

2024 **Report to Members**

Supporting doctors through it all



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Anthony Knight
MBA, CEO

Report of the CEO

What a year! So much incredible work was done in 2024 by physician leaders, Doctors of BC staff, and the Joint Collaborative Committees. Despite ongoing challenges in the health care system, our efforts have helped transform access to patient care, improve working conditions for physicians, and streamline Doctors of BC operations to better serve our members.

A provincial election paved the way for a new health minister and provided the opportunity for Doctors of BC to get our health care priorities directly in front of the incoming government. In our pre-election public campaign, “Temperature Rising,” we outlined the main challenges facing our health care system and asked all the party leaders on camera how they would tackle them. Each party leader committed on the record to address the many challenges in our health care system and stressed the importance of hearing from and working with physicians and Doctors of BC. The videos were viewed more than 16,000 times.

Early in 2024, we began preparations to negotiate the 2025 Physician Master Agreement (PMA), including soliciting input from members on their priorities. Every member had the opportunity to provide individual submissions; we also held meetings with and collected input from every section, society, and physician lead on our collaborative committees. Over the course of that work, we received more than 800 proposals.

The Negotiations Coordinating Group and Negotiations Forum reviewed all these submissions and developed a negotiations plan and mandate, which were subsequently approved by the Board. Doctors of BC and the provincial government are scheduled to begin negotiations in April 2025. We will keep you informed of developments along the way.

Mid-year, we initiated a brand awareness campaign to raise the Doctors of BC public profile and ensure the public and our members truly understand the value of the work we do. The campaign, the first in decades, was seen on transit shelters, on TV screens in medical offices, and on digital platforms such as YouTube and Facebook. The campaign generated more than 47 million impressions (digital views) by British Columbians. Measurement will be undertaken to determine the level of improved awareness. Campaigns focusing on physician health and safety will be coming in 2025–2026.

Our advocacy team collaborated with the Ministry of Health and the health authorities to amend BC’s current Provincial Standing Order Policy by extending expiration dates for existing standing orders from one year to two. This will ease administrative burdens for physicians and make life easier for patients. In addition, after years of advocacy by Doctors of BC on the issue of employer-mandated sick notes, the BC government pledged to eliminate sick notes through either a legislative or regulatory change. Doctors of BC will work directly with the Ministry of Labour on this change, and we are hopeful to see it come into force in 2025.

Doctors of BC’s team of Regional Advisors and Advocates, found in each health authority, managed around 400 cases over the year, in conjunction with the Canadian Medical Protective Association. The range of support provided to members included payment issues, disciplinary and respectful workplace complaints, physical and psychological safety, and local advocacy challenges with health authorities and/or the Ministry of Health.

The Negotiations team saw a 200% increase in the number of physicians requesting negotiation and contract support. The complexity of these issues and contracts also increased, with physicians in crisis needing specially designed contracts requiring a high level of negotiation support.

Indigenous-specific anti-racism was an integral focus in 2024 and forms a key pillar of our strategic plan. More than 40 events were held for physicians involving Indigenous Elders, Knowledge Keepers, and community members. Our commitment to truth and reconciliation extended to our Board, which attended a three-day education session in Squamish. Doctors of BC also developed a guide for Indigenous engagement and honoraria processes.

On the operational front, the Service Centre celebrated its first year. Since soft launching in October 2023, the centre has successfully provided enhanced support to members, ensuring they get the assistance they need when they need it. Throughout 2024, the Service Centre handled upward of 28,000 interactions with members, with an average initial email response time of less than two hours and more than 95% of phone calls answered within nine seconds. The Service Centre will continue to grow by developing a robust knowledge framework as our members’ needs evolve.

Much of our work for members takes place at our collaborative tables, driven by physician leaders on joint committees and during negotiations, as well as behind the scenes with the president and other physician leaders. We will strive to inform you more proactively of this work in the year ahead.

I continue to have an unwavering appreciation for the amazing work and dedication of our physician leaders, staff, and members. Your excellent work and advocacy for better patient care and improved working conditions for your colleagues cannot be understated. Thank you for all that you do. I am energized to see what 2025 has in store.



Ahmer Karimuddin
MD, President

Report of the President

When we think of time, we are reminded that with every breath, a new world is born afresh. Over the last year, we worked together to create a new world and new opportunities for Doctors of BC. After significant engagement with members, the year began with the rollout of Doctors of BC's new strategic plan.

The plan highlights what you have repeatedly said to us—that you want your voice as physicians to have influence. This has culminated in ongoing work to refocus our efforts toward the most effective ways of ensuring the physician voice is first and foremost in all aspects of our work. This work led to meetings between me, our CEO, and a number of health authorities to highlight the necessity of responding to low physician to health authority engagement scores over multiple years and to help change the trajectory of that engagement for the better. Know that your voice is being represented at all tables of leadership.

