

# 2023

## REPORT TO MEMBERS

doctors  
of bc



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## REPORT OF THE CEO

ANTHONY KNIGHT, MBA

**A**s I wrap up my first full year at Doctors of BC, I want to acknowledge the remarkable work undertaken by all of you in 2023 as challenges in our health care system continue. I'd also like to share some milestones we achieved, working on your behalf, to make improvements to our services and provide additional support as well as advocacy during these difficult times.

Our new 2024–2029 strategic plan is complete and will help guide us over the next five years as we work together to support doctors in delivering and improving patient care. Collaboration was key in developing the plan, including intensive strategy discussions, educational sessions, an extraordinary Board meeting, thought-provoking workshops, and input from the Joint Collaborative Committees physician co-chairs, our members, and staff. This plan puts the voice of the physician, your collective wellness, ongoing compensation, and our engagement with members at the forefront of our course to navigate. I invite you to review the 2024–2029 strategic plan [here](#).

One of the biggest milestones this past year was the launch of the Longitudinal Family Physician (LFP) Payment Model, bringing a significant shift in how family physicians work and are compensated. Many practices that had been considering closing were instead able to recruit new family doctors, which in turn provided more patients with the ability to find a family physician.

The LFP Payment Model will expand even further to facility-based care this year to include maternity, long-term/palliative, and in-patient care. The Family Practice Services Committee (FPSC) has also announced \$29 million in one-time funding to stabilize maternity and in-patient care in hospitals, as well as in long-term care facilities while the LFP Payment Model is expanded.

Work continued last year in support of specialists and their wait-list challenges. The Specialist Forum in October provided attendees with progress to date in terms of wait-list management, payment structure, and overall activities. Work is underway on implementing the plan, with updates expected in early 2024.

We continue to ensure that the physician voice is reflected throughout the Ministry of Health's development and implementation of its provincial Digital Health Strategy. This year saw the creation of a collaborative EMR Governance Committee. The terms of reference are currently being determined, along with what physician membership and attributes should be considered. Further updates about next steps will be shared with members in early 2024, and we will continue our engagement on this valuable topic.

Unlike many of our provincial counterparts, we enjoy a productive working relationship with the government. Building and maintaining a good relationship with government is key to our success, and it has proven its worth in the last few years. As long as we understand the government's priorities, we can find areas that align with those of our members so that real meaningful change can occur. And while our health care problems will not be solved overnight, much of our engagement and advocacy with government takes place behind the scenes—at our collaborative tables, in the work of joint committees, during negotiations, and often by scheduling and attending a meeting.

The new Service Centre, a dedicated support team that responds quickly to member queries, kicked off last year and is streamlining the way members reach out to us. Currently, the Service Centre team answers all questions directed to Reception, Members' Products and Services, Finance, and Membership and Benefits, with all other Doctors of BC departments coming on board this year.

Doctors of BC and WorkSafeBC reached a tentative settlement for a three-year Physicians and Surgeons' WorkSafeBC Services Agreement. This three-year agreement (April 1, 2022, to March 31, 2025) maintains the key protections of the WorkSafeBC Physician Services Agreement and includes at least \$6,022,000 per year in new annual funding by the final year of agreement and a 14.5% increase over the compensation base for WorkSafeBC-managed fees by the end of the contract, plus another 1% in the third year if the BC inflation rate is high.

It also includes targeted increases to Form 8/11 fees and to 17 unique fees for specialists, allows surgical assistants to bill for MSP BMI modifiers, and removes the requirement that anesthesiologists submit a record of anesthesia to process each payment.

Thank you to all of our staff, our physician leaders, and our members for your excellent work in providing patients with the care they deserve. I am excited to see what 2024 brings. ■



## REPORT OF THE PRESIDENT

JOSHUA GREGGAIN, MD

As I reflect on what 2023 brought to Doctors of BC, my sense is that it was hope. We saw a significant shift in the leadership of our association, including welcoming a new CEO, Anthony Knight. We saw the completion of negotiations for WorksafeBC, carrying over from our previous Physician Master Agreement, the launch of the Longitudinal Family Physician Payment Model that now has more than 4,000 family physicians signed on, and the development of a new 2024–2029 strategic plan. We know that Doctors of BC is full of doctors in BC who strive to provide quality, patient-centred, culturally safe care. To facilitate this care, it's imperative that the physician voice is respected and trusted as we go through health care transformation, which also ensures that we achieve professional satisfaction in doing so. All of this infuses us with hope.

As president, I was able to connect with many of you—in 44 communities—across this great province. It is such a joy to see the passion you have for your work and how Doctors of BC can continue to support you—whether it's to help reduce administrative burdens, to advocate for rural medicine, to work with government on specialist concerns, or to ensure the physician voice is heard at all levels. I want to specifically thank our team of Regional Advisors and Advocates in all corners of this province. They are a valuable resource for all BC physicians and one of many layers of support for members. To use the words of my colleague and friend and our new president, Dr Ahmer A. Karimuddin, know that you are never alone. This, expectedly, provides some hope.

The work of our teams, the Joint Collaborative Committees, and those within each Section continues to bring colleagues together under the axiom #BetterTogether. Some of my highlights from 2023 were meeting with Shared Care Committee Communities of Practice, watching physicians of varying specialties sit together and navigate mental health and heart failure, in collaboration. At one event, multiple specialty sections, alongside the Consultant Specialists of BC, the Specialist Services Committee, and Doctors of BC shared experiences and opportunities of wait-list management and ongoing burdens of specialist care. It is a moment of collective understanding when we have the chance to sit and have a dialogue, together—which gives us a common experience and, ultimately, hope.

In closing, I want to thank each of you for the work that you do and for the commitment to your patients and to the system. I hope that you left 2023 feeling more optimistic that when it began and that you know that Doctors of BC has a path forward, to reflect your voice in the places that matter, to support you in times of need, and to help curate a future that brings each of you hope. ■

“Everything that is done in this world is done by hope.”  
—Martin Luther



## REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS

ADAM THOMPSON, MD

It was a year of challenges and a year of changes. Externally, the Ministry of Health's move toward implementing the Health Professions and Occupations Act continues to take place and is somewhat problematic due to government's disengagement with Doctors of BC, yet our continued work together on the Longitudinal Family Physician Payment Model couldn't have been accomplished without that same engagement. Internally, the Board and CEO Anthony Knight got to know each other better and gained mutual respect as we work together on behalf of our members.

I am pleased with the work the Board has undertaken this year, and I feel I am leaving this position on a high note. I chose 2023 to be my last year as chair of the Board, but I'm not leaving altogether, as I will remain a Board member, fervently supporting the new Board chair.

I'd like to thank the Board of Directors for their time and dedication this past year and for their ongoing commitment to all members to ensure that as we move forward we continue to address your needs.

Here are some highlights of the Board's work this past year.

It took nearly a year, but the Board has approved a new, vibrant strategic plan to guide the association for the next five years, under its four key priorities: increasing the influence of the physician voice; promoting physician health, wellness, and safety; ensuring fair compensation and providing business supports; and engaging members on the future of the profession and the culture of medicine. We remain committed to advancing truth and reconciliation across the profession and will be developing a plan for this in partnership with Indigenous leaders.

We are steadfastly continuing to elevate specialist issues and have been working with the Consultant Specialists of BC, the Sections of medicine, and the Representative Assembly to ensure progress is reflective of specialists' needs. As specialist deliberations move forward with the Ministry of Health to address patient access issues, the Board continues to advocate strongly for specialist members.

As the Ministry of Health continues to move its province-wide Digital Health Strategy forward, the Board approved physician appointments to two key government committees, strengthening the physician influence on the Connected Health System Steering Committee and the Digital Referrals and Orders Steering Committee. As well, the Board is considering the objectives and responsibilities of the proposed EMR Governance Committee, as identified in the 2022 Physician Master Agreement.

To support greater transparency and flow of information between the Board and Doctors of BC committees, individual Board members are now sitting in on a number of standing committee meetings as guests, and invited guests are spending the day at Board meetings. The presidents of the Consultant Specialists of BC and BC Family Doctors, along with the co-chair of the Specialist Services Committee, attended a recent Board meeting, and each brought with them perspective, experience, and thoughtfulness.

It has been a privilege to serve this organization and support the Board in leading physicians through a period of significant change over the last two years at Doctors of BC. ■



## REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

ERIC CADESKY, MDCM, CCFP, FCFP

Created in 2017 as part of Doctors of BC's move to a new governance structure, the Representative Assembly (RA) provides a forum for members to discuss issues of importance to the profession and provide guidance to the Board of Directors. It also serves as a place where members and Doctors of BC staff from across the province can network and learn from one another while increasing their leadership skills and knowledge about Doctors of BC and the health care system.

The RA's membership reflects the diversity of the profession, with members coming from each Section of practice, every geographical region, and other organizations, such as the Medical Undergraduate Society, Resident Doctors of BC, the Canadian Medical Association, BC Family Doctors, and the Consultant Specialists of BC. Leveraging technological advances, the RA was able to meet three times this year, once virtually and twice via a hybrid in-person and virtual format.

Major topics of discussion included physician health, the Physician Master Agreement, the Health Professions and Occupations Act (Bill 36), digital health, payment reform, referral processes, strategic planning, relationships with government and health authorities, health human resources, Doctors of BC dues, and consideration of a new Section of Internal Medicine.

Invited speakers included Dr Heidi Oetter, College of Physicians and Surgeons of BC outgoing registrar and CEO; Dr Vern Davis, Audit and Inspection Committee chair; Dr Greg Deans, Nominating Committee chair; and Dr Brian Gregory, Tariff Committee chair.

At each meeting, RA members had opportunities to hear updates from and ask questions of Doctors of BC's CEO, Anthony Knight; president, Dr Josh Greggain; and Board chair, Dr Adam Thompson. The last part of each meeting was protected for open microphone sessions, where any RA member could raise any issue. Our hybrid meetings started with a cultural welcome and teachings provided by Elder Bob Baker of Squamish Nation, and the talking stick, previously gifted to Doctors of BC, was reintroduced at our last meeting of the year.

I am grateful to Doctors of BC staff, especially Clare O'Callaghan and Melanie Escaravage, who skillfully support our meetings, an especially difficult task with over 100 participants and various technical requirements. I also want to thank Dr Shelley Ross, who served an important role as deputy speaker, helping plan and run meetings.

Thank you as well to RA members who have been so giving of their time attending meetings and participating in important and challenging conversations. RA participation often takes us away from personal and professional duties, so I want to recognize our families and colleagues whose support allows us to do this work.

Having finished my three-year term, I am grateful for the support I received and the friends I have made through the journey of evolving the RA during a pandemic from half-day virtual meetings to dynamic full-day hybrid events. I wish the new leadership team every deserved success. ■

# Shaping the future: Our new strategic plan



With Doctors of BC's strategic plan expiring at the end of 2023, work began to develop a new plan to guide our organization through the next five years.

[READ MORE](#) ▾

## SHAPING THE FUTURE: OUR NEW STRATEGIC PLAN



*Anthony Knight, CEO, speaks to staff about Doctors of BC's new strategic priorities at the fall 2023 All-Team Summit event.*

**W**ith Doctors of BC's strategic plan expiring at the end of 2023, work began to develop a new plan to guide our organization through the next five years. Over 2023, the Board engaged with the Representative Assembly, the Divisions of Family Practice, Medical Staff Associations, BC Family Doctors, the Consultant Specialists of BC, the Sections of medicine, the Joint Collaborative Committees, and other physician groups. The feedback collected during this engagement process was used to develop the framework for the new strategic plan. Doctors of BC staff were also engaged in the process, with over 100 suggestions submitted by teams from across the organization. This collective feedback crystallized several new priorities, including:

- Increasing the influence of the physician voice.
- Promoting physician health, wellness, and safety.
- Ensuring fair compensation and providing business supports.
- Engaging members on the future of the profession and the culture of medicine.

Once these priorities were set and the overall draft plan was developed, a final opportunity for member feedback came in October 2023 via the [Have Your Say](#) engagement platform.

Our new strategic plan, steered by our members and built with collaboration at its core, was launched in January 2024. The plan features a commitment to truth and reconciliation, as well as to supporting doctors to be influential leaders driving positive transformation. As part of the plan, Doctors of BC will work together with physicians to strengthen relationships across health care, find improvements, advance solutions, and foster innovations that benefit both patients and physicians.

Hearing physicians' perspectives is key to ensuring the work we do for members is relevant and useful and makes a positive impact for the health care system and patients. Doctors of BC thanks all members who provided feedback throughout the engagement process.

To learn more about Doctors of BC's 2024–2029 strategic plan, visit [www.doctorsofbc.ca/presidents-letter/new-direction-forward-doctors-bc-new-strategic-plan](http://www.doctorsofbc.ca/presidents-letter/new-direction-forward-doctors-bc-new-strategic-plan).



# 2 ANNUAL REPORTS OF DOCTORS OF BC COMMITTEES AND COUNCILS

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				Elliott Weiss, MD	

# 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 of the process, as well as to provide data for stage 2.

While the ASC did not meet during the year, there are updates to the ASC membership. Dr Christopher Bellamy's term as chair ended this year. The other committee members and I extend our appreciation and thanks to Dr Bellamy for his contributions and insights, first as a member and then as chair. We also welcome Dr Thomas Covello to the ASC.

I would like to thank all committee members for their diligence and useful input and Doctors of BC staff for helping guide the committee and for their support.

John Trepess, 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 Alternative 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 support the Allocation Committee, which is responsible for allocating \$31.2 million from the 2022 Physician Master Agreement (PMA) to adjust the payment ranges for service-contracted and salaried physicians to address disparities between practice categories and rising business costs. The APPIC collaborated with the Doctors of BC members of the Allocation Committee in the development of the principles and process they will use in their discussions with the government.

The APPIC also provided Doctors of BC with input regarding issues arising with the implementation of compensation increases under the 2022 PMA and Alternative Payments Subsidiary Agreement.

In late 2023, the APPIC began preparing its submission for the 2025 PMA negotiations, which will outline AP physician interests. The submission is expected to highlight ongoing needs to address issues with workload growth as well as needs for improvements in AP physician compensation.

The terms of Drs D. Wilton and S. Fedder on the APPIC came to an end in December 2023. The APPIC would like to thank them for their important contributions over the past several years and for their advocacy on behalf of AP physicians in BC.

Gaurav Bahl, MD, *Chair*

## AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee (AFC) advises the Board of Directors on financial reporting, information systems, risk management, and internal controls of the association, including joint initiatives. Doctors of BC continues to maintain a strong and secure financial position with sizable reserves.

The AFC met four 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 quarterly financial reports and monitoring the expenditures of various committees and projects.
- Reviewing and recommending approval of unbudgeted initiatives and policy changes to the Board of Directors.
- Reviewing and recommending changes to the honoraria policy and rates.
- Supervising Doctors of BC's annual audit conducted by KPMG LLP. The AFC normally meets with the auditors twice a year, 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 or Canada Revenue Agency filings that may affect Doctors of BC.

- Reviewing and recommending approval of Doctors of BC's annual financial statements and report to the Board of Directors.
- Evaluating and recommending the association's auditors at the annual general meeting.
- Recommending an 8% increase to annual membership dues to the Representative Assembly, noting that Doctors of BC's dues were still the lowest in Canada compared with other provincial and territorial medical associations.
- Monitoring investments and reviewing investment policies to ensure proper return while minimizing risks.
- Overseeing adequate reserves to cover contingencies, to provide capital, and to fund long-term projects.
- Overseeing the management of the building at 1665 West Broadway in Vancouver.
- Ensuring governance is in place for the financial management of all funding and the funds are segregated and accounted for in compliance with financial best practices.
- Monitoring risks to the association by reviewing the risk register and cybersecurity.
- Overseeing compliance with government regulations.

I would like to extend my thanks and appreciation to AFC members for their energy, insight, and time, and to the staff of Doctors of BC for their excellent work and support. It has been a pleasure serving as chair for the past eight years.

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). The AIC reports to the MSC.

The AIC considers all proposed audits of physicians' services and billing practices, approves which audits may proceed, reviews all resulting audit reports, and recommends actions to the MSC based on the audit reports related to recovery of funds and/or other matters.

The AIC meets approximately four times per year at the Ministry of Health in Victoria or by virtual or combined means.

The vast majority of Doctors of BC members bill appropriately and responsibly. Audits are a critical component of any effective trust-based fee-for-service payment system. The profession is best served by our active participation in these essential functions.

Brian Gregory, MD, *Physician Representative*

## BC MEDICAL JOURNAL

It's a pleasure to report to members after completing my first year as editor-in-chief of the *BCMJ*. Over the year, we've seen the retirement of two Editorial Board members, Dr Cindy Verchere and Dr Brian Day. These long-serving members—our friends and colleagues—contributed a tremendous amount to the *BCMJ*. We were very sad to see them go. Filling their positions are two new Editorial Board members, Dr Michael Schwandt and Dr Sepehr Khorasani. The *BCMJ* is already benefiting from the research experience, enthusiasm, and knowledge in public health and general surgery these doctors bring to the group.

Throughout 2023, the *BCMJ* Editorial Board met nine times via Zoom and twice in person, which was a welcome change after the COVID restrictions of the past two and a half years. We convened at the Doctors of BC office in Vancouver, and one of our in-person meetings served as a strategy session, where we formulated the *BCMJ*'s first mission, vision, and values statement, now on the masthead. For 2024, we've again scheduled two in-person meetings and have added a CME component, aiming to deepen the expertise of our members.

In keeping with the results of the member survey, the *BCMJ* remains a hybrid print and online publication. In 2024, we will be renaming some article categories for clarity. We will also be retiring some of the article types, such as The Good Doctor and the Proust Questionnaire, which have seen very low submission numbers in recent years. Instead, we are introducing a Physician Spotlight and hope that a standard set of questions and a flexible submission style, either by oneself or on behalf of a colleague, will lead to increased engagement in this article type. We've also introduced Clinical Images and hope to see trainee engagement on this topic throughout 2024.

As always, I want to express my gratitude to all of the *BCMJ* team members and thank them for their collegiality and continued contributions to the publication. Thanks also to all the authors who took the time to produce articles in the pursuit of sharing information and improving the field of medicine. It is a pleasure to participate in our meetings and to learn from my peers and our authors as we review manuscripts. Finally, I would like to recognize the hard work of our editorial team, Tara Lyon and Joanne Jablkowski, led by Jay Draper, who work diligently behind the scenes each month to keep the journal running.

