maintenance of standards for high quality patient care.

*B. Joint Laboratory Medicine Workload Oversight Committee*

The JLMWOC will be created to manage and apply this Agreement over its term and will meet on a quarterly basis, or more frequently, as required.

The JLMWOC will be composed of three representatives from the BCMA/BCALP and three representatives from the Ministry of Health Services ("MoHS")/Health Authorities.

The JLMWOC will be co-chaired by one BCMA/BCALP member and one Government member.

Decisions of the JLMWOC will be by consensus and will adhere to the process for a consensus decision as outlined in the section 1.2 of the Physician Master Agreement.

The MoHS shall provide secretariat support for the JLMWOC. The costs for physician participation on the committee (other than employees of the MoHS, BCMA and Health Authorities) shall be covered by the MOHS, such costs not to exceed $25,000 annually. The BCMA will invoice the MoHS for physician participation that is eligible for reimbursement.

Key responsibilities of the JLMWOC include:

1. Manage the application of this Agreement.
2. Determine priorities for human resource adjustments and allocation of all funding arising as a result of this Agreement, in consultation with the Health Authorities and site-specific laboratory medicine physicians.
3. Engage in the collaborative resolution of issues.
4. Review appeals on the application of the workload models and determine the appropriate resolution of issues.
5. Continuously monitor anatomical and clinical pathology workloads throughout the province of British Columbia, and examine variations in workload among laboratory medicine physician groups to determine the reasons for the differences in productivity and to share leading practices across the province to optimize laboratory medicine physician productivity.
6. Re-evaluate the workload benchmarks over time to take into account changes in technology and work processes and to ensure leading practices are shared across the province.
7. Review and compare workload models and workload benchmarks in other provinces, including those available through the Pathology Workload Standing Committee of the Canadian Association of Pathologists.
8. Investigate and advise upon initiatives, including the use of Pathologists' Assistants, working arrangements, and lean applications that may optimize the efficiency of various aspects of laboratory medicine physicians' practice.
9. Support the development, implementation, validation, and refinement of the laboratory medicine workload models.

*C. Quality Assurance and Improvement Committees*

Health Authorities, working with laboratory medicine physicians, can assess the need for, and establish as deemed necessary, a Laboratory Medicine Quality Assurance and Improvement Committee within their respective Health Authorities. The primary purpose of the committee will be to review current procedures and practices of laboratory medicine, and develop recommendations to maintain or improve the quality of laboratory medicine service within the respective Health Authority. The formation of such committees will be encouraged by the JLMWOC.

**4. Laboratory Medicine Workload Frameworks**

*A. Anatomical Pathology*

1. The Level 4 Equivalent (L4E) model – Version 1, as documented by the Pathology Workload Advisory Committee ("PWAC"), will be used as the basic framework to measure anatomical

pathology workload. In applying the L4E model, 4750 L4Es will represent the benchmark for a full time equivalent anatomical pathologist, subject to any adjustments that the JLMWOC might consider under Section 5 of this Agreement. Human resource requirements will be determined using this standard, the L4E number being applied to groups of pathologists rather than individuals.

2. The FTE as captured in the L4E model represents work for test analysis and interpretation, medical oversight, quality control, quality assurance and administration. This applies to quality control and quality assurance processes that are currently in place. The impact of the implementation of new national standards, or other quality control activities in addition to what is currently being provided, shall be assessed by the JLMWOC for the purpose of adjusting staffing levels where necessary, within the financial constraints of this Agreement.

3. Version 2 of the L4E model will be adopted once it has been approved by the JLMWOC. The L4E level of an FTE will be adjusted accordingly to reflect the changes in specimen categorization and weighting.

4. All facilities will capture anatomical pathology workload using standardized L4E methodology and the data, summarized on a yearly basis, will be forwarded to the JLMWOC.

*B. Clinical Pathology and Administration*

1. The MoHS, BCMA/BCALP, and HAs are committed to developing a better understanding of the quality and efficiency of clinical pathology activities in different settings.

2. The FTE requirement for clinical pathology and administration includes work for test analysis and interpretation, medical oversight, quality control, quality assurance, infection control where applicable, and administration. This applies to quality control and quality assurance processes that are currently in place. The impact of the implementation of new national standards, or other quality control activities in addition to what is currently being provided, shall be assessed by the JLMWOC for the purpose of adjusting staffing levels where necessary, within the financial constraints of this Agreement.

