

Consensus Decision of the Allocation Committee (AC) for Fiscal Years 2019/20 to 2021/22

Effective Date April 1, 2019

1.0 Purpose and Effect

- 1.1 This document records the consensus decision of the AC, to make adjustments to the Service Contract Ranges and Salary Agreement Ranges (the “**Ranges**”) pursuant to section 4.1 of the 2019 Alternative Payments Subsidiary Agreement (the “**APSA**”).
- 1.2 This Consensus Decision is binding upon satisfaction of the requirements for a consensus decision set out in section 1.2 of the 2019 Physician Master Agreement (the “**PMA**”). The Government and the Doctors of BC agree to execute and deliver any and all required documents and take any and all steps that may reasonably be required to carry out the Consensus Decision.
- 1.3 This document is subject to the terms of the PMA and the APSA. If there is any conflict or inconsistency between any terms of this document and any terms of the PMA or the APSA, the terms of those Agreements will prevail.

2.0 Funding

- 2.1 In accordance with section 4.1 of the APSA, the AC allocates the funding available (the “**Funding**”) for adjustments to the Ranges, which is identified in subsections 1.2(e)(i), 1.3(b)(i) and 1.4(b)(i) of Appendix F to the 2019 PMA as follows:
 - 1.2(e)(i) Effective April 1, 2019, \$6.5 million will be made available to fund increases to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address issues of equity and inter-provincial disparity among physicians providing services under a Service Contract or a Salary Agreement.
 - 1.3(b)(i) Effective April 1, 2020, \$7.5 million will be made available to fund increases to be made by the Allocation Committee to the Salary Agreement Ranges and the Service Contract Ranges to address issues of equity and inter-provincial disparity among physicians providing services under a Service Contract or a Salary Agreement.
 - 1.4(b)(i) Effective April 1, 2021, \$6 million will be made available to fund increases to be made by the Allocation Committee to the Salary

Agreement Ranges and the Service Contract Ranges to address issues of equity and inter-provincial disparity among physicians providing services under a Service Contract or a Salary Agreement.

3.0 Cost of Increases

3.1 In accordance with section 4.7 of the APSA, the costs of the increases to the Ranges for each of the 2019/20, 2020/21 and 2021/22 fiscal years is based on the FTE distribution of Physicians on Service Contracts and Salary Agreements in fiscal year 2018/19 and will include the associated incremental RRP cost increase and the associated incremental benefit cost increases for salaried Physicians in fiscal year 2018/19.

4.0 Decision of the Allocation Committee Chair

4.1 Section 4.2 of the APSA provides:

4.1.1 The AC will have a third party Chair jointly selected by the Government and Doctors of BC. The parties selected Eric Harris, QC to act as the Chair of the AC.

4.1.2 If the AC is unable to reach a decision on the distribution of the Funding by March 31, 2020, the Chair will make a binding decision on the outstanding issues.

4.2 The AC was unable to reach a decision on the distribution of the Funding and requested that the Chair issue a partial and binding decision on eight (8) practice categories in order to enable the AC to finalize a complete consensus decision.

4.3 The Chair issued his decision on February 4, 2021, establishing a “band” for the eight practice categories referred to him by the AC rather than an annual monetary amounts in order to allow the AC to finalize and cost the consensus decision. The bands are as follows:

Practice Category	Banc
General Practice Defined Scope A	1.6
General Practice Defined Scope B	1.6
General Practice Full Scope (Non-JSC Community)	1.6
General Practice Full Scope (Rural) Area A	1.0
General Practice Full Scope (Rural) Area B	1.0
General Practice Full Scope (Rural) Area C	1.0
Hospitalists	1.2

Internal Medicine	1.0
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4.4 Upon receipt of the Chair’s decision, the AC was able to then finalize the adjustments to the Ranges as reflected herein.

5.0 Adjustments to the Ranges

5.1 Adjustments to the Ranges Effective April 1, 2019, April 1, 2020 and April 1, 2021

5.1.1 The Ranges are adjusted by the AC effective April 1, 2019, April 1, 2020 and April 1, 2021 as set out in Appendix A.

5.2 Finalizing Range Adjustments

5.2.1 In accordance with section 4.12 of the APSA, the Government and the Doctors of BC will revise and publish Schedule A and Schedule B of the APSA to reflect the 2019/20, 2020/21 and 2021/22 Ranges by factoring in this Consensus Decision of the AC, the final report of the After Hours Adjudication Panel dated August 31, 2020 and the general increases found at 1.2(a)(iii), 1.3(a)(iii) and 1.4(a)(iii) of Appendix F to the 2019 PMA.

6.0 Assignment to Practice Categories

6.1 General Practice - Full Scope (Non-Joint Standing Committee (JSC) Community): General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practice Service Committee) in the community are assigned to the practice category “General Practice – Full Scope (Non-JSC Community)”.

6.2 General Practice - Full Scope (Rural): General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practice Service Committee) in a rural community, as defined in the Rural Practice Subsidiary Agreement and provide one or more of anaesthesia, obstetrics, general surgery and emergency services in a hospital or designated D & T Centre, are assigned to the practice category “General Practice - Full Scope (Rural)” which shall have three associated Ranges.

Assignment to Ranges A, B and C will be on the basis of the isolation points assigned by the JSC to a particular community from time to time and when changes to isolation points result in a change in the applicable Range, implementation of such change will be determined by JSC policy. Specifically, Range A is for practice in communities assigned 20 or greater isolation points, Range B for communities assigned 15-19.99 isolation points and range C for

communities assigned 6-14.99 isolation points (reduced to 1.5 – 14.99 points effective April 1, 2021).