The *BCMJ* is a unique publication because it is the only provincial medical journal in Canada. As the official publication of Doctors of BC, our aim is to strengthen the ideal of unity and organization among members of the profession. We are honoured to do the work that we do. I encourage all the membership of Doctors of BC to continue sending us your letters and manuscripts.

Caitlin Dunne, MD, FRCSC, *Editor-in-Chief*

## BC ROAD SAFETY STRATEGY STEERING COMMITTEE

The BC Road Safety Strategy Steering Committee was formed to identify opportunities to increase road safety through a collaborative, sector-wide approach. The steering committee reports to the minister of public safety and solicitor general. It is dedicated to championing Vision Zero, an initiative to eliminate traffic fatalities and serious injuries.

Despite the tireless efforts of various partners and agencies to reduce speeding and the number of crashes that result in injury or death, speeding remains a serious road safety issue. Regrettably, many drivers still view speeding as acceptable behaviour.

In 2023, we held several meetings to discuss Vision Zero and its implementation in BC. We also provided input into RoadSafetyBC's Vision Zero grant funding program. The steering committee also held an in-depth strategic planning session to revisit the goals of the committee and committee membership. A revised committee membership was established with government representatives, with a broader community of practice to be formed that includes other non-government stakeholder groups.

The steering committee will continue to consult regularly with road safety partners and create working groups for each specific project, with time-bound and results-oriented expectations. The Community of Practice for Our Safety was built out of the existing steering committee membership and other organizations with connections to road safety, with planning occurring this winter and a working group and community of practice getting underway by the spring of 2024. The new committee will be reduced in size and made up of government agencies and Crown corporations. We await more details of the new committee structure and consultation mechanisms.

In 2024, the steering committee will continue to provide input into the BC Road Safety Strategy 2025 and receive updates from stakeholders regarding initiatives for road safety. We also discussed a future structure for the steering committee, with a smaller membership at the provincial government level. The committee is committed to a road safety strategy for 2030, which proposes maintaining and adjusting the existing framework, with specific actions

to be undertaken in the next three to five years, to be determined by the steering committee.

As a physician representative of Doctors of BC, I remain committed to providing my perspective to ensure that the steering committee's work is well informed from a medical perspective and aligns with Doctors of BC's strategic goals.

Shanta Chakrabarti, MD, *Doctors of BC Representative*

## CONNECTED HEALTH SYSTEM EXECUTIVE STEERING COMMITTEE

The Connected Health System Executive Steering Committee (CHSESC) is a collaborative group of representatives that supports the Digital Health Strategy (DHS). The CHSESC ensures strategic alignment of initiatives and associated investments with the DHS and health sector priorities by providing leadership that advances innovative provincial solutions and by partnering on provincial initiatives that have cross-sector impacts. The CHSESC provides direction to and oversight of the Connected Health System (CHS) portfolio, which is a group of complementary strategic initiatives with the goal of digitally connecting health care providers, patients, and systems across British Columbia. The primary projects of the CHS in 2023 were advancement of the provincial digital referrals and orders system (OceanMD), report distribution, patient summaries, and connecting the provider's experience to the digital health system.

Since beginning its work in September, the CHSESC has discussed the inclusion of electronic medical imaging ordering in CHS work. Currently, medical imaging is being governed by health authority medical imaging leaders and has no other providers in attendance. The CHSESC supported and advanced a recommendation for the inclusion of medical imaging in the CHSESC. The CHSESC also supported the recommendation that an electronic consultation, or eConsult, would become an advice request, ensuring that written advice between providers aligns with how providers communicate with one another. This resulted in formal notice to OceanMD on how BC providers intend to use this revised language.

Ian Schokking, MD, *Physician Representative*

## COUNCIL ON HEALTH ECONOMICS AND POLICY

The Council on Health Economics and Policy (CHEP) develops policy that enables Doctors of BC to engage meaningfully on issues that matter to members. The CHEP's work establishes high-level guiding principles and recommendations that allow our association to be proactive in shaping the design and funding of health care in our province. Our policies also

empower Doctors of BC to respond thoughtfully and effectively to urgent and emerging issues.

The CHEP had another very productive year of policy development and physician engagement. In 2023, the Board approved the Scope of Practice for Health Professionals, a policy updating Doctor's BC's existing policy statement on scope of practice for health care professionals. The CHEP recognized that many allied health care professionals are seeing changes in their scope of practice that have broader implications for patients, physicians, and the health care system. Our updated policy paper emphasizes the need to allow each health care team member to work at the top of their scope while protecting the quality and safety of patient care and ensuring physicians aren't left with increased downstream burdens. A specific emphasis on meaningful consultation with all relevant stakeholders was also addressed in the policy paper.

The CHEP has also been working diligently to provide physician input to the new Health Professions and Occupations Act (HPOA). The HPOA brings a monumental shift in how physicians will be regulated in our province. While we aren't aware of the specific details on how the HPOA will operate, the CHEP has been consistently providing the government with feedback to try to ensure we can remain a self-regulating body. Engaging with government on the HPOA remains a critical priority for the CHEP in 2024.

In fall 2023, Dr Jessica Otte completed her second three-year term as chair of the CHEP. She spent almost a decade with the CHEP and was an invaluable leader and committee member. Her efforts helped steer the CHEP toward consistently putting out timely, broadly applicable, yet succinct policy statements. Her leadership style was thoughtful, pragmatic, and rooted in compassion and empathy. Her focus on high-quality patient-centred care cannot be overstated. We thank her for her years of dedication and wish her the best in her new endeavours.

I'd also like to thank our committee members for their time, insights, and critical eye in developing our policy statements. In addition, I'd like to thank the outstanding staff at Doctors of BC who continue to provide invaluable support to our committee and members at large. Much of their work is quiet and goes unseen by our membership. However, without their support, the CHEP would not be able to put out such high-quality policy statements.

Inderveer Mahal, MD, *Chair*

## COUNCIL ON HEALTH PROMOTION

The Council on Health Promotion (COHP) develops Doctors of BC policies related to health promotion and illness and injury prevention by harnessing the

expertise within our medical profession on topics related to community health, health promotion, and quality of health care.

In 2023, COHP members continued to write well-documented and highly relevant opinion articles for the *BC Medical Journal* on a variety of health promotion topics.

The COHP also continued working on its priorities established in the 2022 work plan: mental health and substance use, child and youth health, and environmental health/emergency and public safety. Here is an update on the COHP's activities in 2023:

- The COHP has developed a new policy paper with recommendations for improving substance use care in BC. Member engagement and extensive stakeholder consultations informed the updates to our policy position. The paper recognizes the need for a comprehensive health system approach to address harm from substance use, including the need for prevention and better support for health care providers to provide substance use care. It calls for the creation of a work plan by the provincial government, with adequate funding and transparent monitoring and evaluation. Implementation of the recommendations from this paper is needed more than ever with the massive ongoing burden of disease from opioids, alcohol, and other substance consumption. Stay tuned for the official launch and publication of this paper in 2024. Thank you to all the working group members for their hard work on this topic.
- We continued preparing a policy statement on a comprehensive approach to addressing mental health and mental illness, recognizing the window for prevention in childhood and the intersection of mental illness and substance use. Initial recommendations were circulated for broad feedback from Doctors of BC members and other stakeholders, leading to some adjustments. We hope to publish this policy statement in 2024.
- There were ongoing discussions on the intersection of sustainability, climate change, and disaster issues within health care and what work the COHP is best positioned to undertake in this area, considering prior COHP work and other stakeholders' work.
- The COHP advised government and other stakeholders through consultations on physical activities, HandyDART, BC Parks regulations, and Special Olympics BC.

We thank our ongoing and departing members and the Doctors of BC staff who enabled this work.

The COHP is thankful to all the physicians who promote health in their daily work and those who participate in the annual Walk with your Doc.

Veronic Clair, MD, *Chair*, Rachel Grimminck, MD, *Vice Chair*

## DATA STEWARDSHIP COMMITTEE

The Data Stewardship Committee (DSC) is a Ministry of Health-led committee that provides a venue for the involvement of major stakeholders in the health sector, including physicians, researchers, and the general public, to review data requests for research. DSC members are appointed by the minister of health and are responsible for managing the disclosure of information contained in a health information bank or a prescribed Ministry of Health database. In 2023, this committee continued to support researchers' access to health data and updated DSC policies related to the disclosure of health data for research. The DSC reviewed 70 requests for research, an increase over the 34 requests we reviewed and approved in 2022.

Nam Phuong Julie Nguyen, MD, *Physician Representative*

## DIGITAL HEALTH LEADERSHIP COMMITTEE

The Digital Health Leadership Committee (DHLC) is a collaborative group of clinical representatives led by the Ministry of Health. The DHLC ensures health sector alignment with the provincial Digital Health Strategy (DHS) and provides advice and recommendations to support its advancement. The immediate past president was selected as the Doctors of BC appointed representative. The DHLC met four times over the year and fulfilled its duties and responsibilities, including supporting the enhanced Health Gateway road map and remote patient monitoring procurement. The DHLC supported the advancement of work related to the Connected Health System, including the provincial procurement of the digital referrals and orders system (OceanMD) and the human capital management system and technology investment decisions aligned with the DHS. The provincial Digital Health Office advised in the last meeting that it anticipates the mandate of the DHLC will transition into proactive strategic planning of digital health investments in 2024.

Ramneek Dosanjh, MD, *Physician Representative*

## DIGITAL REFERRALS AND ORDERS STEERING COMMITTEE

The Digital Referrals and Orders Steering Committee provides strategic guidance and oversight to the provincial Digital Referrals and Orders (DRO) program, which is an initiative aimed at improving the efficiency and effectiveness of referrals and orders in the health care system. This committee will aim to continually improve the service delivery of digital referrals, electronic consultations, and orders by aligning efforts with provincial strategic mandates, providing input into provincial digital policies, promoting clinical best practices, enabling patient safety, establishing effective project delivery, and resolving escalated issues in a timely manner. Since the beginning of August, this committee has analyzed the OceanMD platform, including EMR

integrations, and reviewed the scope of initial eReferral go-live, including supporting materials priorities and analyzing one of the tools that helps providers find referring providers. The tool is an integrated map called the Ocean HealthMap, which supports finding and filtering service providers based on several criteria, including specialty, subspecialty, location and distance to travel, and (eventually) wait times. The steering committee continues to work collaboratively with specialty-specific working groups made up of doctors and other health care team members to ensure the design and development align with clinical workflows.

Birinder Narang, MD, *Co-Chair*, Tommy Gerschman, MD,  
*Specialist Representative*

## DOCTORS OF BC – WORKSAFEBC LIAISON COMMITTEE

The Doctors of BC – WorkSafeBC Liaison Committee's mandate is to review issues and consult with physicians and appropriate Sections to address challenges related to fees, administrative burdens, and processes. The committee is also responsible for overseeing the implementation of the Doctors of BC-WorkSafeBC Agreement.

In 2023, the committee assisted in the preparations for negotiation of a new agreement. One of the initiatives tied to the 2019 agreement implementation is data reporting analysis and education. For the first time, WorkSafeBC provided Doctors of BC with detailed quarterly data reports, including information on WorkSafeBC-unique fee codes for 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 where physicians have had billing challenges and/or rejections.

Another substantial initiative in 2023 was the Physician's Report (Form 8/11) redesign. Over the last year, Doctors of BC collaborated with WorkSafeBC to arrange interviews with physicians along with surveys to the Representative Assembly for physician feedback. These interviews and surveys helped provide insight and suggestions for potential changes to the existing forms, including easing the administrative burden of filling out the forms by better integrating them into electronic medical records.

Finally, the committee focused on occupational health and safety. Doctors of BC and WorkSafeBC have worked together to revise the WorkSafeBC registration guide and create a short video, which are now available to members. This will assist in understanding and navigating whether and how to register for WorkSafeBC to ensure doctors and their staff are protected in the event of a workplace injury or exposure.

In the coming year, the committee expects to have a final agreement in place and begin work on implementation. 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, manager of advocacy operations, at fferdowsi@doctorsofbc.ca or 604 638-6059.

Elliott Weiss, MD, *Co-Chair*

## FAMILY PRACTICE SERVICES COMMITTEE

The Family Practice Services Committee (FPSC) is a partnership between the BC government and Doctors of BC. Dedicated to strengthening longitudinal family practice as the foundation of an integrated system of care, the FPSC is focused on primary care transformation and increasing access and attachment to primary care in communities throughout BC.

The Longitudinal Family Physician (LFP) Payment Model, launched in February 2023, helps address the rising costs of running a family practice and better compensate family physicians for the complexities of longitudinal care. As of December 2023, nearly 4,000 physicians have enrolled, including 462 who were new to practice or to MSP, and 218 who were new to longitudinal care.

Expansion of the LFP Payment Model to include family physicians providing facility-based in-patient, maternity, palliative, and long-term care is expected to be launched in the coming months. Pending LFP Payment Model expansion to facility-based care, FPSC bridge funding for these areas of care will extend until September 2024.

In September 2023, the Provincial Attachment System (PAS) was launched to simplify the process of attaching patients to primary care providers in their communities. Use of the PAS is required for family physicians enrolled in the LFP Payment Model or the Community Longitudinal Family Physician payment model. There is an incentive for clinics and primary care providers for signing up and using the PAS.

PAS benefits for providers include some reduced administrative burden, a provincially managed attachment wait list, and improved processes for supporting patient attachment. The PAS will also help us understand and address BC's attachment needs.

There are many supports to help physicians register for and use the PAS. The Doctors Technology Office and the Practice Support Program continue to provide practice support and quality improvement services, including:

- Leading PAS panel upload implementation.
- Coaching and EMR resources to support panel creation and submission.

The Primary Care Network (PCN) refresh began in 2022 and progressed throughout 2023, with the goals of improving patient attachment and access

to quality primary care, empowering physician leadership and community connections, strengthening team-based care, and creating opportunities for innovative PCN clinic models. As of December 2023, BC had 77 PCNs and 19 communities in the planning stages.

Divisions of family practice are the backbone organizations for PCNs. In 2023, the FPSC added the South Peace Division of Family Practice, for a total of 36 community-based divisions working toward common health care goals in BC.

Several FPSC initiatives focus on addressing physician practice burdens and improving access to care. The After Hours Coverage Pilot, launched in 2023 in the Langley, South Island, South Okanagan Similkameen, Thompson Region, and Victoria Divisions, enables attached patients to access virtual care from longitudinal family physicians outside regular office hours. By December 2023, 70% of longitudinal family doctors and nurse practitioners in participating communities had signed up to serve 370,000 patients. Plans to expand the program throughout BC are in progress.

An urban locum pilot program began in 2022 and progressed throughout 2023 to help family doctors in the Victoria and South Island PCNs secure practice coverage for up to 10 days per year. Plans are underway to partner with the Joint Standing Committee on Rural Issues on a provincial locum program.

This year, we saw many successful examples of teams providing care in new and innovative ways. We feel privileged to be part of this work and look forward to creating new ways to support a bright future for longitudinal family medicine.

Sari Cooper, MD, Doctors of BC,  
Ted Patterson, FPSC, Ministry of Health, *Co-Chairs*

## GOVERNANCE COMMITTEE

The Governance Committee is the advisory committee to the Board of Directors. It is responsible for reviewing issues related to the governance of all aspects of Doctors of BC, including the Board of Directors, the Representative Assembly (RA), Sections, and committees.

In 2023, the Governance Committee reviewed the process for the recognition of new Sections after challenges emerged in the existing process. Revisions to the process included amendments to the expression of interest and the process for presentation and voting at the RA. This revised process seeks to ensure consistency, consider impacts on organizational governance, and provide applicants with potential alternatives to creating a Section.

The Governance Committee also updated the Conflict of Interest Policy of the Board of Directors to be consistent with amendments to the Societies Act.

It has been seven years since Doctors of BC adopted a new governance structure, including moving to a smaller Board and creating the RA. A review of the governance structure is due, to evaluate how it is functioning. This process was started in June with a presentation and preliminary discussion at the RA. The Governance Committee has started the process of determining the scope of the review and will be developing options. The review of our governance structures will be a large project, but an important one, to ensure that Doctors of BC will continue to effectively represent our members, be transparent in its operations, and be responsive to the needs of our members.

Additionally, the Governance Committee will continue to consider how it can support more effective governance through improving processes such as onboarding and succession planning.

John A. Soles, MD, *Member at Large/Chair*

## GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

The Guidelines and Protocols Advisory Committee (GPAC) is an advisory committee to the Medical Services Commission (MSC). As a collaboration between Doctors of BC and the Ministry of Health, the GPAC's mandate is to support the effective utilization of medical services and high-quality, appropriate patient care through the development of clinical practice guidelines and protocols. BC Guidelines are developed by BC practitioners for BC practitioners. They present evidence-informed recommendations for common medical scenarios encountered in primary care settings.