This was also the last full year of the 2022–2025 Physician Master Agreement (PMA). To prepare for the next round of PMA negotiations, we sought your priorities and your perspectives in areas for focus and change. While the negotiating work was delayed due to the provincial election in October, we anticipate meeting with government in the spring of 2025. To let each of our political parties know that physicians are paying attention, we asked each political leader to respond, on the record, to specific questions about the future of health care in BC. This led to several important conversations on your behalf with Premier David Eby, then health minister Adrian Dix, and newly appointed health minister Josie Osborne. As well, I was privileged to represent you for the first time ever at the BC Economic Summit, where we presented to municipal leaders on the important role health care plays in promoting economic development. This advocacy will hopefully bear fruit in years to come.

I also had the privilege of being able to meet with many of you through visits to several communities across the province, by attending medical staff association meetings both in person and over videoconference, and at multiple Joint Collaborative Committee events. I was awed by your commitment to provide health care across the province in all circumstances, but I was also struck by the challenges so many of you face on a daily basis. By championing the needs of the patient, so many of you are giving hope to your patients and to your colleagues who are facing difficult times. Know that Doctors of BC continues to support you through our work to reduce administrative burdens, our advocacy on specialist issues focused on access to timely care, and our work to help find solutions for the provincial ER crisis. As Dr Charlene Lui, our new president, so wonderfully reminds us, being together is our superpower. This is how we will begin to see our world anew.

For all of you, 2024 has been a challenging year. I am grateful and honoured to have been able to bear witness to your commitment and your hard work. I look forward to 2025 and beyond with greater hope and greater faith that together we will make a positive difference for our patients and for our colleagues. Doctors of BC will continue to champion your voice in all spaces and ensure that your values are communicated to all. We are all better together, and Doctors of BC will do our best to make sure you are never alone.



Lloyd Oppel
MD, Speaker

Report of the Speaker of the Representative Assembly

The Doctors of BC Representative Assembly (RA) provides a unique place where a diverse cross-section of the membership can act as both a bellwether and a barometer for issues facing the profession. With over 100 physician members, the RA is tasked with important duties such as election of the Board of Directors and approval of dues increases. Further, the RA is called upon to advise and perform oversight of the Board.

Along with the above, the RA offers a space where physicians can meet one another, learn about the workings of Doctors of BC, and develop leadership skills. The RA has become somewhat of a “town square,” where members from all corners of the profession can gather in a welcoming and collegial environment.

IN 2024, THE RA WORKED TO INFORM ASSOCIATION POLICY ON IMPACTFUL TOPICS SUCH AS:

- Electronic medical records
- Artificial intelligence
- Reducing physician burdens
- Priorities for the upcoming Physician Master Agreement

SOME OF THE NOTABLE PRESENTATIONS INCLUDED:

- A welcome from then health minister Adrian Dix
- A session on upcoming changes at the College of Physicians and Surgeons of BC from the registrar, Dr Patrick Rowe
- A dialogue with past presidents in advance of the 2025 Board elections

Every RA meeting includes updates from the CEO and an opportunity for members to bring discussion topics forward during the “open mic” session at the end of the day.

From the inception of the RA in 2017, its role within Doctors of BC’s governance framework has continued to evolve. Over the past year, the RA has taken further steps forward in terms of both its oversight role and its ability to give voice to RA delegates themselves.

This year’s discussion on member dues has helped define a more intentional partnership between the Board and the RA in terms of communication and oversight. Part of this is the new standing item at RA meetings earmarked for bilateral consideration of matters of financial and strategic stewardship. This will be an important part of establishing a needed “circle of accountability” between the RA and the Board.

Going forward, RA members will have more input into the workings of the RA itself. A new “future state” subcommittee has just been formed to explore options for enhancing the RA structure and performance. Not only will RA members be called upon for input on this project, but RA members themselves will also be part of the new subcommittee.

The coming year promises to be exciting for the RA. New communication tools for members are expected with the new Doctors of BC website, which will support timely access to needed information for delegates. Ongoing strengthening of the voice of RA members and further development of the “circle of accountability” between the RA and the Board will allow the RA to step further into its advisory, strategic, and oversight roles.

In closing, I would like to express my thanks to the RA’s deputy speaker, Dr Alicia Pawluk, and the Doctors of BC staff who support the RA. Special thanks goes to the RA members themselves, whose diverse insights and commitment to our members allow us to lead the way forward.



Elizabeth Swiggum
MD, Chair

Report of the Chair of the Board of Directors

This was an incredibly busy year for the Board. I am proud of how we worked together to strengthen physician leadership and amplify the voice of physicians through clear and strategic communication. Effective communication is complex and ever evolving; our efforts have been deliberate and iterative, ensuring we continuously adapt to meet our members' needs and support the ongoing growth of our association.

