

**MEMORANDUM OF AGREEMENT**  
**PHYSICAL/PSYCHOLOGICAL SAFETY**

**BETWEEN:**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH  
COLUMBIA**, as represented by the Ministry of Health  
  
(the “Ministry”)

**AND:**

**FRASER HEALTH AUTHORITY, INTERIOR HEALTH AUTHORITY, ISLAND  
HEALTH, VANCOUVER COASTAL HEALTH, NORTHERN HEALTH and  
PROVINCIAL HEALTH SERVICES AUTHORITY**  
  
(the “Health Authorities”)

**AND:**

**THE BRITISH COLUMBIA MEDICAL ASSOCIATION**  
(doing business as Doctors of BC)  
  
(the “Doctors of BC”)

(individually a “party” and collectively the “parties”)

## **Occupational Health & Safety, Psychological Health & Safety, and Violence Prevention for Physicians Working in Health Authority Facilities**

### **1. Provincial Level: Working Group for Provincial Framework/Structure**

The parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers/providers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health sector (the “**Framework**”), built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Compliance.

To this end, the parties, within 180 days of execution of the 2019 Physician Master Agreement, will develop a recommended work plan for submission to and approval by the Ministry through Leadership Council. The plan will include recommendations on an approach to governance, data sharing, objective setting, implementation, compliance, measurement and evaluation. The intention is to create proactive programs with a focus on prevention.

To create the work plan, the Doctors of BC will participate in a broad working group chaired by HEABC, and comprised of one representative from Doctors of BC, one representative from each participating employee group (bargaining association), three employer representatives (Health Authorities or health sector affiliated employers), and a representative from the Ministry (the “**Provincial Working Group**”). The Provincial Working Group may include a representative from other relevant groups as agreed by the participants. The Provincial Working Group will decide matters by consensus.

Unless otherwise agreed by the majority of representatives in the Provincial Working Group, the Provincial Working Group shall meet not less than once per calendar month until its final report is issued.

The Provincial Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Framework that will:

- Establish institutional systems for implementing the below objectives, including sharing information, data, and experience across the sector.

- Promote a safe and healthy environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.
- Support the adoption of leading (best) practices, programs or models, including the implementation of the Canadian Standards Association’s Occupational Health & Safety Management, and Psychological Health and Safety Workplace standards.
- Facilitate co-operation information and data sharing between the Doctors of BC, Health Authorities and unions, on health and safety issues.
- Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
- Improve the awareness of and compliance with, where appropriate, the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*
- Discuss and consider appropriate Doctors of BC participation in the ongoing Framework.

It is understood that the Framework should serve all stakeholders in the provincial health care sector. To that end, the parties will make all reasonable efforts to promote the adoption of the Framework on a province and sector-wide basis.

## **2. Physician Violence Prevention Working Group (PVPWG)**

The work of the Physician Violence Prevention Working Group (PVPWG) will continue, and the focus will shift to implementation and evaluation.

## **3. Psychological Safety – Physician Specific Issues**

The parties will create a small working group composed of an equal number of representatives of the Doctors of BC and the Ministry/Health Authorities for addressing specific physician issues related to psychological safety (the “**Physician Specific Issues Working Group**”).

The Physician Specific Issues Working Group will decide matters by consensus.

The Physician Specific Issues Working group will make recommendations to the Provincial Working Group or Regional Committees where necessary.

## **4. Physician Training**

Health Authorities will:

- Provide appropriate violence prevention and response training for individual physicians working in high and low-risk environments. This training will include an online module for all medical staff, and Health Authorities will make reasonable efforts to ensure such modules may be credited towards continuing education.
- In addition, and for physicians in high-risk environments (Emergency/Urgent Care, Psychiatry/Mental Health Addictions, Residential/Long-term Care, Neurology/Brain Injury), there will be additional classroom training compensated at current sessional rates.
- Where appropriate, provide team-based training at a department/group level with entire teams (physicians, nurses etc.) to help those teams better prevent and respond to violent incidents in their environment.