### THE FOLLOWING BC GUIDELINES WERE ADOPTED BY THE MSC IN 2023:

- Asthma Diagnosis, Education and Management (updated)
- Atrial Fibrillation – Diagnosis and Management (updated)
- Cobalamin (vitamin B12) and Folate Deficiency (updated)
- Direct Acting Oral Anticoagulants (updated)
- Heart Failure – Diagnosis and Management (updated)
- Oral Anticoagulants: Elective Interruption & Emergency Reversal (updated)
- Warfarin (updated)

### THE FOLLOWING BC GUIDELINES WERE IN DEVELOPMENT IN 2023:

- Adults with Obesity and Overweight: Diagnosis and Management
- Antinuclear Antibody (ANA) and Extranuclear Antibody (ENA) Testing
- Chronic Obstructive Pulmonary Disease (COPD): Diagnosis and Management
- Cervical Cancer Prevention and Screening

- Concussion/Mild Traumatic Brain Injury (mTBI)
- Extended Learning Document: Primary Care Approaches to Addressing the Impacts of Trauma and Adverse Childhood Experiences (ACEs)
- High Risk Drinking and Alcohol Use Disorder
- Primary Care Management of Depression in Adults
- Stroke and Transient Ischemic Attack – Acute and Long-Term Management
- Tobacco Use Disorder
- Venous Thromboembolism

### OTHER UPDATES:

- The BCGuidelines.ca website had over 520,000 unique sessions in 2023, a 40% increase over 2022.
- GPAC members authored an article for UBC Continuing Professional Development's This Changed My Practice series, "Changing the game for acute infectious diarrhea—IDP for the win!" The article was identified as one of the top five publications with the intention to change practice.
- Five BC Guidelines e-newsletter editions were shared with over 1,200 subscribers.
- BC Guidelines were promoted by the GPAC team at eight educational/promotional events, including the BC Rural Health Conference, the BC Nurse Practitioner Conference, the BC Quality Forum, and St. Paul's Hospital Continuing Medical Education Conference.
- The GPAC fostered new working relationships with the UBC Continuing Professional Development group and the Practice Improvement Hub to promote awareness and use of BC Guidelines.
- The GPAC formalized a guideline approval process with the Provincial Health Services Authority's Provincial Laboratory Medicine Services and the Ministry of Health's Laboratory and Blood Services Branch to ensure a fulsome review and assessment of guideline recommendation implications for provincial laboratory services.
- The GPAC continued to strengthen its relationships with the Doctors of BC Patterns of Practice Committee, the First Nations Health Authority, and the Medical Imaging Advisory Committee, with representatives from these organizations on the General Committee.
- The GPAC's Patient Partner term was extended to ensure that patient perspectives are included in all BC Guidelines.

Julia Stewart, MD, Jeremy McLay, *Co-Chairs*



## INCLUSION, DIVERSITY, AND EQUITY ADVISORY COMMITTEE

In late 2022, Doctors of BC's Board approved the creation of the Inclusion, Diversity, and Equity Advisory (IDEA) Committee to provide advice to the Board and the association on issues related to equity, diversity, and inclusion (EDI) pertaining to Doctors of BC governance bodies and members and the profession at large. It will also provide input on and support implementation of the Board's EDI goals.

The IDEA Committee replaces the previous Diversity and Inclusion Advisory Working Group, whose purpose was to provide input on the implementation of the Barrier Assessment recommendations as well as advice and input on a wide range of EDI-related work within the association. This has since been completed.

In 2023, the IDEA Committee recommended that Doctors of BC consider compensating medical students serving on Doctors of BC's committees, held discussions on a respectful committee process, and explored the issue of gender-affirming care.

I would like to thank all IDEA Committee members for their thoughtful contributions and willingness to discuss sensitive issues in an open and respectful way. I would also like to thank the Doctors of BC staff for supporting the IDEA Committee with research, analysis, and meeting coordination. It has been a pleasure collaborating with you all, and I am proud of our accomplishments.

Derek Chang, MD, *Chair*

## INSURANCE COMMITTEE

### MANDATE

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 Insurance Committee provides recommendations to the Health Benefits Trust Fund Board of Trustees regarding coverage provided under the fund. It works in cooperation with the Benefits Advisory Committee to review the operation of the Physicians' Disability Insurance benefit and recommends plan changes to the Benefits Advisory Committee for presentation to the Joint Benefits Committee.

### UPDATES

In 2023, the Insurance Committee met throughout the year to monitor the plans, ensuring they were financially sound, and conducted renewal negotiations with the supplying insurance carriers and brokers. The Insurance

Committee advocated on behalf of individual members who contacted the Insurance Committee for insurance assistance throughout the year.

### PLANS

- Physicians' Disability Insurance (premiums sponsored by the Medical Services Commission)
- Disability Income Insurance (supplemental to the Physicians' Disability Insurance plan)
- Life Insurance (term life plan shared with the Alberta Medical Association and Saskatchewan Medical Association)
- 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, and 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

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

### PREMIUMS

For the 2023 calendar year, total premiums of \$71 million were generated, broken down as follows:

- Physicians' Disability Insurance: 9,763 enrollees; \$20 million in premiums
- Disability Income Insurance: 5,660 enrollees; \$6.8 million in premiums
- Life Insurance: 6,713 enrollees; \$5.5 million in premiums
- Professional Expense Insurance: 1,386 enrollees; \$1 million in premiums
- Critical Illness Insurance: 4,248 enrollees; \$2.3 million in premiums
- Accidental Death and Dismemberment Insurance: 1,647 enrollees; \$377,000 in premiums

- Health Benefits Trust Fund: 4,926 enrollees; \$20 million in premiums
- Office Contents and Liability, Homeowners', Directors and Officers, and Personal Liability Umbrella Policy: \$11 million in premiums
- MEDOC Travel Insurance: \$1.3 million in premiums
- Specialty Insurance: \$3.1 million in premiums

Bradley Fritz, MD, *Chair*

### JOINT BENEFITS COMMITTEE

The Joint Benefits Committee is responsible for overseeing and allocating funds as specified in the Benefits Subsidiary Agreement between the negotiated benefit programs: the Contributory Professional Retirement Savings Plan, the Continuing Medical Education Fund, the Parental Leave Program, the Canadian Medical Protective Association rebate program, and the Physicians' Disability Insurance plan.

For 2022-2023, the Contributory Professional Retirement Savings Plan increased its maximum basic and length of service benefits to \$6,000 and \$5,100, respectively. The streamlined claim process has continued, allowing benefits to be immediately claimed online, with a random sample of physicians asked to provide proof of contribution in the summer.

The maximum Continuing Medical Education Fund benefit for 2022-2023 remained at \$2,200. It is paid automatically to physicians who have been revalidated by the College of Physicians and Surgeons of BC.

The Parental Leave Program maximum benefit continued at \$1,000 per week for 17 weeks. The program allows physicians to claim the entitlement over a one-year period and to claim a partial benefit while working reduced hours to increase accessibility.

The Canadian Medical Protective Association rebate program for 2022-2023 provided 100% rebate of fees to all eligible physicians, as Canadian Medical Protective Association fees decreased across all coverage codes.

The Physicians' Disability Insurance benefit has been maintained at \$6,100 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 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 Physicians' Disability Insurance plan, for a period of up to two weeks.

The table below outlines benefit levels in recent years.

PROGRAM	2020-2021	2021-2022	2022-2023	COMMENTS
Contributory Professional Retirement Savings Plan	\$9,000	\$9,000	\$11,100	Benefit maximum
Continuing Medical Education Fund	\$2,200	\$2,200	\$2,200	Benefit maximum
Parental Leave Program	\$1,000/week	\$1,000/week	\$1,000/week	Benefit maximum
Canadian Medical Protective Association rebate	\$60.9 million	\$60.3 million	\$60.3 million	Program funding
Physicians' Disability Insurance	\$6,100/month	\$6,100/month	\$6,100/month	Benefit maximum
Quarantine Income Replacement benefit	\$3,050/2 weeks	\$3,050/2 weeks	\$3,050/2 weeks	Benefit maximum

Sanjay Khandelwal, MD, *Co-Chair*

### JOINT STANDING COMMITTEE ON RURAL ISSUES

The Joint Standing Committee on Rural Issues (JSC) is a collaborative partnership between the BC government, Doctors of BC, and BC health authorities established in 2001. The JSC's goal is to enhance the availability and stability of physician services in BC's rural, remote, and isolated communities. The JSC governs the rural physician programs under the Rural Practice Subsidiary Agreement and fully funds the Rural Coordination Centre of BC (RCCbc), supporting a large network of actively practicing physicians. In 2023, the JSC aligned its work with the quintuple aim and proudly shares the following highlights showcased under six priority areas:

- Education and training. The Rural Education Action Plan supported several ongoing initiatives to increase skill enhancement for close to 600 physicians, residents, and students. The JSC invested in Selkirk College's

Rural Pre-Medicine program for rural learners to move toward futures in medicine and professional health. The program has graduated seven successful cohorts to date. The JSC continues support for work that elevates equitable rural health priorities through research and education as the primary funder of the Rural Doctors' UBC Chair in Rural Health. The JSC's Rural Continuing Medical Education Community Program has now been implemented in 102 of 103 eligible communities.

- Recruitment and retention. The Rural Retention Program and the Rural Business Cost Modifier incentives continue to support physicians in establishing and maintaining practices and connections in rural communities. The JSC has supported the Practice Ready Assessment – BC program in placing 243 physicians in 68 communities of need. Also, over 255 active locum members have been supported to assist family physicians and specialists in taking leave from their practices for education, vacation, and health needs through Locums for Rural BC.
- Engagement of rural physicians. The RCCbc has now met with 146 rural communities to learn local health care delivery successes, innovations, and challenges. The RCCbc's Coaching and Mentoring Program and the Rural Surgical Obstetrical Network clinical coaching supported over 1,700 peer connections in rural practitioner networks in 2023.
- Access to care. Real-Time Virtual Support pathways enhance rural health equity by connecting providers, patients, and physicians, and this year won a BC Patient Safety and Quality Council Award for strengthening health and wellness. This year, 39 communities collectively accessed RUDi [Rural Urgent Doctor in-aid], MaBAL [Maternity and Babies Advice Line], and CHARLiE [Child Health Advice in Real-Time Electronically] to support over 7,500 patient care encounters.
- Indigenous Peoples and/or communities with Indigenous Peoples. The JSC actively advocates for reconciliation and health equity. This year, the RCCbc met with 57 communities through the Rural Site Visits program. The JSC continues to proudly provide funding to support access to primary care closer to home through the First Nations Virtual Doctor of the Day; the First Nations Virtual Substance Use and Psychiatry Service; and the Elder-led Indigenous Patient-Led CPD project that develops community- and/or Nation-specific cultural safety, humility, and trauma-informed practice training for local medical communities.
- Evaluation, quality improvement, and research. The JSC continues to actively review the rural programs. This year, five Global Health Initiative Grants and five research applications were approved.

The JSC thanks the RCCbc, the Rural Education Action Plan, the Rural Doctors' UBC Chair in Rural Health, Locums for Rural BC, UBC CPD, and all health partners for their leadership, connection, and engagement. The JSC thanks all

rural physicians for their commitment to their patients in BC's rural, remote, and isolated communities.

James Card, MD, Doctors of BC,  
Kevin Brown, Ministry of Health, *Co-Chairs*

## MEASUREMENT SYSTEM FOR PHYSICIAN QUALITY IMPROVEMENT STEERING COMMITTEE

The Measurement System for Physician Quality Improvement (MSPQI) Steering Committee was set up with two objectives. First, the MSPQI Steering Committee will identify and provide physicians with access to quality measures relevant to their practice that will help them understand and improve their clinical practice. Second, the Ministry of Health can use these aggregated and anonymized data to demonstrate value for money.

All five Quality Measures Groups have been formed (Primary Care, Surgical and Procedural Care, Acute and Emergency Care, Community Specialists and Specialized Care, and Diagnostic Care), with varying degrees of progress being made. The Ministry of Health is working on a secure portal where an individual physician, and only that physician, can access their data. Pilots have been underway for some time within a few surgical specialties to test the portal regarding what data it displays and how.

With respect to the Primary Care Quality Measures Group, the MSPQI Steering Committee chose the Health Data Coalition as the data platform by non-unanimous consensus. The funding for that is an ongoing discussion, and specialists' offices will also need to be considered regarding data sharing.

In 2024, there are plans for an MSPQI refresh that will start with high-level conversations between the parties, followed by consultation within and then between them. While that is occurring, pilots will continue in a planned limited release to specific groups of surgical measures, as long as the technical access is ready.

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

## MEDICAL SERVICES COMMISSION

The Medical Services Commission (MSC) is a nine-member statutory body composed of three representatives from each of government, Doctors of BC, and the public. The MSC schedules approximately 10 hybrid one-day meetings annually in Victoria, including an annual planning day.

The mandate of the MSC is to facilitate reasonable access to quality medical care across BC; to manage and monitor the Available Amount; to administer the Medicare Protection Act; and to oversee appeals from patients, physicians,

and diagnostic facilities regarding coverage, billing and other issues. The MSC is also a co-signatory to the Physician Master Agreement (PMA), together with the provincial government and Doctors of BC.

The MSC has a number of advisory committees to help accomplish these responsibilities, including the Guidelines and Protocols Advisory Committee, the Audit and Inspection Committee, the Patterns of Practice Committee, the Reference Committee, and the Advisory Committee on Diagnostic Facilities.

In 2023-2024, the MSC looked into many relevant issues related to the mandate, as noted above. These include bundled services, virtual care, the new Longitudinal Family Practice Payment Model, the role of nurse practitioners, the role of MSC in the PMA and its committees, and the application process for various kinds of diagnostic facilities.

Sam Bugis, MD, *Doctors of BC Representative*

## NOMINATING COMMITTEE

The Nominating Committee is a statutory committee that reports directly to the Board. Its primary mandate is to nominate candidates for member, Chair, and co-chair positions on committees, in accordance with the Doctors of BC bylaws. In doing so, it fulfills one of Doctors of BC's strategic aims: membership involvement and engagement with the association. All applications are carefully reviewed and respectfully considered before each nominee is selected.

The Nominating Committee strives to identify and recommend the candidate who is the best fit for each position at that particular time. Decisions are based on the mandate and needs of the committee; the skills, qualifications, and demographics of current members; and upcoming issues the committee will be facing. Nominating Committee members may take into consideration factors such as applicants' specialty, stage of practice, rurality, gender, and ability to foster inclusion.

The Nominating Committee met six times in 2023, discussing more than 240 applications to fill nearly 70 member, Chair, and co-chair positions. Meetings were a mixture of virtual and in person, with a hybrid option for the in-person meetings.

In 2023, the Nominating Committee interviewed and recommended new Doctors of BC co-chairs for both the Specialist Services Committee and the Joint Standing Committee on Rural Issues for Board approval. In preparation for the next Physician Master Agreement negotiations, the Nominating Committee also recommended members to serve in important roles on the Statutory Negotiating Committee and the Negotiations Forum.

The role of the Nominating Committee also includes helping to fill vacancies left unfilled due to a lack of applications for a given posting. Under the failure to nominate process, the Nominating Committee reaches out to individuals, societies, and/or other stakeholders to identify and appoint an appropriate candidate to the role. In early 2023, the Nominating Committee used this process to fill a number of vacancies on the Representative Assembly.

The Nominating Committee is grateful for the tireless work of the Doctors of BC staff liaisons who make this important work possible.

Gregory Deans, MD, *Chair*

## PATTERNS OF PRACTICE COMMITTEE

The Patterns of Practice Committee (POPC) acts in an advisory capacity to the Medical Services Commission (MSC). On behalf of the MSC, the POPC reviews, informs, and educates physicians about their pattern of practice related to billings.

The POPC consists of seven members: four physician members nominated by Doctors of BC, one physician nominated by the College of Physicians and Surgeons of BC, one physician representative appointed by MSC and/or one alternate, and one physician representative appointed by the Compensation and Policy Branch of the Ministry of Health.

In 2023, the POPC's primary focus continued to be education. The POPC has several main functions related to education:

- Review, inform, and educate physicians regarding their pattern of practice billings.
- Produce the annual Mini Practice Profiles (MPPs) for all fee-for-service physicians.
- Provide a forum for physicians who wish to raise concerns about the audit process (post-audit).
- Nominate medical inspector and Audit Hearing Panel candidates for consideration, with final approval by the Audit and Inspection Committee and the MSC.

The POPC has approached education in several ways:

- The POPC sent educational letters to 435 practitioners across various specialties identifying them as outliers in their pattern of practice for virtual care billings compared with their peers.
- In collaboration with Business Pathways and Doctors of BC, the POPC hosted two accredited CME audit and billing sessions. Attendance was excellent, and feedback indicated that there is interest in providing these sessions annually. In addition, we presented eight audit and billing education sessions as requested by various stakeholders.

- The POPC continues to invite guests to POPC meetings to discuss audit and billing education opportunities when certain billing patterns of practice arise and/or when recurrent themes are revealed in audit findings.
- The POPC established a Mini Practice Profiles Working Group to modernize the current PDF format, which is more than 20 years old. In 2024, the working group aims to complete phase 2 of the MPP redesign. We have a clear vision of a new and improved MPP for both specialists and family physicians, with a goal of providing a new MPP that is an understandable audit tool for physicians to interact with that will help them identify billing patterns that may increase audit risk.

The POPC, where appropriate, continues to work with other Doctors of BC committees, such as the Tariff Committee and the Guidelines and Protocols Advisory Committee. We will continue our efforts to help reduce future audits by educating physicians whose billing patterns differ significantly from those of their peers.

Janet Evans, MD, *Chair*

### PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

The Physician Health Program (PHP) helps physicians and their families by offering prompt, personalized assistance for a variety of issues, including physical health, mental health, addictions, and difficult relationships. 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 2023, the steering committee met three times. The steering committee also approved a new three-year strategic plan that features four strategic priorities: enhance support provisions, grow as a culturally safe program, proactively educate and engage, and build community and partnerships.

The PHP virtual peer support group that started in response to the pandemic continues to be offered to all BC physicians twice per month. The PHP also piloted a monthly BIPOC (Black, Indigenous, and People of Colour) physician peer support group that aims to provide a confidential forum for support and connection through shared lived experiences. It was attended by 94 participants throughout the year.

The PHP's core operational funding comes 100% from the Ministry of Health. Use of the program's services remain elevated in 2023, with 1,956 new cases. Demand for the PHP's family doctor connection service continues to grow, with 938 cases in 2023. The PHP started a new agreement with the Newfoundland and Labrador Medical Association and continued its agreement with the BC Dental Association and the Medical Society of Prince Edward

Island in 2023. The PHP provides the same services to members of these organizations and their families as are currently provided to BC physicians.

The program also receives funding from the Physician Wellness+ Initiative, made possible by Scotiabank, MD Financial Management Inc., and the Canadian Medical Association. With these funds, and in collaboration with the Joint Collaborative Committees, the PHP is supporting 11 BC organizations to develop local peer support programs and has trained 65 physician peer supporters to deliver nonclinical emotional peer support. The PHP also continues to facilitate the Physician Wellness Network (PWN), which brings together nonprofit organizations that are leaders in physician wellness and support services for knowledge sharing and priority alignment. The PWN held two virtual gatherings in 2023 and is currently planning for an inaugural in-person gathering in spring 2024.

We would like to thank the members and staff of the steering 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 continuing physician wellness initiatives in 2024.