In the spring, the Board shared our strategic vision with the Joint Collaborative Committees (JCCs; Family Practice Services Committee, Specialist Services Committee, Shared Care Committee, and Joint Standing Committee on Rural Issues), requesting they work with their Ministry of Health counterparts to integrate Doctors of BC's strategic plan priorities into their work. Among other initiatives, we highlighted the need for improved communication and leadership development, including tailoring a Business Pathways package to support both family physicians and specialists, expanding the Physician Support Program

to include specialists, establishing a well-defined road map of physician leadership and quality improvement opportunities across the JCCs, and ensuring these opportunities are clearly communicated to members. Additionally, we advocated for a collaborative approach in identifying burdens to practice and designing actionable solutions to enhance physician health, safety, and wellness while improving patient outcomes.

Recognizing the importance of communication and leadership development, the Board, in partnership with the Representative Assembly (RA) and the Governance Committee, established the Representative Assembly Future State ad hoc committee. Using a visioning process, the committee seeks to enhance the effectiveness and impact of the RA by refining its roles and responsibilities. Strengthening physician engagement within governance remains a key priority.

A significant governance change took effect on January 1, 2025, following member approval of a new bylaw. To enhance knowledge transfer, mentorship, and the continuity of physician leadership, we added the past president as a member of the Board. The past president brings invaluable insights gained through extensive member engagement, ensuring a stronger, more informed physician voice in Board discussions. To balance this addition, we introduced a member at large position, maintaining an equitable specialist to family physician ratio.

Advocating for specialist physicians remains a priority, and despite facing challenges, we continue to push forward. After 27 meetings with government over nearly two years, we were informed that funding for the specialist waitlist project would not be moving forward, at least for now. In response, we launched a strong media campaign that successfully drew both public and government attention. We remain committed to keeping this issue at the forefront and reigniting these critical discussions.

Our truth and reconciliation efforts continue to be central to our work. We sustained our collaboration with Len Pierre Consulting and supported the JCCs in delivering meaningful programming. Over the last year, the JCCs facilitated seven experiential learning sessions for physicians; hosted webinars on substance use, cultural safety, and unconscious bias; and conducted four sessions in facility-based settings. These initiatives are critical in fostering a more inclusive and culturally safe health care system.

To promote transparency and ensure alignment with broader physician priorities, we strengthened communication channels between the Board and the JCCs. We expanded our "Better Together" connection, inviting JCC co-chairs to Board meetings to foster collaboration and ensure our association's work remains aligned with physician input and strategic priorities.

In December, the Board held a special "Better Together" meeting focused on physician leadership and the unification of our profession. We explored strategies to strengthen the physician voice within our association and through the implementation of our strategic plan. Additionally, we reaffirmed our commitment to fostering a culture of trust, collaboration, and shared values across the association.

It has been a privilege to serve Doctors of BC and support the Board in leading physicians through a year of significant change. By reinforcing communication, physician leadership, and advocacy, we have taken meaningful steps to strengthen the voice of physicians across BC.

Feature Story

Unburdened physicians, satisfied patients: Success for the Physician Standing Orders program



The Physician Standing Orders (PSO) program empowers nurses and other health care professionals to initiate treatments and tests under standardized protocols, streamlining care, reducing delays, and improving patient outcomes. By alleviating administrative burdens on physicians, the program enhances efficiency, improves physician well-being, and optimizes health care system resources.

The third cohort of the PSO program has now concluded, demonstrating significant benefits across patient care, physician satisfaction, and cost-effectiveness. Cohort 3 focused on common conditions such as urinary tract infections, pneumonia, and chronic obstructive pulmonary disease exacerbations. Data revealed a marked decrease in time to antibiotic administration for pneumonia and urinary tract infections, along with shorter hospital stays for chronic obstructive pulmonary disease patients—key indicators of improved patient recovery and experience.

Physicians also reported notable advantages. By delegating routine tasks, they were able to concentrate on more complex cases, reducing workload stress and preventing burnout. Many participants

reported feeling more engaged and less overwhelmed, reinforcing the program's role in physician satisfaction and retention.

At the system level, the PSO program has helped standardize care, reduce unnecessary consultations, and optimize resources, contributing to cost savings. An analysis of cohort 3 data showed a lower average cost per case, further validating the PSO program as an effective tool for improving health care delivery.

As part of the program's continued evolution, a committee including physicians, laboratory operators, Provincial Laboratory Medicine Services, and the Ministry of Health has developed a standardized Provincial Standing Order Policy. In early fall of 2024, work began on amending the policy to address inconsistencies in how standing orders are processed and to reduce the administrative burden on health care providers. A change to the policy informed by collaborative discussion means that as of spring 2025, standing order expiration dates will be extended from one year to two years, reducing paperwork and increasing physicians' available clinical time for patient care.