- 6.3 General Practice - Defined Scope A:** The “General Practice – Defined Scope A” category is applicable to General Practitioners who do not provide a Full Service Family Practice (as the term is used by the General Practice Services Committee) but are contracted or employed by an Agency to provide Physician Services in a focussed area of practice (e.g. palliative care, geriatrics, complex pain, mental health, sexual medicine). This category includes General Practitioners who provide cancer treatment services in a hospital and in the community (commonly referred to as “GP Oncologists”) under a contract with the BC Cancer Agency.
- 6.4 General Practice - Defined Scope B:** General Practitioners who do not provide Full Service Family Practice (as the term is used by the General Practice Services Committee), limited to those who (i) provide services in student health centres or (ii) provide clinical associate services, are assigned to the practice category “General Practice – Defined Scope B”.
- 6.5 General Paediatrics (Defined Scope):** Paediatricians who work under the supervision of other Physicians are assigned to the practice category “General Paediatrics (Defined Scope)”. This includes General Paediatricians who provide ICU, SCN, or oncology services.
- 6.6 General Paediatrics:** General Paediatricians who do not work under the supervision of other physicians are assigned to the practice category “General Paediatrics”.
- 6.7 Emergency Medicine**
- 6.7.1** The Emergency Medicine (Non Hospital Based) practice category is reserved for physicians required to provide emergency medicine expertise in a non-hospital setting (e.g. physicians contracted by the BC Ambulance Service).
- 6.7.2** The Emergency Medicine Area A Range is reserved for General Practitioners (GPs) without CCFP (EM) qualifications
- 6.7.3** The Emergency Medicine Area B Range is reserved for:
- 6.7.3.1** Physicians with the following Emergency Medicine qualifications: CCFP (EM), FRCPC (EM or Paediatric EM), ABEM (SPs) or American subspecialty board certification in pediatric

emergency medicine through the American Board of Pediatrics or American Board of Emergency Medicine.

6.7.3.2 Physicians holding certification in General Pediatrics who have been grandfathered on this range.

6.7.3.3 Physicians holding certification in General Pediatrics who begin working in the BCCH ED post May 22, 2014 and who have 5 years of continuous, full-time experience working in a pediatric emergency department within two years of the commencement of work at BCCH ED.

6.7.3.4 Physicians holding certification in General Pediatrics post May 22, 2014 who have less than five years continuous, full-time experience in a pediatric emergency department will be placed at a maximum of 0.92 of the Area B Range maximum.

6.8 Community Medicine/Public Health Areas A through D

6.8.1 For assignment to these Ranges, see Schedule G to the Alternative Payments Subsidiary Agreement.

6.9 Critical Care (Pediatrics) at BCCH/BCWH

6.9.1 This range/practice category is not applicable to clinical associates only qualified as paediatricians or general practitioners, or to physicians receiving any other compensation for services as per the “grandfathered” arrangement, subject to their relinquishing such “grandfathered” compensation.

6.9.2 Application of this range to existing physicians is without prejudice to the positions that may be taken by the Government or the Doctors of BC, including with respect to the application of this range to new physicians.

7.0 Implementation

7.1 In accordance with Subsections 1.2(e)(i), 1.3(b)(i) and 1.4(b)(i) of Appendix F of the PMA, affected physicians under existing Service Contracts and Salary Agreements will be placed within the applicable amended Service Contract Range or Salary Agreement Range at the same level as their current placement. (e.g. range minimum, mid-range, or range maximum).

- 7.2** Physicians working under a Service Contract or Salary Agreement will be eligible to receive retroactive increases to April 1, 2019 consistent with the 2019/20, 2020/21 and 2021/22 Ranges.

This Consensus Decision made by the AC on the 9th day of April, 2021, but effective April 1, 2019.

For the Government:



Print Name:

Joni Magil

For the Doctors of BC:



Print Name:

Dr Sanjay Khandelwal

Appendix A

Table of Increases Awarded by the AC

Practice Category	Band	Allocation to Service Contract Max				Allocation to Salary Agreement Max			
		2019/20	2020/21	2021/22	3 year total	2019/20	2020/21	2021/22	3 year total
Critical Care	1.0	\$4,062	\$4,255	\$3,749	\$12,066	\$3,627	\$3,799	\$3,347	\$10,773
Dermatology									
Forensic Psychiatry									
General Paediatrics									
General Practice - Full Scope (Rural) - Area A									
General Practice - Full Scope (Rural) - Area B									
General Practice - Full Scope (Rural) - Area C									
Internal Medicine									
Medical Genetics									
Physical Medicine									
Psychiatry									
Sub-specialty Internal Medicine									
Sub-specialty Paediatrics									
Community Medicine/Public Health Area A	1.2	\$4,874	\$5,106	\$4,499	\$14,479	\$4,352	\$4,559	\$4,016	\$12,927
Community Medicine/Public Health Area B									
Community Medicine/Public Health Area C									
Community Medicine/Public Health Area D									
Emergency Medicine (Non-Hospital Based)									
Emergency Medicine Area A									
Emergency Medicine Area B									
Hospitalists									
Vascular Surgery	1.4	\$5,687	\$5,957	\$5,249	\$16,893	\$5,078	\$5,319	\$4,686	\$15,083
General Surgical Oncology									
Gynecological Oncology									
Maternal Fetal Medicine									
General Paediatrics (Defined Scope)	1.6	\$6,499	\$6,808	\$5,998	\$19,305	\$5,803	\$6,078	\$5,355	\$17,236
General Practice - Defined Scope A									
General Practice - Defined Scope B									
General Practice - Full Scope (Non-JSC Community)									
Neurology	3744	\$0	\$3,744	\$0	\$3,744	\$0	\$3,343	\$0	\$3,343
Haematology/Oncology									
Medical Oncology									
Radiation Oncology									