Mandy Manak, MD, Ryan Murray, *Co-Chairs*

### PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

The Provincial Laboratory Physician Workload Model Committee (PLPWMC) is tasked with a mandate outlined in the Alternative Payments Subsidiary Agreement: to determine how the anatomical pathology workload model will be used in or related to local laboratory physician contracts, to continue the development and validation of a clinical pathology workload model, and to determine how the clinical pathology workload model will be used in or related to local laboratory physician compensation contracts.

The anatomical pathology workload model has been updated and is ready to be tested to determine how it will be used in or related to local laboratory physician contracts. The PLPWMC is currently implementing an advisory committee to test the model, collect data from across the province, assess the model's operationalization, and report back to the PLPWMC.

The clinical pathology workload model is undergoing validation by the provincial government, which is currently assessing data collected on the model.

The committee will continue to meet over the next year to track progress made on the testing of the anatomical pathology workload model and to make progress on the clinical pathology workload model.

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

## PROVINCIAL MEDICAL ON-CALL AVAILABILITY PROGRAM REVIEW COMMITTEE

The Provincial Medical On-Call Availability Program (MOCAP) Review Committee (PMRC) is a Doctors of BC and Ministry of Health joint committee, with three representatives from each and an independent chair, Eric Harris. The PMRC has addressed two disputes in 2023. As in the past, the PMRC has been ably supported in this work by a technical committee, whose Doctors of BC member is Pat Melia.

Currently, the PMRC is looking for someone with PMRC experience to lead an evaluation of the MOCAP redesign process.

Sam Bugis, MD, on behalf of Eric Harris, *Chair*

## REFERENCE COMMITTEE

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

The membership of this committee is confidential and includes representatives from family practice and various specialties.

In 2023, nine new cases were referred to the Reference Committee, all surgical in nature. Seven cases were reviewed at our October 2023 meeting, one orthopedic case and six cardiac surgery cases. One case was resolved prior to review, and one plastic surgery case is pending MSP pre-review and may require further adjudication.

The Reference Committee would like to thank Doctors of BC staff members Dr Sam Bugis and Tara Hamilton and MSP staff for their continued support.

*Chair*

## SHARED CARE COMMITTEE

The Shared Care Committee (SCC) supports collaboration between family physicians, 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. The SCC's work spans three strategic areas.

### FACILITATE COLLABORATIVE CHANGE AND INNOVATION

In 2023, the SCC continued to approve and fund innovative, collaborative physician-led solutions to address local gaps in care in BC communities. Forty-

eight physician-led patient care improvement projects were completed in 2023. Eleven projects were focused on the key Physician Services Committee priorities of addictions, seniors' care, and cancer. Five maternity care projects were also completed, several with a focus on rural and remote communities.

### INCREASE IMPACT

To support cross-committee priorities and activities, the SCC has committed funding for the Physician Quality Improvement alumni program and the Spreading Quality Improvement program, which is expanding its scope to include SCC projects. A comprehensive alumni program will facilitate utilization of alumni to mentor emerging SCC projects.

Completing year 2 of the program, the SCC's support of the Cognitive Behavioural Therapy (CBT) Skills Spread Initiative has now seen over 400 family physicians and specialists participate in CBT group training to help them manage their own mental well-being. Based on survey responses, over 95% agreed they will use CBT skills in their personal and professional lives. This year, over 3,400 patients participated in group medical visit sessions, an increase of 18% over year 1; 85% of patients reported improvement in managing their own mental health symptoms.

### PLATFORMS FOR LEADERSHIP AND IMPACT

The Communities of Practice (CoP) have been advancing and expanding their work in three key areas of care: perinatal, child and youth mental health and substance use (CYMHSU), and chronic disease. In 2023, the CoP attracted over 313 new members and the continued efforts of our five working groups to address various challenges and opportunities. The total CoP membership is over 850. The CoP have delivered eight accredited webinars in partnership with UBC CPD. The CoP have also organized three engagement events, both online and in person, to foster collaboration and communication among health providers across the province and inform the strategic direction of their work.

The CYMHSU CoP has leveraged partnerships across the Joint Clinical Committees and collaborated with UBC CPD and the Family Practice Services Committee's Practice Support Program on learning modules focusing on youth substance use, to be rolled out in the new year. Additionally, the group is working on user-friendly guidelines and pathways, providing subject matter expertise and physician language for accessibility.

The CoPs have established strong relationships with the Ministry of Health, the Provincial Health Services Authority, Indigenous groups, and allied health professionals to align and integrate their work with the broader health care system in BC.

The SCC has also partnered with the other Joint Collaborative Committees to support and advance key priorities, such as providing physicians with learning opportunities and experiences relating to cultural safety and humility.

This year, several long-term representatives left the SCC, including Candice Manahan, Northern Health representative; Carole Gillam, Vancouver Coastal Health representative; and Dr Frank Ervin, specialist representative. We thank them for their work on the committee.

I. Schokking, MD, S. Ooms, *Co-Chairs*

## SPECIALIST SERVICES COMMITTEE

The Specialist Services Committee (SSC) supports specialists in working together to address clinical and health system challenges by creating innovative solutions. Organized under three pillars, the SSC achieved the following in 2023.

### TRANSFORMING PATIENT CARE DELIVERY

**Access:** The Specialist Team Care Collaborative supported 11 specialist-led teams from across the province to implement a team care model in their community offices. Early results are promising, with 90% of sites successfully transitioning to a team model, 93% of patients indicating an improved experience because of team care, and 80% of specialists and team members signalling improved job satisfaction working in their new teams. Specialists increased their clinical capacity by 34%, resulting in more patients seen on any given clinic day. The Enhancing Access Initiative continues to support specialists in taking an active role in addressing patient access issues unique to their local context, such as standardizing the referral process by establishing a single-entry model for a group of specialists or partnering with health authorities to optimize wait-list management systems.

**Surgery:** The Surgical Patient Optimization Collaborative illustrates how a multidisciplinary approach to prehabilitation can decrease presurgical risk factors and improve patients' health presurgery. With the completion of the second cohort, outcomes include the screening of 15,000 patients across the five regional health authorities and the Provincial Health Services Authority, 88% of whom received an intervention prior to surgery. At least half of these patients showed clinical improvement prior to surgery. In partnership with the Ministry of Health, the inaugural Perioperative Clinical Action Network launched and held a summit, bringing together 136 participants to learn and share ideas on how to support BC's surgical priorities.

**Scale-up:** The Spreading Quality Improvement initiative fosters collaborative relationships to spread quality improvement work funded by the SSC. Of the

first 18 cohort projects, 15 achieved their project aims and are being adopted by their regional health authority sponsors to ensure sustainment and scale-up.

## ENGAGING PHYSICIANS AND PARTNERS TO ADDRESS HEALTH SYSTEM ISSUES

The Facility Engagement initiative provides funding and resources to enable physician leadership and involvement in activities that improve engagement and collaboration with local health authorities through the Medical Staff Associations (MSAs). External knowledge sharing continues to be a key component of the initiative, with the launch of a new provincial knowledge-sharing website; hosting of peer-to-peer round tables; and the release of quarterly newsletters focusing on planetary health, engaging for system impact, and health authority engagement strategies. Progress has been made on advancing regional engagement between health authorities and MSAs, including patient transport in the East Kootenays, transparency and communication in the Island Health Region, and hospital overcapacity in the Northern Health Region. Community-based specialists came together to develop a three-year strategic plan, identifying their top three priorities as enhancing engagement opportunities, continuing to reduce burdens of business, and increasing the perceived value of community-based specialists within the health care system.

### BUILDING PHYSICIAN CAPABILITY

In 2023, 288 specialist and family physicians engaged in quality improvement training via the Physician Quality Improvement initiative, 63 of whom completed advanced level 3 training. Physicians in advanced training showcase their project outcomes and learnings through medical journals, podcasts, and conference presentations. There was also strong interest in the Physician Leadership Scholarship Program, with 350 family physicians and 412 specialists applying for funding support to attend a diverse selection of courses, conferences, and coaching. As a result, 98% of participants ( $n = 225$ ) stated they experienced a significant increase in their leadership capabilities.

J. Kur, MD, FRCPC, R. Murray, *Co-Chairs*

## STATUTORY NEGOTIATING COMMITTEE

The Statutory Negotiating Committee (SNC) is responsible for conducting negotiations with the government to renew the Physician Master Agreement (PMA).

The SNC did not meet this year. Negotiations were concluded for the current PMA in 2022. The next round of PMA negotiations is expected to begin in 2024.

Trina Larsen Soles, MD, *Chair*

## TARRIFF COMMITTEE

The Tariff Committee, also known as the Medical Economics Committee, is a statutory committee whose mandate is to advise the Board on medical economics matters. We review payment schedule changes proposed by Sections; provide information, clarification, and direction to the profession on MSP billing matters; and maintain protocols and policies for processes that modify the payment schedule.

The Tariff Committee has experienced unusually high turnover, replacing four members in 2022-2023. There are very large amounts of complex information, history, and relationships to master. As this is a cumulative knowledge-based committee, we have focused on bringing our very capable new members up to speed.

There are eight meetings per year, attended by Tariff Committee members as well as regular MSP guests and Doctors of BC staff. We usually include one or more invited special guests for portions of each meeting. As always, we have benefited greatly from the quality of our guests this past year.

The 2022 Physician Master Agreement (PMA) realigned the Consultation Working Group (CWG), a joint committee of the Tariff Committee and the MSP, into the Consultation and Referral Working Group. This created an optional new process in July 2023, Implicit Re-referral/Subsequent Consultation, designed to make routine, repeat, predictable explicit re-referrals for the same problem unnecessary. In 2024, the CWG will resume its main work.

The Tariff Committee continues to support additional areas of the 2022 PMA through the joint Virtual Care Working Group and the Business Cost Premium Working Group. We have now populated a joint Ministry of Health-Tariff Committee Collaborative Gender-Based Fee Review Working Group, tasked with identifying fees that may be improved when considered through a gender equity lens.

These tasks are in addition to the Tariff Committee's usual roles in general fee increases, disparity funding, and new fee item fund approvals, along with the many varied and always interesting specific issues brought to us by Sections, subsections, and individual practitioners.

The Tariff Committee expresses its gratitude for the essential work and guidance of our regular MSP guests and extends its deep appreciation for the ongoing expertise of the Doctors of BC Economics Department. Transparency and collegiality remain our themes. We trust that all members of the association will find they are heard, and equitably and fairly served, by our work on your behalf.

B. Gregory, MD, *Chair*

## WORKLOAD ADVISORY COMMITTEE

The Workload Advisory Committee (WAC) was re-established under Article 5 of the 2022 Alternative Payments Subsidiary Agreement to advise government on the allocation of \$128.75 million in funding over the 2023-2024 and 2024-2025 fiscal years to address significant and sustained workload growth for service-contracted and salaried physicians.

In 2023, the WAC reviewed and assessed 137 applications from service-contracted and salaried physicians proposing new full-time equivalents (FTEs). The applications sought funding for 367 new FTEs to be added to the approximately 2,900 existing FTEs in BC as of 2022-2023. After independently rating the applications, the WAC members met to develop a consensus recommendation that would be used to inform the government's funding decisions. The WAC met with the government on two occasions in 2023 to share the WAC's advice and consensus ratings of the workload applications. The government advised the WAC that there was considerable alignment between the government's ratings and the WAC's ratings of most applications. For the 2023-2024 fiscal year, the government allocated \$86.5 million to support an additional 230.9 FTEs, fulfilling or partially fulfilling 127 of the 137 applications.

The WAC extends its thanks Dr T. Cohen, who stepped down from the WAC in the summer of 2023, and Dr H. Yang, for her participation in the WAC's activities throughout the year.

K. Hutchison, MD, T. Cohen, MD, V. Yousefi, MD,  
*Doctors of BC Representatives*

## WORKSAFEBC NEGOTIATING COMMITTEE

The WorkSafeBC Negotiating Committee is responsible for negotiating two agreements with WorkSafeBC based on the mandate established by the Doctors of BC Board of Directors: a Physicians and Surgeons' WorkSafeBC Services Agreement and a Salaried Physicians' Agreement. The previous agreements expired on March 31, 2022.

These negotiations typically begin after completion of the Physician Master Agreement negotiations, which set a precedent for the WorkSafeBC agreements.

The Board approved a negotiating plan and mandate in April 2023, and negotiations for both agreements commenced in May 2023.

A tentative settlement for the Salaried Physicians' Agreement was reached in August 2023, approved by the Board in September, and ratified by the membership in October, with 98% of voting members approving the negotiated agreement.



A tentative settlement was reached for the Physicians and Surgeons' WorkSafeBC Services Agreement in November 2023. It was approved by the Board of Directors in December and sent out for ratification by the membership in January 2024. Ratification results are expected in early February.

Elliott Weiss, MD, FRCPC, *Chair*

# Increasing value and convenience for members

Doctors of BC is always working to find ways to make members' lives easier.

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## INCREASING VALUE AND CONVENIENCE FOR MEMBERS



*Member experience associates Charlie Wandolo (L) and Amrit Randhawa (R) are part of a new team dedicated to answering inquiries and directing members to the right department when needed.*

**D**octors of BC is always working to find ways to make members' lives easier. Over 2023, the association implemented several changes to optimize members' experiences and interactions to help members get the most out of their membership.

### A NEW SERVICE CENTRE

Doctors of BC's new Service Centre was launched in October as a dedicated and accessible resource to handle incoming phone calls and emails from members. This change means that in the future, members will no longer need to navigate multiple phone numbers and email addresses to reach different departments at Doctors of BC. By the

end of 2024, all phone and email enquiries will be routed through the Service Centre, with plans to add additional communication channels such as SMS and chat, as well as self-service options, in 2025.

### A NEW CUSTOMER RELATIONSHIP MANAGEMENT SYSTEM: SALESFORCE

Doctors of BC knows members' time is valuable and strives to maintain continuity in interactions with the association. To enhance members' experience when contacting the association, Doctors of BC has adopted Salesforce, a widely used customer relationship management system that has been tailored to fit Doctors of BC's specific member needs. Salesforce holds records of member interactions with Doctors of BC and resolutions of queries and issues raised, which will allow the association to better understand members' needs, forecast future needs, and develop relevant new services. Salesforce has been rolled out in the Membership, Benefits, Insurance, Club MD, Telus, and Service Centre areas and will be rolled out further in 2024.

### A NEW DOCTORSOFBC.CA

Work is underway on a new Doctors of BC website, starting with a survey launched in the fall of 2023 asking members for feedback on shaping the new site. Based on feedback from hundreds of respondents, three key areas for improvement were identified to make the website more user-friendly:

- Speedier performance.
- Better and more relevant search results.
- Mobile-friendly design.

Our main goal for the new website is to optimize members' online experience, simplify their journey by providing only the information they need, and ensure effortless access to resources, tools, and information. The new site is scheduled to be launched in fall 2024.

### A NEW MEMBER INITIATIVE: BUSINESS PATHWAYS

Business Pathways, a program dedicated to supporting doctors in running the business side of their practice, expanded in 2023 to add business advisors to its roster of services. Business advisors serve three regions across BC and can provide one-on-one guidance to doctors. The program also held 12 virtual learning sessions on topics including conflict management, billing and audits, adapting to starting a practice, tax season support, personal and online safety, and preventing privacy breaches. To learn more about Business Pathways, visit [www.doctorsofbc.ca/managing-your-practice/business-pathways](http://www.doctorsofbc.ca/managing-your-practice/business-pathways).

### A NEW TAKE ON CLUB MD

Club MD, Doctors of BC's long-running member discount program, was reimaged and expanded in the fall of 2023. Club MD now provides a convenient mobile app and a significant number of additional discounts through a new partnership with Venngo, a group perks program that gives members easy access to hundreds of discounts across North America on travel, entertainment, dining, apparel, electronics, and more. Members are invited to sign up through the [Club MD web page](#) and begin taking advantage of these new discounts.

# 3 REPORTS OF DOCTORS OF BC COORDINATING GROUPS AND WORKING GROUPS

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# REPORTS OF DOCTORS OF BC COORDINATING GROUPS AND WORKING GROUPS

## ADMINISTRATIVE BURDENS WORKING GROUP

The Memorandum of Agreement on Physician Administrative Burdens was negotiated as part of the 2022 Physician Master Agreement (PMA). This joint working group was established to make recommendations to actively reduce ongoing administrative burdens faced by physicians. The working group contains representatives from both Doctors of BC and the Ministry of Health, with the work being conducted by Health Quality BC funded through the PMA. Focus over the past year has been on the burdens negotiated as part of the PMA that the Ministry of Health, health authorities, Doctors of BC, and physicians are able to influence. Initial focus areas include reducing burdens on Special Authority (SA) forms, having health authorities take on responsibility for bookings and communications associated with medical imaging appointments, and BC Cancer. Over the past year, background work and development of recommendations for SA and medical imaging have been underway. Over the coming year, we hope to carry forward with recommendation implementation for SA and medical imaging, while developing and finalizing recommendations for BC Cancer. We would also like to move forward with prioritizing and pursuing other administrative burden areas identified by members. Any Doctors of BC members with concerns or questions related to the Administrative Burdens Working Group are invited to contact Farnaz Ferdowsi, manager of advocacy operations, at [fferdowsi@doctorsofbc.ca](mailto:fferdowsi@doctorsofbc.ca).

Lisa Gaede, MD, *Physician Representative*

## CLINICAL FACULTY WORKING GROUP

The Section of Clinical Faculty works with Doctors of BC on the joint Doctors of BC-UBC Clinical Faculty Working Group (CFWG). Through the CFWG, Doctors of BC engages with the UBC Faculty of Medicine to renew the clinical faculty compensation terms for teaching in the undergraduate and postgraduate MD programs, along with other matters of importance to clinical faculty. This engagement typically results in joint recommendations from the CFWG and separate recommendations from Doctors of BC to the dean of the UBC Faculty of Medicine.

The last round of engagement, following the 2021 clinical faculty survey collecting member input, has resulted in separate monetary recommendations from Doctors of BC and joint nonmonetary recommendations from CFWG. Formal responses from the dean were received in December 2023.