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PICTURED:

Dr Sarah Lea speaks to participants of the 2024 Shared Care Partners in Care Event on October 17, 2024.

Annual Reports of Committees and Councils

ALTERNATIVE PAYMENT PHYSICIANS ISSUES COMMITTEE

The Alternative Payment Physicians Issues Committee (APPIC) is a Doctors of BC standing committee 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. The APPIC provides input and recommendations on the mandate for negotiations and on the activities of joint Doctors of BC and government committees.

The APPIC met on three occasions in 2024. Key activities were submitting recommendations to the Doctors of BC negotiating committees for the 2025 Physician Master Agreement (PMA) negotiations, outlining the priorities of AP physicians, and updating the principles and processes for payment range adjustments to be used by the Doctors of BC representatives of a future Allocation Committee, pending the successful conclusion of the 2025 PMA negotiations. The APPIC also reviewed the Allocation Committee's decision and the government's workload funding decisions pursuant to the 2022 PMA.

The terms of Drs Ralph Jones and Kenneth Lim came to an end in 2024. 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 advises the Board of Directors on financial reporting, information systems, risk management, and the internal controls of the association, including joint initiatives. Doctors of BC continues to maintain a strong and secure financial position with sizable reserves.

THE COMMITTEE MET THREE 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 financial reports and monitoring the expenditures of various committees and projects.
- Reviewing and recommending changes to the honoraria policy and rates.
- Supervising Doctors of BC's annual audit conducted by KPMG LLP. The committee 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 the Doctors of BC annual financial statements and report to the Board of Directors.
- Evaluating and recommending the association's auditors at the annual general meeting.
- Recommending a \$683 increase to 2025 annual dues (full membership) to the Representative Assembly, allowing the association to continue to offer a high level of support and services to physicians while bringing Doctors of BC dues more in line with those of other provincial and territorial medical associations.
- Monitoring investments and recommending changes to the investment policy to ensure proper return while minimizing risks.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects.
- Overseeing the management of the building at 1665 West Broadway in Vancouver.
- Monitoring risk by reviewing the cybersecurity of the association.

I would like to extend my thanks and appreciation to the committee members for their energy, insight, and time, and to the staff of Doctors of BC for their excellent work and support.

Catherine Clelland, MD, Chair

AUDIT AND INSPECTION COMMITTEE

The Audit and Inspection Committee (AIC) is responsible for the audit and inspection of the practices of medical practitioners and has been delegated the powers and duties of the Medical Services Commission (MSC) under Section 36 (1) to (12) of the Medicare Protection Act (MPA). The AIC reports to the MSC.

The AIC comprises four members appointed by the MSC: a physician chair representing government; a physician representative nominated by Doctors of BC; and two public representatives, one of whom is a physician nominated by the College of Physicians and Surgeons of BC.

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

THE AIC OVERSEES TWO TYPES OF AUDITS:

- Audits for patterns of practice are done to ensure that services billed to the Medical Services Plan have been delivered and billed accurately.
- Audits for extra billing focus on whether beneficiaries are being charged for services in contravention of the MPA.

The AIC decides whether on-site audits are appropriate and outlines the nature and extent of the audits.

The AIC considers all proposed audits of physicians' services and billing practices; approves which audits may proceed; reviews all resulting audit reports; and, from those reports, makes recommendations to the MSC on whether to pursue the recovery of funds and/or de-enrolment under the MPA.

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

Brian Gregory, MD, Physician Representative, nominated by Doctors of BC

BC MEDICAL JOURNAL

It was a pleasure to serve my second year as editor-in-chief at the British Columbia Medical Journal.

Over the past year, we saw the retirement of one of our board members and friends, Dr David Esler. We've thanked him for his dedicated service to the journal and for always bringing his perspective and expertise. We'll miss his poignant and provocative editorials, and the Editorial Board members wish him all the best. We've welcomed a new board member, pediatrician Dr Kris Kang, who brings experience in clinical medicine, research, and publishing, as well as service on prior committees. He is a welcome addition to the group and is already making thoughtful contributions each month.

Throughout 2024, the Editorial Board met 10 times, including two in-person meetings at the Doctors of BC offices. During these in-person meetings, we not only reviewed articles, but also incorporated a continuing education element to improve our knowledge and reviews. The first session discussed how to consider qualitative research, and the next discussed research ethics boards. Moving forward, in 2025, we expect to again hold most meetings virtually by Zoom and some meetings in person, keeping in line with Doctors of BC guidelines as they evolve.