## 5. Regional Level

In order to explore safety improvement opportunities, the parties will develop, within 180 days of execution of the 2019 Physician Master Agreement, recommendations for Regional OHS, PHS and Violence Prevention Committees.

To develop the recommendations, the parties agree to establish a broad working group to be chaired by HEABC, comprising one representative from each of Doctors of BC, the employee groups (bargaining associations), and the Health Authorities or health sector affiliated employers (the “**Regional Working Group**”). The Regional Working Group may also establish subcommittees as appropriate and include a representative from other relevant groups as agreed by the participants, and will decide matters by consensus. Unless otherwise agreed by the majority of representatives of the Regional Working Group, the Regional Working Group shall meet not less than once per month until its final recommendations are made.

The Regional Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Regional OHS, PHS and Violence Prevention Committees that will:

- provide a consistent and collaborative approach to safety related issues
- make recommendations to the Health Authorities on:
  - OHS, PHS, and Violence Prevention policies and procedures
  - OHS, PHS, and Violence Prevention training implementation
  - Risk assessment completion
  - Worksafe BC Orders (where applicable)

- Corrective action to address OHS and violent incidents and trends
- clear and consistent reporting, tracking and follow up processes across health authorities and hospitals related to violent incidents and recommendations for improvement, as well as psychological safety

In addition, the parties will ensure Doctors of BC and/or physician representatives are appointed to these Regional Committees.

## **6. Communication and Consultation**

Health Authorities will:

- create a comprehensive communication plan for Health Authority facilities encompassing violence prevention and response as well as psychological safety that ensures key information reaches the department/individual level. This includes effective reporting of critical tracking information, policy or process changes as well as progress on elements of the CSA standard regionally and for specific sites.
- share such communication plans with Doctors of BC and Medical Staff Associations.

## **7. Local Level**

Health Authorities will work:

- with both the Doctors of BC and SSC Facility Engagement to engage Medical Staff Associations (MSAs) at local sites about violence prevention and psychological safety that includes consultation about existing challenges as well as ongoing feedback regarding any changes or initiatives made at a local level; and
- with MSAs to ensure that physicians are invited from their MSAs to participate on local committees, where appropriate.

## **8. Physician Compensation**

The physician members appointed by the Doctors of BC on the Working Groups and Committees noted above will be compensated from existing Joint Collaborative Committee funding.

## **9. Project funding**

The parties agree to re-allocate one time funds from the General Practice Services Committee (GPSC), the Specialist Service Committee (SSC) and the Joint Standing Committee on Rural

Issues (JSC) as outlined below that the Doctors of BC may use in conjunction with the Health Authorities for activities contributing to the development of a provincial Framework, or to identify and address initiatives specific to physicians within any appropriate ongoing structures within the Framework:

- Effective April 1, 2019
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000
  
- Effective April 1, 2020:
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000
  
- Effective April 1, 2021:
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000

## **10. Resolution of Disagreements**

If any of the parties has a concern respecting this Memorandum, the parties directly impacted (e.g. Doctors of BC and a Health Authority) will meet to attempt to resolve the issues. If they cannot resolve the issues, the matter will be resolved in the same manner as set out in Article 22.1 of the 2019 Physician Master Agreement for resolution of Provincial Disputes.

## **11. Termination**

This Memorandum shall terminate effective March 31, 2022, or as otherwise agreed by the Parties.

Dated this 1<sup>st</sup> day of April 2019

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Dr. Eric Cadesky  
President  
Doctors of BC

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Allan Seckel Q.C.  
Chief Executive Officer  
Doctors of BC

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Mark Armitage  
Assistant Deputy Minister  
Ministry of Health

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Dr. Victoria Lee  
Chief Executive Officer  
Fraser Health Authority

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Kathy MacNeil  
Chief Executive Officer  
Island Health

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Cathy Ulrich  
Chief Executive Officer  
Northern Health

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Susan Brown  
Chief Executive Officer  
Interior Health Authority

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Carl Roy  
Chief Executive Officer  
Provincial Health Services Authority

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Mary Ackenhusen  
Chief Executive Officer  
Vancouver Coastal Health Authority