In response to Doctors of BC's separate monetary recommendations, the dean has committed to providing a compensation increase of 10% effective July 1, 2023, bringing the rate from \$91.80 to \$100.98, and a 5% increase to be applied July 1, 2024, bringing the rate to \$106.03. Payments for clinical teaching associated with postgraduate programs will also increase through funding allocated to departments. Additional funding has also been secured to address administrative challenges faced by UBC clinical faculty members.

In response to the CFWG's joint nonmonetary recommendations, the dean has indicated a commitment to review processes and supports for preceptors who have learners/trainees in difficulty. UBC will be exploring administrative challenges and looking at opportunities and potential solutions to address concerns. Other commitments include improving communication, making information more accessible, and updating teaching payment statements. The Clinical Faculty Engagement Program will be using our recommendations in their updates to clinical faculty recognition and appreciation and for a revised Policy on Clinical Faculty Appointments.

Earlier in 2023, some clinical faculty members were informed by UBC that their stipend payments for on-call teaching during the 2021-2022 academic year would be reduced by approximately 50%. In response to the advocacy of the Doctors of BC, UBC has removed the fixed cap from the updated compensation terms.

The CFWG relies on input from members in the development of its recommendations. The next round of consultations is expected to begin in the winter of 2025. Doctors of BC members who provide UBC with clinical faculty services will be asked to provide input through a survey in late 2024.

D. Wensley, MD, M. Allard, MD, *Co-Chairs*

## DOCTORS OF BC – INSURANCE CORPORATION OF BC LIAISON WORKING GROUP

The purpose of the Doctors of BC – Insurance Corporation of BC Liaison Working Group is to serve as the primary means of communication and collaboration between Doctors of BC and the Insurance Corporation of BC (ICBC). In accordance with the terms of reference, the objectives of the group are to identify and address concerns for physicians treating patients injured in motor vehicle accidents, establish long-term strategies, and explore opportunities to decrease administrative burdens.

Thus far, we have succeeded in our work with ICBC to seek appropriate payment for physician services and improve clinical efficiencies with ICBC patients. In 2023, Doctors of BC collaborated with ICBC to create a new specialized services report and business rules. We engaged through interviews with physicians on the new form and are currently in the pilot phase of the project. The new form provides specialists with an additional \$275 for filling out the form in addition to their consultation fee. The group also made some significant changes to the ICBC Fee Guide for Health Care Providers to make it more user-friendly for members.

Another area of focus this year was communication and education. As a result, a new newsletter was developed to streamline the information related to ICBC that goes out to members. The newsletter is being communicated to members through various Sections. In the coming year, we will be working to prioritize electronic medical record integration with new and updated report templates to maximize efficiencies. Overall, the group has advocated for a process to help navigation of the ICBC system for vulnerable populations with a trauma-informed approach.

Over the next year, focus will be given to streamlining ways for physicians to communicate patient needs to medical decision-makers within the ICBC system and ways to simplify ICBC payments within the Longitudinal Family Physician Payment Model. The working group looks forward to continuing to serve physician members by improving workflow processes and managing the care and recovery of patients who have been injured in motor vehicle accidents. Members can find updates on this work on the Doctors of BC website.

Liz Zubek, MD, *Chair*

## NEGOTIATIONS COORDINATING GROUP

The Negotiations Coordinating Group (NCG) is responsible for making recommendations to the Negotiations Forum on the mandate for the Physician Master Agreement (PMA) negotiations, including the strategic plan, core objectives, and proposals.

The NCG did not meet this year. The NCG last made its recommendations to the Negotiations Forum in 2022 for the current PMA. We expect to meet again in 2024 to recommend a mandate for the next PMA negotiations, which are expected to begin in 2024.

Trina Larsen Soles, MD, *Chair*

## NEGOTIATIONS FORUM

The Negotiations Forum (NF) is responsible for reviewing the recommendations of the Negotiations Coordinating Group (NCG) on the negotiating plan for provincial negotiations with a view to ensuring that it is representative of Doctors of BC members' interests. Following discussion and consensus on the NCG's recommendation, the NF makes a recommendation to the Board of Directors on the plan. The NF is also responsible for reviewing the Physician Master Agreement (PMA) negotiations process after each round of negotiations and making recommendations on improvements for the future.

The NF met twice in 2023, on February 14 and March 28.

At the February 14 meeting, the NF reviewed the 2022 PMA negotiations process and made recommendations to the Doctors of BC Board on balancing equity, diversity, and inclusion with continuity of experience in selecting physician members on the Statutory Negotiating Committee to best represent the interests of our membership in a complex negotiating environment.

At the March 28 meeting, the NF reviewed and made a recommendation to the Board on negotiating plans for both the WorkSafeBC Salaried Physicians' Agreement and the Physicians and Surgeons' WorkSafeBC Services Agreement. The Board reviewed and approved the NF's recommendations on April 14, 2023, and negotiations began in May 2023. Settlements were reached on the approved mandates for both agreements in 2023. The new Salaried Physicians' Agreement was ratified by physicians in October. The new draft Physicians and Surgeons' WorkSafeBC Services Agreement was approved by the Board and was sent to membership for ratification in January 2024.

Cathy Clelland, MD, *Chair*

## PROVINCIAL PHYSICIAN HEALTH & SAFETY WORKING GROUP

The Provincial Physician Health & Safety Working Group (PPHSWG) connects the Ministry of Health, BC health authorities, the Health Employers Association of BC, and Doctors of BC to address the physical and psychological issues that physicians face at work. Its primary purpose is to discuss the unique occupational health and safety challenges that physicians experience and to make recommendations for action to the Ministry of Health and health authorities. The PPHSWG was established as part of the Physician Master

Agreement through the 2019 Memorandum of Agreement on Physical and Psychological Health and Safety, and resources were expanded under the 2022 Physician Master Agreement.

Under the PPHSWG, each health authority has a regional working group that consists of members of Medical Affairs, Occupational Health and Safety, and Doctors of BC. These regional groups operationalize support for physicians by funding projects. Different regional projects have focused on the lack of processes for blood and body fluid exposures, incident reporting, workplace violence training, and psychological safety skills.

Up until 2023, the majority of these projects have centred on an acute facility environment, but physicians who work solely in a community office setting also face safety changes. To address their needs, the Community Physician Health and Safety Oversight Group was established. This community-focused group is led by SWITCH BC, the provincial organization that was created to help improve safety for all members.

Additionally, the PPHSWG is partnering with SWITCH BC in its revamp of the provincial workplace violence training. We hope to co-create a physician-specific curriculum that equips doctors in high-risk areas with the skills to protect themselves. While this is under development, the PPHSWG is supporting the provincial rollout of the in-person physician violence training that was created by the Health Employers Association of BC prior to the pandemic.

In May 2023, the PPHSWG hosted the first Physician Health and Safety Summit, which brought together the regional working groups across the province in person for the first time ever. Over two days, each group was able to collectively strategize on ways to make health care environments safer for physicians. Over 70 people attended; of the 26 who completed the evaluation survey, 100% agreed with the statement “This event motivated me to take action or learn more.” We look forward to building upon the success of this event in April 2024.

Our working group would like to sincerely thank our outgoing physician representatives, D. Dulay, M. Ocana, and L. Yang, for their commitment to challenging the status quo. We welcome and look forward to hearing the perspectives of our new representatives, S. Khan, C. Kim, J. MacLeod, and A. Wilmer. In 2024, E. Fukushima will be the new co-chair for the PPHSWG.

Michael Ocana, MD, Grace Kim, Ministry of Health, *Co-Chairs*

## WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

The WorkSafeBC Negotiations Coordinating Group (WSNCG) is responsible for reviewing input from the membership, considering the negotiations environment, and approving a negotiating plan and mandate for two agreements with WorkSafeBC: a Physicians and Surgeons’ WorkSafeBC Services Agreement and a WorkSafeBC Salaried Physicians’ Agreement. The WSNCG then forwards the plan for further review by the Negotiations Forum and final approval by the Board of Directors.

The WSNCG met twice in the winter of 2023 and approved a negotiating plan. The plan was then reviewed by the Negotiations Forum and approved by the Board on April 14, 2023. Negotiations for both agreements commenced in May 2023.

Tentative agreements were reached in both sets of negotiations in 2023. The Salaried Physicians’ Agreement was ratified by members in October 2023, and the Physicians and Surgeons’ WorkSafeBC Services Agreement was approved by the Board and sent to membership for ratification in January, 2024. Ratification results are expected in early February.

Elliott Weiss, MD, FRCPC, *Chair*

# Advocating for specialists



Over 2023, Doctors of BC worked with the Consultant Specialists of BC to engage with the Ministry of Health on specialist issues.

[READ MORE](#) ▾



## ADVOCATING FOR SPECIALISTS



*Regional advisor and advocate Christine Strang (L) works with medical microbiologist and infection control physician Dr Titus Wong.*

**O**ver 2023, Doctors of BC worked with the Consultant Specialists of BC to engage with the Ministry of Health on specialist issues. The parties agreed to initially focus on developing a new payment mechanism to fund indirect work done in specialists' offices to address wait lists and reduce patient wait times.

### SPECIALIST FORUM: KEEPING MEMBERS UPDATED ON PROGRESS WITH THE MINISTRY OF HEALTH

In the fall of 2023, section heads were invited to a Specialist Forum to share progress to date and proposals being considered by the Ministry of Health. More than 50 specialists joined members of the Doctors of BC Board, the Consultant Specialists of BC, and the Specialist Services Committee at the half-day event, which was hosted at the Doctors of BC office. Attendees were updated on the advocacy work by Doctors of BC and the Consultant Specialists of BC with government on items outside the scope of the Physician Master Agreement, specifically team-based care and wait-list management, with the emphasis now on wait-list management. Physicians were provided with a high-level summary of the meetings and given an opportunity to participate in discussions on data metrics for wait-list management.

Details on the new payment mechanism are expected to be finalized with the ministry in early 2024. Outcomes will be shared with Doctors of BC members, along with information on the development of an implementation plan.

### SUPPORT FROM REGIONAL ADVISORS AND ADVOCATES

Regional Advisors and Advocates (RAAs) work with individual specialists and specialist groups to help raise their concerns to health authority leadership. Collectively, the RAAs closed more than 300 cases in 2023, which included advocating for members with the health authorities, supporting physicians with their contracts, and accompanying a physician to multiple disciplinary meetings. This is in addition to answering general member questions and helping physicians find the right Doctors of BC service. When surveyed at the close of each case, 94% of physicians thought the RAA had met or exceeded their expectations.

In 2023, RAAs also worked extensively on physician safety advocacy, supporting the Ministry of Health and health authorities with the adoption of a new occupational health and safety physician governance model, the first of its kind in BC. As well, the advocacy team (part of Doctors of BC's Economics, Advocacy, and Negotiations Department) hosted the first-ever Physician Safety Summit, bringing together physicians, health authorities, the Ministry of Health, and other agencies for the first time to discuss and advocate for physician safety in the workplace. Under the Memorandum of Agreement on Physical and Psychological Health and Safety, several regions have now introduced incident reporting and tracking so that when a physician is impacted by a violent incident, it is investigated, and appropriate actions are taken to prevent similar incidents in the future.

Learn more about the RAA in your area at [www.doctorsofbc.ca/advocacy-and-policy/advocacy/regional-advisors-and-advocates](http://www.doctorsofbc.ca/advocacy-and-policy/advocacy/regional-advisors-and-advocates).

# 4 ANNUAL REPORTS OF SECTIONS AND SOCIETIES

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# ANNUAL REPORTS OF SECTIONS AND SOCIETIES

## ALLERGY/IMMUNOLOGY

The mandate of the BC Society of Allergy and Immunology (BCSAI) is to support our members to enable the best care for all residents of British Columbia. This includes our ongoing commitment to recruit all practising Royal College-certified allergists and clinical immunologists to our society. We advocate for much-needed fee codes to support our members so they can provide essential services to residents of British Columbia. We are a unified voice when advocating on behalf of our patients—for example, engaging in discussions with PharmaCare and the Ministry of Health. We also represent our members at Consultant Specialists of BC meetings and in the Representative Assembly.

Our biggest efforts in 2023 were spearheaded by our economics representative, Dr Raymond Mak, who, along with our BCSAI internal committee, participated in negotiating on our behalf during the Physician Master Agreement and navigating the complexities of equitable pay for our Section, including assessing variables such as intersectional and interprovincial disparity.

In support of compensating our members for facilitating oral challenges and provocation testing, which are key, time-consuming services provided by allergists, we submitted two new fee codes to the Tariff Committee for delegated and non-delegated provocation testing. We received an initial response to this request in August 2023. Our society, represented by Dr Mak, is in negotiations with Duncan Gavin and the Doctors of BC Tariff Committee.

A significant focus of our society is ensuring that we maintain the standard of care within BC. In keeping with this mandate, we held meetings on various topics in clinical immunology and allergy once or twice a month, and we held our annual society conference in May 2023. During these meetings, we have local and international speakers meet with our members. These events foster collegiality and relationship building among our members.

We continue to advocate on behalf of patients. We have submitted a letter to the Ministry of Health to reassess their criteria for covering our patients with omalizumab, but unfortunately, this is a cause that we continue to back for our

patients. We continue to advocate for changes in allergen requisitions to be in line with best practices.

The BCSAI continues to be an active member of the Consultant Specialists of BC and the Representative Assembly and understands the importance of working with other physicians and our colleagues to optimize the practice of medicine in British Columbia.

Siobhan Perkins, MD, *Former Vice President*

## ANESTHESIOLOGY

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

### BOARD OF DIRECTORS UPDATE

We would like to thank Drs C. Avenant and S. Ben-Zeev, who stepped down from the Board in 2023 after contributing many years of service and support to the BCAS.

### PROFESSIONAL ADVOCACY

BCAS representatives actively engage with Doctors of BC, the Consultant Specialists of BC, the Representative Assembly, and the Canadian Anesthesiologists' Society, advocating for high-quality and equitable access to perioperative care.

We continue to focus on building anesthesiology and surgical capacity and furthering the development of BC's anesthesia care team (physicians and anesthesia assistants).

Our collaborative efforts led to the Ministry of Health (MOH) establishing a Provincial Anesthesia Locum Initiative Working Group, which includes 40 stakeholders with representation from most BC health authorities. It is now a MOH mandate to create a functional provincial locum program.

A successful presentation to the Select Standing Committee on Finance and Government Services resulted in specific BCAS recommendations being incorporated into the final report on the Budget 2024 Consultation.

The BCAS has also engaged with the College of Physicians and Surgeons of British Columbia to discuss the licensing of foreign-trained anesthesiologists.

The BCAS continues to monitor developments in the MOH mandate to develop a new nurse in anesthesia role. We greatly appreciate the support received from Doctors of BC and other sections and societies in echoing concerns about the potential risks associated with introducing a new category of health care professionals. Our ongoing advocacy efforts emphasize the safety and effectiveness of the current anesthesia care team model in BC.

## MEMBER ENGAGEMENT

The BCAS Board took significant actions to boost the society's growth and enhance member engagement. Members participated in two province-wide surveys, one to identify educational needs and another to gain insights into economic interests. The reinstatement of monthly newsletters has kept members engaged and informed. A notable development was the appointment of an executive director to work alongside the Board, strengthening strategic leadership and ensuring long-term sustainability for the BCAS.

## EDUCATION

The BCAS revamped our educational offerings and leveraged virtual platforms to broaden our accredited CME offerings. In addition to the June annual general meeting and the November general meeting, the 57th Annual BCAS-Washington State Society of Anesthesiologists Joint Scientific Meeting was held December 2-3 in Bellevue, Washington. The BCAS also facilitated a pediatric simulation workshop for BC Children's Hospital, an obstetric anesthesia update workshop for BC Women's Hospital and Health Centre, and perioperative emergency and airway simulation workshops.

As part of our focus on supporting our future colleagues, the BCAS organized an Anesthesiology Residents' Academic Day at UBC, and in June, Drs Naima Kotadia and Stephen Miazga were recognized as the fifth annual recipients of the BCAS Resident Award in Physician Leadership.

## FAIR COMPENSATION

A significant amount of economic work was focused on the Specialist Disparity Fund (SDF) adjudication process. This work resulted in our Section being awarded \$13 million in new annual SDF funding to apply as increases to our existing MSP fees. These monetary gains will address existing financial disparities, including those related to gender equity. We are working to determine the allocation of these funds.

## LOOKING FORWARD

As the Board prepares for 2024, we will build upon the foundation from previous years. Emphasizing positive connections with partners and sustaining progress in collaborative relationships with provincial and health authority leaders will be a primary focus. Ensuring that the perspectives of BCAS's front-line members are considered in policy discussions impacting surgical services remains a top priority. The knowledge and lived experience of BC anesthesiologists will be leveraged to propose solutions to address challenges in surgical access.

Annika Vrana, MD, *President*

## BC FAMILY DOCTORS

For over 30 years, BC Family Doctors has been the economic and political voice of family doctors in BC. We advocate for the fundamental role of family doctors to be seen, heard, and valued and are working toward an environment where family doctors thrive.

"We're just getting started" was our catchphrase for 2023 as we worked to improve the personal and professional lives of family doctors. In 2023 we:

- Co-led discussions with government to launch the Longitudinal Family Physician (LFP) Payment Model.
- Revamped our resources to provide our members with the tools and information family doctors need, including for the new LFP Payment Model.
- Addressed underfunded fees for service, including improved compensation for contraceptive procedures.
- Kicked off a search process for a new executive director as part of our growth plan, which includes expanding our senior leadership team.
- Collaborated with partner stakeholder organizations to advocate for and influence positive change across BC's medical ecosystem.

## LONGITUDINAL FAMILY PHYSICIAN PAYMENT MODEL

Launched in early 2023, the LFP Payment Model was the culmination of thousands of staff and physician leadership hours. The goal was to develop a compensation model based on the priorities of family doctors—remunerating for comprehensive, relationship-based care while reducing the burden of complicated billing.

Our staff and Board members played a significant role in the development of the LFP Payment Model and the creation of related billing supports for our members. We developed new content for our web resources, including a Simplified LFP Guide and LFP Billing Question Library, to complement our existing fee-for-service billing resources. Together with new practice tools and

billing tips, these LFP resources enabled around 4,000 physicians to date to enrol and bill under the new payment model.