We remain a hybrid print and online publication, in keeping with the most recent member survey. We look forward to renewing the survey in 2025 and continuing to evolve our digital offerings, as we have done with our new "early online." You will also see some new article categories, including Clinical Images and BC Stories, as well as a refinement of different Clinical Article types. We have also introduced a Physician Spotlight, although uptake in this category has been slow. Through the Physician Spotlight, we continue to seek opportunities to involve physicians around the province, highlighting themselves or their colleagues and what they're doing.

We've learned from the tremendous increase in Letters to the Editor that there is excellent reader engagement, which appears to be growing substantially, and this spans physicians from across the province. We sincerely believe that the addition of the new article types will continue to involve our colleagues and communicate their expertise and experience. We have also added to and refined our author guidelines, submission process, external review process, and website to continually improve the author and reader experience.

Our most ambitious and ongoing project is the initiative to get us indexed by PubMed and other indices, such as Medline. I initiated this project shortly after taking over as editor-in-chief. In conjunction with the editorial team, Jay Draper, Tara Lyon, and Joanne Jablkowski, I continue to work with our consultants on refining the journal's processes and digital referencing, in line with current and future expectations. Hopefully in 2025, we will submit for consideration of indexing, and we look forward to keeping you apprised of these developments. This has involved extra work and detailed review by the editorial team members, and I extend a deep gratitude to them for their dedication to this project.

As always, I would also like to express my gratitude to my fellow Editorial Board members as well as all of our readers for taking time to participate in the journal. I sincerely believe that sharing information and active communication between our colleagues makes medicine in our province stronger and makes us better doctors. We look forward to a productive 2025.

Caitlin Dunne, MD, FRCSC, Chair

COUNCIL ON HEALTH ECONOMICS AND POLICY

The Council on Health Economics and Policy (CHEP) develops policy positions that enable Doctors of BC to engage meaningfully on issues that matter to members and to advocate on your behalf. 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.

CHEP had another productive year of policy development and physician engagement. In early 2024, CHEP published its "Scope of Practice for Health Professionals" policy statement, providing Doctors of BC with updated principles to advance our advocacy efforts on this important topic. The policy underscores that any proposed changes to the scope of practice of health professionals should include a meaningful consultation process with relevant stakeholders and should optimize each team member's skills and expertise to protect the quality of care and the safety of patients.

CHEP ALSO DEVELOPED TWO RESOLUTIONS:

- Access to medical imaging: "To address long diagnostic wait times and delayed provision of care across a variety of health care contexts and specialties, Doctors of BC calls for immediate actions to address critical challenges with access to medical imaging services in BC."
- Restricting sick notes: "Doctors of BC believes that requirements for employees to provide sick notes to satisfy an employer's medical absenteeism policy is often an inefficient use of physicians' time, places an avoidable burden on health sector resources, and unnecessarily exposes the population to communicable diseases by forcing ill patients to leave their homes. As such, Doctors of BC recommends that the provincial government restrict public and private sector employers' ability to require sick notes to circumstances where a patient has taken extended leave and where a physician can provide meaningful clinical insight."

CHEP's focus areas for 2025 include developing policy on artificial intelligence (AI) in health care, addressing critical wait times for health care services across the province, and health human resource planning. Work is well underway on CHEP's AI policy statement, and several member engagement initiatives have already been initiated in this area.

I'd like to express a heartfelt thank you to the staff at Doctors of BC who support CHEP, along with the dedicated committee members who meet regularly to provide critical insight and perspectives on key policy development. Our members contribute to CHEP in addition to their clinical practice and a multitude of other leadership initiatives. The dedication of our physicians to valuable conversations at CHEP helps drive our profession forward.

Inderveer Mahal, MD, Chair

COUNCIL ON HEALTH PROMOTION

The Council on Health Promotion (COHP) is a physician-led committee that develops policy positions that form the foundation of Doctors of BC's advocacy work related to health promotion and illness/injury prevention.

In 2024, COHP released its policy paper Improving Substance Use Care and Prevention in BC. This paper builds on our 2009 policy paper, Stepping Forward: Improving Addiction Care in British Columbia, and calls for a better substance use system of care that reduces stigma, prevents or minimizes substance use harms, and enables all British Columbians to access the care and services they need when and where they need them. Specifically, the paper emphasizes the need for a concrete, actionable, and sustainably funded and resourced work plan to implement the focus areas outlined in the Ministry of Mental Health and Addictions' Adult Substance Use System of Care Framework, and the need for a complementary framework for child and youth substance use care.

COHP has been developing a policy statement on child and youth mental health care to further Doctors of BC's advocacy work on this issue. This new policy builds on our 2014 paper, Reaching Out: Supporting Youth Mental Health in British Columbia, and calls on the provincial government to re-evaluate the current structure and services for child and youth mental health and establish a coordinated and sustainable system of care. The policy was informed by member engagement and extensive stakeholder consultation. Implementation of the recommendations from this policy is needed more than ever, as children and youth are not receiving the care they need, leading to a crisis in child and youth mental health. Stay tuned for the official launch and publication of this policy statement in 2025. Thank you to all the committee members for their hard work on this topic.