3. The clinical pathologist and administration resources will refer to both pathologist and PhDs, although there will be compensation differences between pathologists and PhDs.

4. General Pathology Practices

    i. Groups that predominantly or wholly use general pathologists to provide clinical laboratory services will determine their human resource requirements for clinical pathology by applying an AP/CP ratio of 2.3:1.

5. Sub-Specialized Practices

    i. Where clinical laboratory services are predominantly or wholly provided by sub-specialists, human resource requirements for clinical pathology will be determined on an individual basis, considering the service delivery model applied in the Health Authority. Those requirements will be submitted by the Health Authority in collaboration with those sub-specialists and will be verified by the JLMWOC.

6. In cases where the delineation of general or sub-specialized practices is unclear, designations will be determined by the JLMWOC, in consultation with the Health Authorities and the practices involved.

*C. Academic Services*

The Clinical and Academic Learning and Innovation ("CALI") framework established by the MoHS will deal with issues arising from the integrated provision of clinical and academic services, with the full participation of the MoHS, the University of British Columbia, Faculty of Medicine ("FOM") and Health Authorities. This forum will be used to determine personnel requirements to successfully deliver the academic programs of the FOM in conjunction with clinical pathology and laboratory medicine services.

The volume of clinical services provided will directly affect the delivery of academic programs by physicians in Pathology and Laboratory Medicine at university-affiliated hospitals and sites. The FOM and the Health Authorities will be encouraged to work in partnership to ensure the academic programs are delivered successfully.

Until such time as the forum has concluded its deliberations, there will be no downward adjustment in staffing levels based on the L4E/FTE calculations at those hospitals considered to be the primary teaching hospitals – Vancouver General Hospital/UBC Hospital, BC Children's and Women's Hospital, BCCA and St. Paul's Hospital.

## 5. Pathologist Resources

1. Where it is determined that the workload exceeds the benchmarks described in section 4, adjustments in the number of laboratory medicine physicians will be made, subject to the financial limitations of this Agreement.

2. In terms of both over or under supply situations as identified by the JLMWOC, the JLMWOC, the Health Authorities and laboratory medicine physicians will endeavour to bring human resources into balance within a 12 month time frame.

3. Prior to the adjustment of laboratory medicine physician resources, an opportunity for review will be provided, as follows:

    i. in situations where the AP workloads are greater than 4750 L4E per FTE, a validation of L4E measurements for the group will be undertaken by the JLMWOC.

    ii. any laboratory medicine physician group that believes it cannot sustain a high level of quality at the anatomical pathology and clinical pathology workload levels identified herein may invite the JLMWOC to conduct a review of the local circumstances and environment to identify and document the factors that may be affecting productivity. The JLMWOC will make recommendations to resolve the matter.

4. For those laboratory medicine physician groups utilizing a salary or service contract method of remuneration for anatomical pathology, in any case where the average monthly workload of a defined group of pathologists (as determined by the JLMWOC) cannot be brought within the annual 4750 L4E benchmark within six months from the date of this Agreement through the hiring of additional pathologist resources, the following will occur:

    i. that group will be given priority for additional resources at the earliest possible opportunity, and

    ii. workload in excess of 4750 L4E will be compensated on a pro-rata basis for the duration of this Agreement, or until additional resources are put in place.

5. Notwithstanding any other provisions of this Agreement, those laboratory medicine physician groups who are compensated on a fee-for-service basis for some or all laboratory medical services shall continue to be so compensated at their option.

**6. Authority for Laboratory Physician Contract Settlement**

The execution of this Agreement provides the framework for laboratory medicine physician groups and Health Authorities to negotiate and settle laboratory physician contracts. All new laboratory medicine physician agreements established during the term of this Agreement shall have a common expiration date.

The common expiration date will move towards a single timeline for laboratory medicine physician discussions across the province. A provincial contract renewal discussion process will advance the goals for equitable and sustainable laboratory medicine physician services in British Columbia.

Upon ratification of this Agreement, the BCMA, the BCALP and the MoHS will issue a joint communication advising Health Authorities and laboratory medicine physicians of the effect of the agreement on Health Authority renewal contracts for laboratory medicine physicians.

Ian Gillespie, MD
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British Columbia Medical Association
On behalf of the BCMA

Sheila Taylor
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On behalf of the Government