## PHYSICIAN MASTER AGREEMENT

BC Family Doctors was instrumental in helping achieve a bold and historic Physician Master Agreement (PMA) in 2022. The 2022 PMA significantly improves family doctors' compensation and working lives and created a process to modernize and simplify family medicine fees.

In 2023, we played an active role in implementing the PMA, including allocating funds to family medicine fee codes from the general fee increases negotiated in the PMA and having representatives on critical PMA committees, such as those that address virtual care, the re-referral process, and administrative burdens. We also began the work to set our 2025 PMA priorities, launching a member survey to gather input. Our members told us they want change—fewer administrative burdens and better income security and benefits. Their input will form the foundation of our advocacy, negotiations, and compensation work over the next few years.

BC Family Doctors has more members than ever before. Our leadership and advocacy success is because of the support of our 3,300+ members and the community of changemakers standing with us. We thank our members for their trust as we continue to lead change for family medicine.

Tahmeena Ali, MD, *President*

## BC GERIATRIC MEDICINE SPECIALISTS

Our mandate is to provide good specialty geriatric care to those needing it in BC.

We are also mandated to advocate for fair pay for services delivered by our members in their day-to-day jobs practising geriatric medicine, no matter what type of funding model they work in.

We further want to support research by those of our specialty who have chosen to pursue that career stream.

We have worked to build and maintain ongoing relationships with other physician groups, health authorities, and government to further our abilities to deliver on the above tasks.

This year we are working with the UBC Division of Geriatric Medicine (all members of this group are members) to define a long-term vision and plan for geriatric medicine in BC.

Our members continue to be leaders in their communities of practice.

We also have a Representative Assembly delegate from geriatric medicine.

We continue to have strong involvement in UBC-affiliated teaching activities for medical students, residents, and fellowship trainees. Our members work hard to further the profession of geriatric medicine in many ways.

This year we were not rewarded by the Specialist Disparity Fund despite being a historically low-grossing Section. Our traditionally low overhead and low numbers of hard-working, MSP-practising, full-time-equivalent MDs made the numbers work against us in this important Physician Master Agreement-supported issue.

We will be focusing our efforts over the next while on taking stock of our provincial situation. Our aim is to then work on strategies toward better quality data, better service models, and better overall awareness of gaps, and to build upon unexplored relationships, allowing better care and funding models to support that care.

We look forward to working with our colleagues in our future endeavours, as always. Every patient deserves well-organized care, and every doctor deserves to be paid equitably to deliver it.

Scott Comeau, MD, *President*

## CLINICAL FACULTY

The Section of Clinical Faculty works to promote excellence in clinical teaching and patient care to improve the health of BC residents. The Section advocates for support of clinical teaching across practice settings, including in the redesign of family medicine. While most physicians in BC see teaching as enjoyable and important, there is inadequate compensation for the time and resources required and limited opportunities for faculty development. The Section continues to bring attention to this inadequate support for teaching.

In 2023, important gains were made in improving support for clinical faculty. Clinical teaching has been included in the implementation of the Longitudinal Family Physician Payment Model. In addition, through the Doctors of BC-UBC Clinical Faculty Working Group, UBC committed to a 10% increase in the clinical faculty hourly rate to \$100.98 effective July 1, 2023, with an additional 5% increase to \$106.03 effective July 1, 2024.

The Section held its annual general meeting on April 20, 2023, from 6 p.m. to 8 p.m., via Zoom. During this meeting, representatives from the UBC Faculty of Medicine, Simon Fraser University Medical School, and Doctors of BC provided updates. The Section will hold its 2024 annual general meeting on April 16, 2024, from 6 p.m. to 8 p.m., via Zoom and welcomes all clinical faculty to attend.

Elizabeth Wiley, MD, *President*

## CONSULTANT SPECIALISTS OF BC

The Consultant Specialists of BC has been front and centre during ongoing specialist negotiations with the Ministry of Health outside the Physician Master Agreement (PMA) since the fall of 2022. Although things are moving very slowly, we are still optimistic about finding improvements in supporting specialists and foregrounding the challenges facing specialty care for both patients and doctors.

We obtained implicit re-referrals for specialists this year. We are in talks about virtual care, building on our successes getting these fees in place near the beginning of the pandemic. We are also working with the Specialist Services Committee to optimize team-based care in this new era of health care. We have been invited to attend Doctors of BC Board meetings again and are working out the kinks of that re-engagement. Our contributions so far have been received in a respectful and collaborative spirit. As far as digital health is concerned, we have been consulted on the Ocean Platform initiative and are anticipating further involvement.

We are in the beginning stages of a new round of negotiations for another PMA. We hope to improve on achievements from the current one and to make more significant gains for specialty care and patients.

The Business Cost Premium was expanded to all fees to benefit specialists with outpatient offices and raised by 150% in the current PMA, but this still does not cover specialist costs. A second increase to the Medical On-Call Availability Program will likely be sought. As has become usual, specialist income disparity will be in the mix.

The \$15 million fund to create new fees benefiting specialists to be distributed by the Economics Policy Advisory Committee is still bogged down at the Tariff Committee, but progress is being made, and more new fees will no doubt be sought.

We will also be looking to build on Alternative Payment physician funding to alleviate workload concerns, income disparity, and rising business costs, and to increase funding for after-hours premiums.

There was no money in the current PMA to fund time-based indirect patient care for specialists, so we are looking at that again as well to balance the Longitudinal Family Physician Payment Model negotiated outside the PMA, which pays family physicians for charting, forms, lab reviews, and so on.

Thanks to our executive director, Andrea Elvidge; our council; and, of course, the specialists who support our work by paying to become members.

Dana Wong, MD, *President*

## CRITICAL CARE

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

It was a challenging year for critical care medicine. While the numbers of COVID-19 decreased, clinical demands on the various ICUs throughout the province remained high as we navigated the combination of respiratory syncytial virus, influenza, COVID-19, and other respiratory illnesses affecting the critically ill.

We also saw the development of Critical Care BC, a provincial Health Improvement Network that provides planning and coordination to address province-wide health system improvement opportunities for critical care services. Critical Care BC collaborates closely with regional and provincial partners to improve the experience and outcomes for critically ill patients within BC. We are excited to partner with this network to ensure optimal delivery of critical services across the province.

We look forward to continuing to advocate for both our Section members and patients in the new year.

Titus Yeung, MD FRCPC, *President*

## EMERGENCY MEDICINE

In 2023, the Section of Emergency Medicine (SEM) executive committee addressed issues facing practising emergency physicians across the province, including the following:

- Meeting with government to address emergency department-related problems such as overcrowding via a Doctors of BC-mediated Ministry of Health and SEM group.
- Obtained a seat on the Emergency Care BC (ECBC) reference committee to make sure front-line emergency physicians have a voice in provincial decisions.
- Continuing work by our Violence in the Emergency Department Committee to enforce zero-tolerance policies for abusive behaviour in our emergency departments.
- Appealing that the creation of a three-year family practice residency be put on hold until after harmonization of the College of Family Physicians Canada and Royal College of Physicians of Canada residency training programs.
- Identifying and discussing issues compromising emergency physician wellness and leading to burnout.

- Advocating for our members to be able to practise emergency medicine within multiple settings in addition to emergency departments.
- Advocating to standardize remuneration and benefits for emergency department locum work across the province and working to create a province-wide rural emergency department locum physician pool.

#### **OUR EQUITY, DIVERSITY, AND INCLUSION SUBCOMMITTEE:**

- Continues to work on knowledge translation of 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. An associated commentary was published in the *Canadian Journal of Emergency Medicine*. Infographics were developed and will be disseminated through the SEM website and social media.
- Is exploring gender income disparity between emergency physicians in BC and will work with the Alternative Payment Physicians Issues Committee and the Fee-for-Service Section to advocate for equality.
- Is developing a new pilot program in social emergency medicine to provide cell phones for medical follow-up of vulnerable patients.

#### **AT ALTERNATIVE PAYMENT SITES, THE SECTION IS:**

- Continuing to lobby for increases in after-hours payment, which, with the last PMA, resulted in an income increase of approximately \$20,000 to \$30,000 per full-time equivalent (FTE) above general increases.
- Advocating for further reduction in intersectional disparities in remuneration, with an anticipated \$5,000 to \$15,000 per FTE salary increase above general increases via the Allocation Support Committee.
- Working with Doctors of BC and the Ministry of Health to greatly increase annual funding for additional FTEs to meet rising workload demands. This resulted in over 50 new emergency medicine FTEs in 2023, with up to 25 new FTEs planned in 2024. Emergency medicine received the largest allocation of new FTEs among all specialists.
- Helping protect emergency physicians from pay cuts from an erosion in payment per hour of clinical work by maintaining the current definition of an emergency medicine FTE during negotiations with health authorities and for the PMA.
- Advancing concerns related to emergency medicine and the Alternative Payments Program with the Alternative Payment Physicians Issues Committee.

#### **AT FEE-FOR-SERVICE SITES, THE SECTION IS:**

- Continuing to review and resubmit changes to the wording of the Emergency Medicine Preamble to reflect changes in emergency medicine within our province.
- Maintaining and updating the SEM Billing Guide to further simplify billing and serve as an interactive resource for emergency physicians within BC, whether new to practice or to keep up with changes to the fee schedule.
- Allocating our Specialists Disparity Fund award of \$5.8 million to our 181x series fee codes in an attempt to help address gender equity within emergency medicine, as female emergency physicians have historically billed these daytime codes much more frequently than male physicians.
- Supporting fee-for-service emergency physicians in WorkSafeBC negotiations.
- Redesigning the emergency physician reassessment fee (the 00108).
- Advocating for an emergency physician handover fee, which is currently under review by the Tariff Committee.
- Advocating for and obtaining an emergent emergency medicine telephone fee and a patient call-back fee item. (Both are yet to be implemented.)

In 2023, the Section executive members directly promoted these and other emergency department-related issues across the province through their involvement in numerous Doctors of BC, regional, and provincial committees. The membership of the Section continues to grow consistently. We aim to continue increasing our numbers to strengthen our ability to advocate and negotiate.

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

#### **ENDOCRINOLOGY AND METABOLISM**

The Society of Endocrinology and Metabolism's purpose is to oversee the financial and professional affairs of adult endocrinologists in BC.

#### **RESOURCES AND EQUITY**

At present, our Section shows 78 active registrants with the BC College of Physician and Surgeons in the category of adult endocrinology. Our membership now serves many regions across BC, including the Lower Mainland, Vancouver Island, and the Okanagan.

We are grateful that the most recent Physician Master Agreement set aside funding to help correct disparity among specialists. We are pleased with the disparity negotiation process and the ultimate disparity correction allocated to our Section.

## INNOVATIONS

The Section was well suited and well equipped to shift to virtual care during the pandemic. In the post-pandemic era, our members are providing both in-person and virtual care. We expect our patients will continue to request virtual care; therefore, we support continuation of virtual care options under appropriate circumstances.

Between 2021 and 2023, the number of islet cell/pancreas transplants was reduced, due partly to COVID-19, as well as to the retirement of the program's transplant surgeon, Dr Meloche. Since then, two new transplant surgeons, Drs Bleszynski and Oldani, have joined the team, and the islet cell/pancreas transplant program is accepting new referrals. We thank the members of this transplant team, including endocrinologists Drs Thompson, Paty, Leung, and Zhuang, and endocrinology fellow Dr Chaudhry, for their recent grand rounds presentation regarding program updates, including information on groundbreaking upcoming stem cell transplant trials.

## INITIATIVES

In 2020, we applied to the Tariff Committee for funding of two new fee items:

- A code for continuous glucose monitoring data analysis when linked with a pump report.
- A code for complex pediatric to adult transition patients.

We recently received some follow-up questions regarding these fee items, and we are hopeful that this year these items will be reviewed and approved by the committee.

This year, we reviewed our top billing codes and found that our follow-up code was undervalued. We hoped to allocate a higher proportion of our disparity correction funding to increase the value of our follow-up codes, and this motion was passed during our annual general meeting.

## HEALTH POLICY

PharmaCare coverage for medications continues to be a challenge for many BC patients with endocrine disorders. We would like to recognize the advocacy work carried out by the Medicines Access Coalition – BC, Osteoporosis Canada, and the BC Coalition of Osteoporosis Physicians, to which our members belong. These groups have been diligently working to improve PharmaCare coverage for osteoporosis therapies in BC and have recently successfully lobbied to make anabolic therapy accessible as a first-line treatment for some patients. This initial progress will hopefully lead the way to making anabolic agents more widely accessible to patients with osteoporosis. In addition, we would once again like to highlight the important advocacy work carried out by endocrinologists and internists within our province that resulted

in improved PharmaCare coverage for SGLT-2 inhibitor and GLP-1 receptor agonist medications.

Finally, we would like to acknowledge the Consultant Specialists of BC as they strive to represent specialists' interests. We strongly support their work and have encouraged our members to ensure they pay their dues to the organization.

Monika Pawlowska, MD, *President*

## GASTROENTEROLOGY

### EXECUTIVE

In 2021, to reflect the complexity of negotiating with various government agencies and maintaining relations with other societies for mutual benefit, as well as to serve our members better, we made a significant change in our executive to include a president, vice president, treasurer, and member at large. Looking forward to 2024, having come through a Physician Master Agreement (PMA), we made the decision to add an economics representative. This was based on close collaboration with our general surgery colleagues and observing their success in fee negotiations and applications with a dedicated (not to mention very experienced) economics representative.

### MEMBERSHIP UPDATE

An annual meeting for BC Gastrointestinal Society members was held virtually on June 25, 2023, at our Whistler meeting. It was hosted by the Vancouver General Hospital group, as has been the case in years past (before COVID). Highlights of the meeting included:

- An overview of the PMA as it pertains to gastroenterology.
- An overview of the work of the Section:
  - Ongoing close collaboration with the Section of General Surgery for mutual benefit. In 2023, this included a transition of the endoscopic retrograde cholangiopancreatography fee from the Section of General Surgery to the Section of Gastroenterology and an appeal to change the complex polypectomy fee to a new fee fund item. This worked in our favour, as we successfully retained the original monies slated for the complex polypectomy fee as consult and follow-up fees.
  - A brief review of work underway behind the scenes for new fee applications, including for peroral endoscopic myotomy and Barrett esophagus ablation.
- A joint billing seminar clarified many aspects of billing, including highlighting the changes relating to implicit re-referrals for the same problem. Dr Sunny Singh presented concrete examples, reviewing on-call billing, callbacks, general billing, and more. A presentation by Dr Hamish



Hwang, from the Section of General Surgery, helped solidify the new billing changes.

## ONGOING INITIATIVES

The executive continues to strengthen our ties with other sections to leverage negotiating power for the Section of Gastroenterology. In particular, we continue to work closely with the Section of General Surgery in the areas of:

- Applications for several new fee items, including pancreatic necrosectomy, cholangioscopy and intraductal lithotripsy, Barrett esophagus ablation, and peroral endoscopic myotomy.
- Exploring fee changes that would be beneficial to both sections.
- Ongoing engagement with PharmaCare to promote reimbursement of newer therapies for inflammatory bowel disease. Currently, PharmaCare in BC has the lowest rate of adopting newer therapies such as biologics and small molecules across the board. This disparity (compared with the rest of the country) has been brought to PharmaCare's attention in writing. I thank Dr Bressler for drafting the letter. It was signed by me (among others) as Section head.

Section-specific initiatives include an appeal to the Tariff Committee to reconsider a new fee item application for FibroScan.

Nazira Chatur, MD, *President and Section Head*

## GENERAL INTERNAL MEDICINE SPECIALISTS OF BRITISH COLUMBIA

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

### MANAGEMENT

The executive committee added a number of new members this year—Terence Yung, Mike Pascas, Salpy Kelian, Faraz Moein Vaziri, and Roonjeet Kahlon—adding to the diverse voices participating on the committee.

The annual general meeting was held as a hybrid meeting on Saturday, December 2. Members from across the province discussed key issues impacting their colleagues and communities, focused on fair remuneration, rural and urban care models, team-based care and allied supports, Specialist Disparity Fund allocation, and gender disparity within general internal medicine.

## MEMBERSHIP AND COMMUNITY

The SGIMBC continues to endeavour to recognize general internists across the province. Leadership awards were presented again this year to outstanding SGIMBC members who are positively impacting their community and the practice of general internal medicine.

As a commitment to addressing equity issues, the SGIMBC continued our discussions on gender-based disparities in general internal medicine within BC and will be developing a working group to look further into the available data and how a positive impact could be made on this issue by the SGIMBC.

## FAIR REMUNERATION

The SGIMBC executive worked to provide representation, information, and clarification to MSP and the Tariff Committee to ensure fair remuneration for general internists in BC.

General internal medicine physicians working in the Fraser Health Authority reached out to the SGIMBC for support with challenges their members are facing related to their expanding roles in hospitals and the need for fair remuneration within the Fraser Health Authority. The SGIMBC agreed to support general internal medicine physicians receiving the internal medicine subspecialty rate of the Alternative Payments Program, as Doctors of BC recognizes general internal medicine physicians as subspecialists, and they should be compensated as such. The executive strongly suggested using the same criteria as MSP to determine eligibility to ensure consistent and equitable compensation. Adequate and fair remuneration is essential to support and sustain ongoing, complex care for patients across BC.

The SGIMBC would like to work with other lower-paid specialties and the Board of Directors to address disparity in the long term.

## LOOKING FORWARD

The SGIMBC aims to add support for the variety of practice types in general internal medicine, including urban and rural, in-patient and outpatient. Attention will be paid to emerging payment contract models, innovations supporting team-based complex care, and advocacy of general internal medicine as a complex care specialty that adds value to many streams of care priorities.

Shavinder Gill, MD, *President*

## GENERAL PRACTITIONERS IN ONCOLOGY

The Section of General Practitioners in Oncology (GPOs), now in its second year, is represented by the Association of BC GPOs (ABCGPO). There was a change in leadership this year, and we would like to thank Drs Steve Kulla and Randy Marback for their work as Section representative and ABCGPO president, respectively. Dr Mary Georgilas has taken the helm of both the Section and the ABCGPO.

In August 2023, several GPOs conducted a workforce survey of Provincial Health Services Authority-employed GPOs in BC, with the intention to use conclusions to help inform staffing and infrastructure planning for cancer care in BC.

In December 2023, we completed the Physician Master Agreement workload application request.