To move other important priority areas along, COHP continues to meet with external collaborators. This year, we've met with the Office of the Seniors Advocate, the Ministry of Health's Climate Resilience Unit, the provincial Healthy Living Program, and the BC Centre for Disease Control. COHP looks forward to continued engagement with these and other collaborators in 2025.

COHP members continued to write well-documented and highly relevant BC Medical Journal articles on a variety of health promotion topics, including postpartum cardiovascular health, screen time, falls prevention, food insecurity, artificial intelligence in health care, misinformation, and the effects of natural gas.

In addition to exploring opportunities for collaboration to support planetary health, COHP's focus area for 2025 is prevention, building on Doctors of BC's policy of a lifetime prevention plan. We appreciate our ongoing and departing members and the Doctors of BC staff who enabled this work. COHP is thankful to all the physicians who promote health in their daily work and those who participate in Doctors of BC's annual Walk with Your Doc.

Katharine McKeen, MD, Chair, Michael Slatnik, MD, Vice-Chair

DIGITAL HEALTH LEADERSHIP COMMITTEE

The Digital Health Leadership Committee has been actively discussing critical priorities within the framework of four strategic objectives: patient empowerment, provider experience, connected health, and business enterprise. Notable developments include the implementation of hybrid models of care for virtual emergency departments and collaboration with Northern Health to establish a virtual emergency department.

Digital health leadership has emphasized the necessity for technical advancements, particularly in the integration of electronic medical records, to enhance patient attachment and ensure a smooth transfer of patient panels to the provincial attachment system. The business case for provincial clinical information systems, specifically Cerner and Meditech, is progressing with wider input from various health authorities and will be presented to Doctors of BC's Digital Health Caucus for feedback. This input will inform the creation of a digital road map for these systems.

Additionally, the committee reviewed the Practical Considerations for Implementing AI Scribes report from Doctors of BC. This report facilitated discussions around the roles of physicians in both health authority and community settings, while also addressing the potential challenges associated with using AI scribe tools.

Key achievements in 2024 have been noted in the area of “connecting the health system,” particularly within the digital referrals and orders sector, where significant progress has been made in adoption, optimization, and engagement.

Josh Greggain, MD, Physician Representative

DIGITAL HEALTH CAUCUS

The Digital Health Caucus is a forum for physicians who have been appointed as Doctors of BC representatives to share their work with other providers to solicit input and feedback, but most importantly to gain visibility for the ongoing and complex digital health environment they operate within. This group was refocused in Q3 of 2024 to include supporting the physician representatives of the EMR Governance Committee. Members will provide a broad, informed perspective on the provincial digital health projects they are engaged in that impact electronic medical record (EMR) vendors, with the primary goals of supporting the reduction of administrative burdens and supporting the physician leads on the EMR Governance Committee. The caucus will meet quarterly, aligning with the EMR Governance Committee meetings.

Birinder Narang, MD, Co-Chair

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. The steering committee aims 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. Initial work has involved supporting eReferrals, and work has also begun on eOrders and eSubmissions.

In the summer of 2024, the steering committee supported the successful launch of the DRO program. When the DRO program launched, the product supporting the program, OceanMD, had existing integrations with three community electronic medical record systems, which were leveraged as a starting point. We have continued to build other integrations to ensure wider accessibility, while supporting products that have an established footprint in BC. This work will continue in 2025, including integrating with hospital-based clinical information systems.

A significant achievement in 2024 was engaging with 60% of community specialties and supporting 15 specialty working groups, with almost 200 members, during the launch of the DRO program and subsequent collaborative work to start standardizing referral approaches. These groups have been highly effective in demonstrating the power of multidisciplinary collaboration.

By the end of 2024, 17 digital referral forms had been created, replacing hundreds of disparate forms, supporting specialties such as endocrinology, gastroenterology, internal medicine, and orthopaedic surgery. Over 50 sites have gone live within the first few months of launching the DRO program, with over 200 sites in various states of deployment. We have also recently connected with community imaging clinics to enable electronic ordering of community-based imaging exams. With over 3 million exams performed in community imaging clinics annually, this represents a significant opportunity to support patient access to diagnostics.

Significant work is going into reducing the administrative burdens faced by physicians on a daily basis. In addition to eReferrals, the development of eOrders is also well underway, starting with an integrated standardized outpatient lab requisition that can be submitted securely to LifeLabs. Finally, work is also underway to support the integration of Special Authority forms into the DRO program. Over 100,000 Special Authority requests are submitted to the Ministry of Health annually. We look forward to significantly reducing the 370 existing forms into modernized, consolidated, and integrated forms by the end of 2025. This process will be supported by another set of specialty working groups.

Birinder Narang, MD, Co-Chair

EMR GOVERNANCE COMMITTEE

A new EMR Governance Committee has been formed, with a mandate to support collaboration on provincial digital health projects impacting electronic medical record (EMR) vendors, reduce burdens on doctors, and facilitate vendor–user interaction. Membership is from the Ministry of Health, Doctors of BC, and Provincial Health Services Authority.

OBJECTIVES OF THIS PIVOTAL GROUP INCLUDE:

- Develop a strategic plan for the committee to engage EMR vendors.
- Facilitate and prioritize a clear and consolidated view of physicians' digital health needs as input to projects impacting EMR systems and workflows, including EMR standards and change management services.
- Provide strategic guidance on digital health initiatives impacting EMR systems and provide guidance to vendors on priorities.
- Provide an escalation point for physician concerns with EMR vendors and provincial clinical information systems (being the defined escalation point for the EHR memorandum of understanding).
- Foster provincial engagement on the development of an EMR governance program related to data governance, privacy, and security.

Achievements in 2024 included approval of the terms of reference by the Doctors of BC Board. Planning and strategy meetings will be held in the first quarter of 2025, followed by a quarterly meeting schedule. The EMR Governance Committee will play a pivotal role in ensuring physician input on projects impacting their EMR systems.

Elizabeth Swiggum, MD, Doctors of BC Board Representative and Co-Chair
Jaron Easterbrook, MD, Joint Collaborative Committees Representative

FAMILY PRACTICE SERVICES COMMITTEE

The Family Practice Services Committee (FPSC) is a partnership between Doctors of BC and the Ministry of Health focused on strengthening support for family physicians and their patients. Dedicated to longitudinal family practice as the foundation of an integrated system of care, FPSC is helping transform primary care.

OVER THE PAST YEAR, FPSC FOCUSED OUR WORK ACROSS THREE KEY DOMAINS THAT HELP FAMILY PHYSICIANS:

- Compensation supports that recognize how and where family physicians practise.
- System supports that improve primary care across BC.
- Practice supports that reduce administrative burdens, foster collaboration, and enhance patient care.

In an ever-evolving landscape, we are making a difference together for our patients, our communities, and our profession.

Compensation supports

In June 2024, family physicians enrolled in the Longitudinal Family Practice Payment Model were able to begin billing for facility-based services, including long-term care, palliative care, pregnancy and newborn care, and inpatient care. FPSC provided extensive billing education and support as well as coaching to help physicians move to this new billing model. In response to compensation changes, challenges, and feedback from physicians, FPSC aligned physician supports provided through the FPSC Long-Term Care Initiative and inpatient care initiatives.

FPSC is committed to partnering with family physicians and the Divisions of Family Practice to adopt improved approaches to long-term care and inpatient care. A new payment for comprehensive care will launch in mid-2025 to support family practice in rural and mid-sized communities.



System supports

FPSC provided significant input to the Ministry of Health's development of the Provincial Attachment System (PAS), including helping physicians access PAS and upload and maintain an accurate PAS panel registry aligned with their electronic medical record (EMR) system. FPSC guidance and resources help clinics manage patient panels, safeguard data, optimize health technology, and reduce burdens.

FPSC formed a Long-Term Care Initiative Advisory Group to engage physicians, the Divisions of Family Practice, health authorities, and long-term care facilities to address key system issues in long-term care.

FPSC provides tools and resources to support team-based care. In 2024, BC introduced the Nurse in Practice Program, enabling family physicians to recruit and integrate registered nurses and licensed practical nurses into their core clinical team. FPSC helped shape the program's initial design to better incorporate a physician perspective and, using feedback from the Divisions of Family Practice, created a virtual guide and webinar series to support implementation. FPSC continues to provide feedback from physicians in the program to the Ministry of Health to help guide its further evolution.

FPSC's ongoing support and funding enabled the Divisions of Family Practice to support family physicians and lead primary care transformation in their communities, while continuing to support physician access to coverage. FPSC also announced preparations for a provincial expansion of the After Hours Care program.

Practice supports

The Doctors Technology Office and the Practice Support Program provide practice improvement resources, including the Protecting Patient Information course for medical office assistants, practice guidance for AI scribes, and EMR Skill Building Sessions.

The Divisions of Family Practice, largely funded by FPSC, provide much-needed practice, collaborative, and individual supports at the local level, broadly focused on physician wellness, local advocacy, and patient care.

Sari Cooper, MD, Doctors of BC Representative
Ted Patterson, Ministry of Health Representative

PICTURED:

Dr Sari Cooper speaks at the Joint Collaborative Committees 2024 Pre-Forum. The Pre-Forum encourages attendees to highlight quality improvement (QI) work, with projects showcasing team-based care and innovative ideas to address health care challenges and gaps.