In 2024, we look forward to working with Doctors of BC as we communicate with our members and collaborate with other Sections at the Representative Assembly.

Mary Georgilas, MD, *President*

## GENERAL SURGERY

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

### ECONOMICS

This past year, the Section has continued to work with the Tariff Committee to evolve our fee guide to reflect evidence-based surgical practice, including the latest innovations. We continue to address gender pay disparity, including publishing an article in the *Canadian Journal of Surgery* on our analysis of the impact of targeted fee increases. We plan to use the same analysis to mitigate gender pay disparity in future allocations. Some of our negotiation proposals for the 2022 Physician Master Agreement (PMA) were included in the final agreement. These included an increase to the Medical On-Call Availability Program, increases to tray fees, and amendments to the evening operative surcharge. We hope to collaborate with other Sections for the next round of negotiations.

We have been working collaboratively with the Section of Gastroenterology at an unprecedented level, hosting joint billing seminars and jointly submitting new fee applications, including complex polypectomy (implemented) and peroral endoscopic myotomy (approved). We will continue fostering this mutually beneficial relationship.

A list of new fees and other economic updates will be presented at our annual general meeting in conjunction with the BC Surgical Society's 77th annual spring meeting this May in Victoria.

### ADVOCACY

Our executive has attended several meetings on your behalf, including meetings sponsored by Doctors of BC. I regularly attend the Representative Assembly (RA), which meets three times a year to conduct the affairs of the profession. This involves our PMA negotiation, general surgery representation at the RA and on the Doctors of BC Board, and specific issues that come up during the year. It is important that the RA retains its autonomy and has meaningful input over items brought before it for consideration. We have also maintained a parallel presence representing our members through the Consultant Specialists of BC. I also sit on the clinical advisory group for the Digital Referral and Orders initiative. This is an important digitization project, and we are involved to make sure the modernization of care delivery meets the needs of our patients, referring physicians, and membership.

We continue to support and sponsor residents through providing research opportunities and regional contact support.

We also continued supporting the UBC Department of Medicine Mentorship Program, which we helped spearhead and for which we have guaranteed additional industry funding. 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. We have become more involved in supporting the UBC Reticulum website, which now has over 400 users from all over BC connecting.

### MEMBERSHIP

We are pleased that most of the general surgeons in the province (98%) pay their annual dues to the Section—we truly do represent you. Residents can join our Section at no cost, and we are delighted to host an annual reception for them at our annual general meeting. Retired members can stay up-to-date on Section matters for a \$100 fee.

It has been my privilege to be your president this past year, and I look forward to another busy year ahead. We have a dedicated executive, economics committee, and regional representatives representing you and our profession. A special thanks, 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.

Scott Cowie, MD, *President*

## HEMATOLOGY AND ONCOLOGY

This past year saw the provincial government launch a new 10-year Cancer Care Action Plan, with steps to better prevent, detect, and treat cancers. As a significant proportion of malignant hematology and oncology care occurs outside of BC Cancer, our Section is awaiting a strategy for health authority engagement and how this will impact our many community providers.

In particular, community oncologists oversee large metropolitan areas such as Burnaby, Richmond, and the North Shore, as well as remote areas such as the Sea-to-Sky Corridor, the Sunshine Coast, and Powell River. We provide cancer care to a population base of nearly three-quarters of a million people. We do so with only a small group of dedicated community oncologists. Recruitment and retention are a challenge given our significant workload and our relative lack of resources at our centres compared with BC Cancer centres. We hope to see the 10-year Cancer Care Action Plan address this long-standing resource funding disparity.

Chimeric antigen receptor (CAR) T-cell therapy is a new immunotherapy that has only been available in BC through clinical trials thus far. Standard-of-care CAR T-cell therapy is being launched at Vancouver General Hospital in early 2024 and is greatly anticipated. However, demand for this therapy will exceed in-province capacity, and many of our patients will still have to travel out of province for treatment. Expansion of complex malignant hematology services is urgently needed to enable more capacity for these complex treatments.

While we have seen an increase in the number of hematologists practising in BC, multiple job openings remain, with limited applicants. Wait times to see hematologists are increasing, and access to a hematologist outside of the Lower Mainland and Victoria is limited. We hope we will be able to attract more hematologists from outside of BC with an improvement in remuneration. The Specialist Disparity Fund award that was allocated to our Section from the latest Physician Master Agreement will help improve our Section's income disparity, but we believe there is room for further improvement. We look forward to the possibility of specialists getting compensated for indirect patient care in a similar manner as the Longitudinal Family Physician Payment Model with the next Physician Master Agreement.

Alym Abdulla, MD, Sasha Smiljanic, MD, *Co-Chairs*

## INFECTIOUS DISEASES

The Section of Infectious Diseases is represented by the BC Infectious Diseases Society. Our society membership includes 51 regular, full voting members, made up of certified infectious diseases specialists practising in BC, and 25 associate, nonvoting members, which includes retired members, trainees, and physicians not certified in infectious diseases.

Our 2023 annual general meeting was held virtually on December 8. As of then, there were no changes in the executive. Attendees listened to reports from the directors and participated in a subsequent discussion about potential ways to update the fee guide.

Later in December, the previous member at large from the Northern Health Authority, Dr Abu Hamour, resigned his role to make space for his new colleague, Dr Jason Nguyen. We thank Dr Hamour for his long-time service, and we look forward to working with Dr Nguyen.

Section president Dr Gregory Deans and vice president Dr Emilie Stevens participated in the Specialist Disparity Fund arbitration process in spring 2023. We were pleased to be granted a significant award to put toward addressing intersectional disparity.

A heartfelt thank you goes out to the executive and all 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*

## NUCLEAR MEDICINE

The issues facing the Section of Nuclear Medicine remain unchanged in 2023 from previous years, back to 2018. The Section has not been able to obtain any new fees for over a decade and will not obtain any new fees in the foreseeable future. This was confirmed by Paul Straszak, the chief negotiator for Doctors of BC, in Physician Master Agreement negotiations. Doctors of BC has agreed, for reasons unknown to this Section, to a ceiling of \$1 million annually for new fee items. It was also confirmed by Robert Brick in Specialist Disparity Fund awards, which refused to acknowledge the lack of new fees in nuclear medicine for over 15–20 years. Most new radiopharmaceuticals cost \$1,000 or more, so any new fee in nuclear medicine that involves 500 patients would take up half of the amount allotted annually for new fees. There are hundreds of new radiotracers/radiotherapeutics in the pipeline, so MSP and Doctors of BC have essentially decided, in absentia, to forgo radical new diagnostic and therapeutic entities, especially in the areas of oncology and neurology. It is now completely apparent in the mainstream media that there is a significant delay in obtaining cancer referrals and treatments, now routinely seen in the headlines predicted in this Section's past reports from five years ago. Here are some sample headlines:

- “Sending B.C. cancer patients to U.S. for care will triple the cost” (*Globe and Mail*)
- “Radiologists warn ‘dangerously long’ wait times could worsen as B.C. clinics at risk of closure” (*CTV News*)
- “Study: Canada lacks PET access” (*AuntMinnie*)

British Columbia, particularly Vancouver, has fewer positron emission tomography (PET) scanners than many single large American hospitals. Only 40% of BC Cancer Agency patients are receiving PET scans within recommended time limits. According to BC Cancer Agency statistics, PET changes management of cancer patients 40% of the time. Since large numbers of BC cancer patients are not being offered PET scans, a BC cancer patient without a diagnostic PET scan has an almost 50% chance of receiving the wrong treatment.

Going forward, it will be increasingly difficult to hide from BC patients the lack of PET diagnostic and radionuclide treatment infrastructure. A paradigm shift is urgently needed for PET theranostics in BC. Our Section is hopeful that the BC public will soon be able to access publicly funded PET scans, nuclear medicine therapies, and novel clinical trials, and see biotech start-ups in this field.

Philip Cohen, MD, *President*

## OPHTHALMOLOGY

The BC Society of Eye Physicians and Surgeons (BCSEPS) has maintained its structure as an executive committee and representative economics committee. Our volunteer members have worked throughout the past year to address intrasectional and gender-based disparity issues present within ophthalmology. We are happy to report that a 32-point modernization of ophthalmology's fee code has passed through the Tariff Committee and will be presented to the Board on March 8. This has been a multi-year process, and we recognize the patience, hard work, and input of all involved. Along with this, the BCSEPS has joined with our Canadian Ophthalmology Society colleagues to help create a forum for provincial leaders to discuss concerns that are unique to each province or affect physicians throughout the country as a whole. We are continuing to support long-term learning within the province and have enjoyed enhancing our working relationship with the academic department. The planning phase for the BCSEPS-UBC annual general meeting and academic day is well underway, and we look forward to hosting a symposium at the World Ophthalmology Congress coming to Vancouver in August 2024. We continue to strive for a strong, inclusive society that will represent our specialty on a provincial and national level. I would like to thank the executive, Drs Marius Scheepers, Bill Johnston, Eddie Moss, and Noa Mallek, and our executive administrator, Lindsay Lee, for their advice and assistance.

Glen Hoar, MD, *President*

## PAIN MEDICINE

The Section of Pain Medicine and the Pain Medicine Physicians of BC Society is an interdisciplinary Section with members hailing from family practice, anesthesiology, physical medicine and rehabilitation, psychiatry, radiology, various surgical specialties, emergency medicine, and internal medicine. Our mandate includes the advancement of the scientific, educational, professional, and economic welfare of pain medicine physicians, and promotion of the highest quality of health care delivery to the one in five British Columbians living with persistent pain.

Our members practice medical, psychological, physical, and interventional pain management strategies. The interventional strategies performed by our members range from simple trigger point and joint injections to complex neuromodulatory and neuroablative techniques. Noninterventional strategies include counselling, physical rehabilitation, mindfulness, cognitive behavioural therapy, clinical hypnosis, neural feedback, and medications.

Our members are active in national and provincial committees and societies, including Pain BC and the Canadian Pain Society, where we advocate for enhanced and equitable access to the highest-quality physician-based pain management. We continue to call on the provincial government to implement the recommendations of the Canadian Pain Task Force in its Action Plan for Pain in Canada.

We continue to operate in a challenging environment at a time when there are relatively few community resources for the management of chronic pain. A combination of the College of Physician and Surgeons of BC's procedural pain management standards, advanced pain management physician shortages, family physician shortages, and the reverberating effects of the opioid crisis has had a significant impact on patient access to high-quality pain management. Wait times for advanced assessment and therapies are far too long, leading to increased disability and a financial drain on patients and society as a while.

Our goals for 2024 include:

- Creating equitable MSP codes for pain management specialists, particularly in noninterventional (consultative, follow-up, and counselling) areas.
- Enhancing communication and collaboration between BC pain practitioners.
- Establishing educational opportunities for BC pain practitioners.

Brent MacNicol, MD, *Chair, Pain Medicine Physicians of BC Society, and Head, Section of Pain Medicine*

## PALLIATIVE MEDICINE

### MANDATE AND GOALS

The Section's mandate is to advance the scientific, educational, professional, and economic welfare of palliative care physicians, and to promote the highest quality of health care delivery for the people of British Columbia.

We currently have 104 paying members, compared with 96 in 2022. College of Family Physicians of Canada-trained physicians providing full-time specialist palliative care are increasingly becoming credentialled as Fellow of The Royal College of Physicians of Canada subspecialists in palliative medicine.

### ACHIEVEMENTS

After 14 years of negotiation between the Section and the Tariff Committee, we finally agreed on a provincial credentialling process for palliative care specialists and new specialist fee codes. A cap was set at \$2 million/year, so shadow billing was excluded. This was the culmination of multiple document submissions and onerous revisions, a workload monitoring exercise, and multiple meetings.

The new fee codes were billable as of October 1, 2023. At the time of writing (January 2024) there were no meaningful data available on actual use, but there have been some issues with billing processing, which are being resolved. Fifteen physicians have applied and been approved. No applicants have been denied. The vast majority of Section members in full-time palliative medicine work under the Alternative Payments Program (APP), so it was not a surprise that applicant numbers are low. The new family physician attachment fee for College of Family Physicians of Canada-trained specialists who take on unattached patients for hospice care is also "competing with" the specialist codes. The benefit of being able to use the specialist codes is primarily for physicians functioning as palliative care specialists who do not have an APP contract to be able to provide consultative care on the same day as the patient's family physician or hospitalist. The goal of having the codes is ultimately to make consultative support available to all BC residents, even if there is no APP-funded palliative care program available in their location. The family physician attachment code is also contributing to the achievement of this goal.

Much work remains on correcting disparity between health authorities with respect to APP-funded contracts, as the vast majority of palliative care physician work done in BC is not fee-for-service. A working committee has been set up in collaboration with the BC Centre for Palliative Care, and an inventory of contracts is being collated. Removal or revision of shadow billing is a major goal for 2024 due to shadow billing conflict and funding instability within health authorities.

## ACCOMPLISHMENTS

- Fee codes implemented
- Specialist credentialling
- Starting work on APP contract equity

Philippa Hawley, MD, *President*

## PEDIATRICS

The vision of the BC Pediatric Society (BCPS), operating as the Section of Pediatrics at Doctors of BC, is that all BC infants, children, and adolescents and their families will attain optimal physical, mental, and social health. To accomplish this vision, the BCPS will work with allied care providers; government; and regional, provincial, and national organizations, and support the professional needs of its members.

The BCPS's advocacy work is centred on the following themes:

- Economics: We provided a Physician Master Agreement negotiations submission and disparity allocation guidance.
- Access to and quality of mental health services for children and youth through involvement with the Shared Care Committee-sponsored Child and Youth Mental Health and Substance Use Community of Practice: We renewed our advocacy committee and are advocating for improved access to autism assessments and reduced wait-list times.
- Immunization: We produce a yearly general immunization schedule and a schedule for children with high-risk conditions. Resources for vaccines can be found at [www.bcpeds.ca/physicians/programs-resources/immunization](http://www.bcpeds.ca/physicians/programs-resources/immunization).
- Education: We provide virtual journal club sessions approximately every two months. We also organize an annual two-day CME-accredited conference. Planning is underway for an in-person 2024 conference in partnership with the UBC Division of Hematology/Oncology/Bone Marrow Transplant.

Odion Kalaci, MD, *President*

## PHYSICAL MEDICINE AND REHABILITATION

The Section of Physical Medicine and Rehabilitation (PMR) meets quarterly following the quarterly meetings of the UBC Division of Physical Medicine and Rehabilitation.

The meetings are conducted by Zoom. Topical issues are presented, including areas of concern regarding the status of negotiations, addressing both monetary and nonmonetary issues.

Noting that other sections have looked at gender disparity within their group, a review of PMR data revealed the following:

Due to our very basic fee schedule, the primary source of disparity relates essentially to the number of patients seen per day (one additional new consult). We have no data for hours worked. It is unclear whether this difference relates to hours worked or patient complexity, or even if outcomes are different between genders, years of practice, etc.

With the completion of the Physician Master Agreement and the mediator's report, our Section received an award, which is being applied as an across-the-board increase.

Between meetings, issues of interest and concern are brought forward through our WhatsApp group.

E. Weiss, MD, FRCPC, *Section Head*

## PLASTIC SURGERY

This past year, I read that to develop and maintain a fulfilling work life, one should make work the reward, rather than a means to an end. It's an upright goal for sure, but even still, there is a need for a fee schedule. Over the year, our focus and our most tangible accomplishments have been related to the plastic surgery fee schedule, which requires continued expansion and modernization that parallels the advances in clinical practice. Our economics representative, Dr Genoway, has brought a combination of clinical experience, diligence, and thoughtfulness that has helped create some important changes to the fee guide. In addition, we have multiple active applications under review with the MSP and the Tariff Committee.

The Section executive maintains working relationships with Doctors of BC and the Representative Assembly, as well as the Consultant Specialists of BC (cSBC). The latter continues to do important work on behalf of our Section and all specialists, and I would encourage you to join the cSBC when you renew your Doctors of BC annual membership.

In combination with our industry partners, we will be supporting the UBC Division of Plastic Surgery's Resident Research Day. In addition to its scientific and educational aims, it's a great opportunity for our members to reconnect and strengthen our community.

In the year ahead, we hope to continue the work on our fee schedule. In addition, it will be time to set priorities for the next round of government negotiations. Please forward your thoughts and ideas about anything that might help to make your work more engaging and fulfilling.

If you would like to join the executive or assist with any related work, please don't hesitate to reach out.

Owen Reid, MD, *President*

## PSYCHIATRY

The BC Psychiatric Association (BCPA) promotes the advancement of the medical specialty of psychiatry and advocates for the highest quality of mental health care for BC. The 23-member Board represents the breadth and depth of the profession and continues liaising with multiple partners to achieve these goals.

The Board achieved a meeting with the Honourable Jennifer Whiteside, minister of mental health and addictions, and her team to build on our working collaboration. The Board contributed to revisions of BC's Mental Health Act and to policy development in multiple areas, including substance use, mental health in primary care, reform of elder residential care, the Transform the Family Justice System Collaborative, virtual care and digital technologies, and privileging dictionaries for health authorities.

Collaboration continued with the BC Schizophrenia Society, the UBC Department of Psychiatry, provincial health authorities, Doctors of BC councils and committees, and the Canadian Psychiatric Association. We dealt with issues such as the BC Mental Health Act Charter challenge, addressing limits of access and psychiatrist shortages, and preparing for pending changes to MAID where a mental disorder is the sole underlying medical condition.

The BCPA continued to build future resources by sponsoring the UBC medical student gala, hosting a UBC resident educational evening, and promoting membership of new and junior colleagues. The BCPA also sponsored a Northern BC psychiatry day in Prince George, with plans for other regional gatherings for our members in the new year.

Board members sit on allied councils and Sections, such as the Consultant Specialists BC, the Council on Health Promotion, and the Representative Assembly, and liaise with our family practice colleagues. The latter included BCPA sponsorship of and speakers at the Canadian Collaborative Mental Health Care Conference to ensure psychiatry input.

BCPA members support physician health services by providing mental health care to colleagues.

The BCPA economics committee achieved significant gains in the Physician Master Agreement and Specialist Disparity Fund distribution to support our members' work, though psychiatry has not achieved economic parity with other specialties.

The BCPA's 2023 annual meeting and education day advanced psychiatry's educational, scientific, and professional goals, with over 200 members in attendance. Dr Peter Gibson received the Outstanding Lifetime Community Service Award, Dr Stephen Wiseman the Distinguished Contribution to BC Psychiatry Award, and Dr Quinten Clarke the Resident Junior Advocacy Award. Outstanding speakers presented on topics including Indigenous health, use of legislation for vulnerable adults, physician wellness, WorkSafeBC in workplace safety, and economics updates.

The BCPA continued to streamline its website and communications with membership and the public. Comprehensive advocacy by the active Board will continue in 2024.

Colleen Northcott, MD, FRCPC, *President*

### **PUBLIC HEALTH AND PREVENTIVE MEDICINE SPECIALISTS**

The purposes of the Section of Public Health and Preventive Medicine (PHPM) Specialists are to advance 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 our activities.

The time following the pandemic has been particularly challenging for our specialty, as we have continued to work to protect the health and well-being of British Columbians while the PHPM specialist community has not yet recovered. The Section has been focusing on supporting PHPM physician wellness and strengthening our collegial community of practice. We continue to provide input on other important public health issues, like climate change, equity, and the increasingly overburdened health system, as opportunities arise via Doctors of BC.

The Section's 2023 activities included:

- Collaboratively working with Physician Health Program to support PHPM specialists' wellness.
- Raising awareness of the challenges in recruitment and retention for PHPMs related to the growing income gap between PHPM specialists and other specialists.
- Building awareness within the system of the role of public health physicians through active engagement with Doctors of BC committees and leaders.

### **PHYSICIAN WELLNESS**

Through completion of the Specialist Services Committee-funded wellness initiative and ongoing support for the PHPM peer support pilot, the Section continues to facilitate mechanisms for PHPM specialists to engage with and support one another in processing their experiences during the pandemic.

These activities are supported by the Physician Health Program and the Specialist Services Committee. Taking further action related to wellness is an ongoing commitment for the Section leadership.

### **ECONOMICS**

Specialist salary equity is a justice issue for the population of the province. Notable and persistent income disparity for PHPM specialists compared with other jurisdictions and all other specialties continues to impact recruitment and retention. In the upcoming negotiations for the next Physician Master Agreement, the economics committee plans to seek consultation on pathways to equitable remuneration, particularly for after-hours work, workload, and the growing disparity experienced by PHPM specialists.

### **HEALTH SYSTEM AND POPULATION IMPACT**

System transformation involving many different health sectors is currently impacting PHPM specialists. The Section continues to engage with available committee opportunities to raise awareness of population health perspectives. System changes that arose during the pandemic continue to impact the efficiency and effectiveness of the public health system, where local context can better inform resource utilization.

Going forward, in 2024, we will sustain and nurture the PHPM workforce in the face of post-pandemic pressures by providing resources, and we will consider strategies for achieving parity with other specialties to enable recruitment in difficult-to-recruit areas.

Sandra Allison, MD, *President*

### **RADIOLOGY ONCOLOGY**

The Section of Radiology Oncology exists to preserve quality of care and sustainability within our profession.

We have finalized details of the latest service contract and salary agreements in 2023. We have been facing longer wait lists to see oncologists and to start radiation treatment in BC over the past few years. The Ministry of Health has shown some commitment to address this issue, and we look forward to developing a plan over the next several months.

Jim Rose, MD, *Co-President*

## RADIOLOGY

### VISION AND GOALS

The vision of the BC Radiological Society (BCRS) is to create an environment that helps members provide high-quality, equitable, and timely medical imaging while achieving fair compensation and maximum professional satisfaction and wellness. Our key goals are to:

- Advocate for improved patient access and reduced wait times for medical imaging.
- Promote the highest-quality and appropriate use of medical imaging.
- Ensure members achieve fair compensation for their services.
- Increase member engagement, value, and satisfaction.
- Strategically align efforts with partner organizations.

### EXECUTIVE COUNCIL

The BCRS executive council is led by our president, Dr Brenda Farnquist, and is well represented by 17 radiologists from across the province. Thank you to Dr Charlotte Yong-Hing for her outstanding service as president over the past two years.

### ACTIVITIES

The BCRS has been actively advocating for solutions to the crisis of long medical imaging wait times. In 2023, we focused our efforts on developing and presenting specific recommendations for three key issues that require urgent action: a critical shortage of medical imaging technologists, the financial sustainability of community imaging clinics, and specific actions to reduce long diagnostic breast imaging wait times. We will continue to advocate strongly on these issues.

The BCRS continues to provide valuable accredited CME for our membership through both synchronous and asynchronous platforms, growing our library of online, on-demand courses available through our learning management system. In 2023, the BCRS developed and delivered CME programs on pediatric imaging, thyroid imaging, and peer review and learning.

The BCRS continues to work with our members and other stakeholders on compensation issues, including fee allocations and new fee applications.

Brenda Farnquist, MD, *President*

## SPORT AND EXERCISE MEDICINE

The Section of Sport and Exercise Medicine (SEM) represents physicians who practise referral-based SEM in British Columbia. We advocate for enhanced musculoskeletal care for patients in BC and for fair remuneration for the work of Section members. Our members are distributed across all regions of the province, and 75% are College of Family Physicians of Canada-trained physicians. Most members have a Certificate of Added Competence in SEM to signify their expertise in this complex area of care, and many have completed a full-time one-year fellowship in SEM to achieve this enhanced designation.

Our Section continues to operate in an extremely challenging practice environment under drastic inequities within the Medical Services Commission (MSC) Payment Schedule, and 2023 was another year with no tangible change in this regard. There was money set aside in the 2022 Physician Master Agreement specifically for creating and updating MSP fee codes relevant to SEM. BC Family Doctors has been mandated to gain approval from our Section for fee code changes that will total \$700,000 per year. Although this is a relatively small amount, the precedent is being set that we as a group have a voice and that our priorities must be heard and acted upon. Work has started on enacting these changes, but no definitive fee code changes have yet materialized.

All of our expertise and additional SEM training has previously been done without a single dollar of financial recognition in BC. When a family physician spends an additional full year learning to manage the complexities of SEM, there is no framework for financial compensation to recognize this additional learning or skill level going forward in their practice. There are not yet any SEM fee codes in BC. Becoming a fellowship-trained SEM physician in BC does not gain the physician the ability to access any fee codes that family physicians without any additional training can already access. Our Section hopes this will change in 2024.

The demand for SEM specialist assessments and opinions in BC is high, 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 physicians in the province. However, maintaining an SEM practice in BC is becoming financially impossible because of the inequities in the current MSC fee structures. Next year looks to be a pivotal year in the history of SEM in our province, and the Section executive looks forward to leading the change that is long overdue.

Rob Drapala, MD, *President*



## SURGICAL ASSISTANTS

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

This was an exciting year for surgical assistants! The 2022 Physician Master Agreement (PMA) was ratified, and funding has been implemented that benefits surgical assistants. The Section of Surgical Assistants received funding of \$1 million, which has been applied to a new BMI surgical assist surcharge that is payable at 25% of the listed surgical assist fee. This new fee code is effective for dates of service on or after December 1, 2023. We could not have accomplished this without the cooperation of and collaboration with BC Family Doctors. We have strengthened our relationship with BC Family Doctors and realize that, going forward, we need their support and expertise to make fee code changes. The 2022 PMA has also allowed for a change to the rules for billing for the 01210 evening surgical surcharge, such that cases starting before 6 p.m. can be eligible for the surcharge if the majority of the time on the case was after 6 p.m.. The general fee increases have been applied to fee codes 00197 and 00198 and have increased by 7.23% and 7.48%, respectively.

We are aware that more changes to fee codes are required to keep surgical assistants on par with other services. Therefore, we are continuing to strongly advocate for better remuneration for surgical assists, particularly for long complex cases, which are poorly remunerated.

Moving forward, in 2024, we are looking at creating a new fee code for surgeries over \$870, improving remuneration for bilateral procedures,

creating education and training for new surgical assistants, and improving our membership.

The Section executive remains challenged by a lack of new members willing to be involved in the business.

N. Barlow, MD, *President*

## UROLOGY

The Section of Urology is committed to working on behalf of all urologists in BC, while advocating for our members and patients.

I recently took over the Section head duties from Dr Chris Hoag (no relation). On behalf of our members, I would like to thank Dr Hoag for his dedication and stewardship over the past six years.

We hosted successful annual scientific and business meetings on October 14, 2023, in Vancouver.

We reviewed the host of issues relevant to urologists in BC and outlined our goals and projects underway.

We are putting in substantial effort to modernize our fee schedule, applying for new fee items where no such codes exist and working to streamline existing codes.

Our next annual meeting will take place on Saturday, October 5, 2024, at the Fairmont Hotel Vancouver.

Nathan Hoag, MD, *President*

# Improving primary care: Longitudinal Family Physician Payment Model and Health Connect Registry

A photograph of a male patient with a grey beard and a female physician with a stethoscope around her neck, both looking at an open book together in a clinical setting. The background shows medical posters on a wall, including one titled 'Pathways'.

February 2023 saw the launch of the Longitudinal Family Physician (LFP) Payment Model, which presents physicians with an alternative to the fee-for-service payment model.

[READ MORE](#) ▾

## IMPROVING PRIMARY CARE: LONGITUDINAL FAMILY PHYSICIAN PAYMENT MODEL AND HEALTH CONNECT REGISTRY



*Family physician Dr Janet Evans sees a patient in her office.*

**F**ebruary 2023 saw the launch of the Longitudinal Family Physician (LFP) Payment Model, which presents physicians with an alternative to the fee-for-service payment model. The LFP Payment Model aims to better remunerate physicians who provide longitudinal care and make family medicine a more attractive career choice for new physicians, with the goal of ensuring patients in BC have access to longitudinal primary care when and where it is needed. Almost 4,000 physicians have signed up for the payment model since its launch—equal to 72% of physicians who were identified as longitudinal care providers in 2021–2022—and feedback on the payment model has been overwhelmingly positive.

In July, Doctors of BC and the Ministry of Health [announced the expansion of the Health Connect Registry](#). This expansion to a Provincial Attachment System was launched with the goal of bringing together unattached patients and longitudinal family physicians with capacity to expand their patient panels. The Provincial Attachment System supports physicians who are new to practice, physicians who are returning to

longitudinal care, and physicians with the capacity to take on new patients in building and expanding their patient panels. As part of launching the expanded registry, Doctors of BC reached out to members to provide information on the system and how to use it, as well as details about payments to doctors and medical directors. The system will be expanded and improved over time.

Together, the LFP Payment Model and the Health Connect Registry will support improvements to the health care system by helping us understand current capacity, helping create additional capacity in physician practices, and ensuring better coordination so patients can be connected to doctors who have the capacity to welcome them to their practices. In the long term, practice capacity details and panel information within the registry will help us understand care gaps and needs in communities to help with future planning and improvements in access to care.

# 5 ANNUAL REPORTS OF EXTERNAL COMMITTEES AND AFFILIATED ORGANIZATIONS

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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 subcommittee of the Medical Services Commission (MSC). The ACDF provides advice, assistance, and recommendations to support the MSC's powers, duties, and functions in relation to outpatient diagnostic services and facilities. It meets quarterly to assess applications for new, expanded, or relocated outpatient diagnostic facilities.

In 2023, there was no change in Doctors of BC's membership in the ACDF. However, two new ministry representatives were appointed to the committee: Richele Shorter (vice chair) and Greg Cutforth. Our thanks go out to the ministry representatives who stepped down: Razvan Diacu and Shana Hall.

The committee addressed 96 applications during the year, 27 on behalf of public facilities and 69 from private sector applicants. Of the applications received, 70 were assessed by the full ACDF and 26 by the committee chair.

The MSC extended the moratorium on ultrasound facility applications until December 1, 2023, as the current ultrasound sonographer shortage is not expected to see any significant improvement until the full student cohort from expanded and new post-secondary training programs begins to graduate in 2023. The moratorium includes applications for new, relocation of, or expansion of diagnostic outpatient ultrasound facilities, except for those fee items currently restricted to public hospitals, such as electroencephalography and cardiac Doppler studies.

On January 1, 2022, the MSC enacted a moratorium on applications for stand-alone home sleep apnea testing (HSAT) facilities. The moratorium was intended to allow the ACDF and support staff to better understand the impact of allowing HSAT facilities to bill MSP for the professional fee related to this diagnostic test. The moratorium on applications is scheduled to remain in effect until December 31, 2026.

On September 30, 2022, the prior moratorium on applications for new, expanded, or relocated polysomnography facilities was lifted. Since then, the ACDF received 29 applications for 169 beds across seven health services delivery areas. These applications were considered at committee meetings on December 14, 2022, and March 8, 2023.

The ACDF continued to advise the MSC on diagnostic and lab facilities. There were 17 polysomnography application denials in the last year. All remaining applications were approved where moratoriums were not in place for the year.

Michael Chen, MD, FRCPC, *Doctors of BC Representative*

## DRIVER MEDICAL FITNESS CONSULTATION GROUP

The Driver Medical Fitness Consultation Group (DMFCG) serves as a two-way communication 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.

In 2023, Doctors of BC had two representatives on the DMFCG: Dr Rod Densmore, a family physician interested in patients with developmental disabilities, and Dr Ian Gillespie, a Victoria-based psychiatrist.

### KEY ACTIVITIES OF 2023:

- As of spring 2023, RoadSafetyBC has resumed issuing age-based Driver's Medical Examination Reports (DMERs), which were paused in 2020 to protect seniors from possible exposure to COVID-19 in medical clinics..
- The DMFCG continued providing input into RoadSafetyBC's Driver Medical Fitness Transformation project. This project will include a medical practitioner portal, which will allow BC licensed practitioners and their staff to access a driver service interface. Using credentials provided by the driver, they will be able to interact with driver medical fitness cases, particularly for the goal of submitting digital DMERs in compliance with RoadSafetyBC requirements. Electronic versions of the DMERs are currently being developed and field tested by RoadSafetyBC, with full rollout of the new DMERs to follow. These electronic DMERs are intended to streamline the process of filling out DMERs for physicians and nurse practitioners.
- The DMFCG has discussed new fitness to drive guidelines, which the Canadian Council of Motor Transport Administrators (CCMTA) is reviewing. The goal of any fitness to drive guidelines is to reduce the likelihood

of anticipatable harm due to medical conditions interfering with the ability to drive and causing an accident. The DMFCG has been made aware that updates to the CCMTA medical standards are forthcoming, and we will continue to monitor these changes and provide medical expertise as requested.

Priorities for 2024 include continuing to provide physician feedback on the initiatives listed above and considering the role of ADHD in driver medical fitness and road safety.

Rod Densmore, MD, Ian Gillespie, MD, *Doctors of BC Representatives*

# Responding to challenges in BC hospitals

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BC hospitals faced unprecedented challenges in 2023, including staffing issues, overcrowding, and increased wait times.

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## RESPONDING TO CHALLENGES IN BC HOSPITALS



**B**C hospitals faced unprecedented challenges in 2023, including staffing issues, overcrowding, and increased wait times. These challenges resulted in new and widespread stressors for physicians. Some were brought to light through member comments in the [Benchmark Member Survey 2023](#), and some were highlighted through direct member interactions with the organization. Having heard members' concerns, Doctors of BC undertook several measures to respond and support members.

At the heart of the crisis period, the Doctors of BC Board of Directors approved an engagement response plan that included coordinating meetings with health authority leadership under provisions in the Physician Master Agreement to communicate physicians' concerns. Senior staff from Doctors of BC also met with Medical Staff Association presidents to prepare them for meetings with the minister of health.

In addressing the issue of emergency department overcrowding, Doctors of BC was instrumental in organizing a meeting between the Section of Emergency Medicine heads and the deputy minister of health, which resulted in the deputy minister committing to establish the Emergency Department and Hospital Capacity Task Group. This group is made up of the Section of Emergency Medicine heads, facility-based emergency physicians, Doctors of BC's vice president of physician affairs and specialist practice, and health authority and government representatives. Others will be brought in as needed to help shape solutions for specific areas.

In May, family physicians received \$29 million in one-time funding to stabilize maternity and in-patient care in hospitals as well as care in long-term care facilities. The funding was an interim measure to provide stability until the Longitudinal Family Physician Payment Model could be updated to cover these aspects of facility-based care later in 2023.

From a communications perspective, Doctors of BC's Communications and Public Affairs team responded to over 60 media requests between mid-May and September and ensured the association provided regular updates to Doctors of BC members at the height of the crisis.

Doctors of BC continues to provide support around this issue. Physicians who are experiencing stress related to ongoing challenges in hospitals are encouraged to connect with the [Physician Health Program](#).



# 6 COMMITTEE MEMBERS

THANK YOU TO ALL OF THE MEMBERS WHO PARTICIPATED AS A MEMBER OF A COUNCIL, COMMITTEE, SOCIETY, SECTION, OR COORDINATING GROUP IN 2023.

Abdalvand, A.	Anzinger, H.	Barnard, F.	Bringsli, E.	Chang, D.	Collins, A.
Abdulla, A.	Applegarth, O.	Bax, S.	Britto, A.	Chang, S.	Comeau, S.
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Adam, T.	Arcott, L.	Bellamy, C.	Brown, R.	Chauhan, Harpreet	Cooper, S.
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de Bruin, D.	Esler, D.	Gerschman, T.	Hang Lee, L.	Humber, N.	Kambo, J.S.
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Koopmans, J.	Liu, D.	Markham, R.	Morley, R.	Palmer, K.	Randhawa, R.
Kozak, F.	Lochang, J.	Marquis, E.	Murray, R.	Panagiotopoulos, K.	Rau, N.
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Larsen Soles, T	Madden, K.	McTaggart, D.	Nimmo, S.	Petropolis, N.	Rosenhauer, H.
Lawrie, S.	Mah, E.	Melia, P.	Northcott, C.	Pike, J.	Ross, S.

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Russell, M.	Singh, S.	Tan, K.	Verma, S.	Wiley, E.	Yeung, T.
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Sanghera, B.	Smith, D.	Thompson, I.	Vu, E.	Wilton, D.	Zeindler, P.
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Sear, A.	Stevens, E.	Tsai, S.	Watson, V.	Workman, H.	
Seethapathy, V.	Stewart, J.	Tsang, C.	Webb, C.	Worsley, D.	
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