GOVERNANCE COMMITTEE

The Governance Committee is a statutory committee that advises the Board of Directors on matters related to the association's governance. The Governance Committee accomplished much in 2024. The year began with a review of the association's 2024–2029 strategic plan and its grounding governance principles to set the stage for work plan prioritization and phasing discussions. We then kicked off a multi-year, phased approach to reviewing two of Doctors of BC's central governance bodies—the Board and the Representative Assembly (RA)—with a focus in 2024 on enhancing Board business continuity.

The committee's review of the Board structure led to bylaw amendments approved by a members' referendum in the fall of 2024, and the subsequent establishment of a slightly larger Board of Directors, which now includes the past president and an additional director at large.

While continuing to support the Board in reviewing and providing input on various Board policies and procedures, the Governance Committee began planning for the RA phase of our governance structure review. The committee's final meetings of 2024 considered how to ensure the committee was hearing from a wide variety of members, including RA delegates themselves, on this important topic. The committee recommended, and the Board approved, the establishment of an ad hoc subcommittee for 2025 to support the association in its visioning of a future state for the RA.

Other accomplishments included reviewing the terms of reference for the new Physician Business Services Oversight Committee and recommending an expansion of the joint Physician Services Committee to allow for greater physician representation. The Governance Committee also offered further refinement to the process for establishing new sections and recommended a review of the Awards Committee's terms of reference to enhance opportunities for recognizing member accomplishments.

John A. Soles, MD, 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 as well as high-quality, appropriate patient care through the development of clinical practice guidelines. 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 2024:

- Antinuclear Antibody (ANA) Testing (updated)
- Chronic Obstructive Pulmonary Disease (COPD) (updated)
- 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
- Venous Thromboembolism

THE FOLLOWING BC GUIDELINES WERE IN DEVELOPMENT IN 2024:

- Adults with Obesity and Overweight: Diagnosis and Management
- Cervical Cancer Prevention and Screening
- Chronic Kidney Disease
- Primary Care Management of Depression in Adults
- Rheumatoid Arthritis: Primary Care Management
- Stroke and Transient Ischemic Attack
- Tobacco Use Disorder (TUD)

OTHER GPAC UPDATES:

- [BCGuidelines.ca](https://www.bcguidelines.ca) had over 671,000 unique website sessions in 2024, a 29% increase over 2023.
- Three BC Guidelines e-newsletter editions were shared with more than 1,400 subscribers.
- BC Guidelines were promoted at three conferences, medical student presentations, and nurse practitioner student presentations.
- Two BC Guidelines, Asthma Diagnosis, Education and Management and Concussion / Mild Traumatic Brain Injury (mTBI), were the subject of Child Health BC webinars.
- The UBC CPD eLearning module Falls: Predictable and Preventable was based on the BC Guideline Fall Prevention: Risk Assessment and Management for Community-Dwelling Older Adults.
- The guideline development process was updated to incorporate environmental and climate considerations.
- The GPAC formalized a memorandum of understanding with PathwaysBC to adapt clinical algorithms for point-of-care use.
- The GPAC continued to strengthen our relationships with UBC CPD, the UBC CPD Practice Improvement Hub, the Patterns of Practice Committee, Provincial Laboratory Medicine Services, the First Nations Health Authority, and the Medical Imaging Advisory Committee.
- The GPAC's patient partner term was extended to ensure patient perspectives are included in the BC Guidelines.

Kate Puckett and Julia Stewart, MD, Co-Chairs

INCLUSION, DIVERSITY, AND EQUITY ADVISORY (IDEA) COMMITTEE

The Inclusion, Diversity, and Equity Advisory (IDEA) Committee is pivotal in guiding Doctors of BC on equity, diversity, and inclusion (EDI) matters. Its mandate includes making informed recommendations on governance, membership, and the medical profession, ensuring that EDI principles are deeply embedded across our association and reflected in all our initiatives.

As part of our unwavering commitment to EDI, we are excited to introduce a new engagement initiative this year. This initiative fosters meaningful connections with our diverse members, allowing us to gain valuable insights into their unique perspectives on EDI. Through a comprehensive approach involving surveys, focus groups, and interviews, we aim to amplify member voices and identify actionable opportunities for transformative change. This collaborative process will ensure that our solutions are inclusive and aligned with our organizational goals.

EDI remains a priority for Doctors of BC and is a core principle of our 2024–2029 strategic plan. By participating in this engagement initiative, members will have the opportunity to help shape the future of Doctors of BC, creating a professional community that is truly inclusive, equitable, and representative of all its members. Member voices are essential to this mission, and together, we can build a stronger, more inclusive future for the medical profession in British Columbia.

Faisal Khosa, MD, FRCPC, Chair

JOINT BENEFITS COMMITTEE

The Joint Benefits Committee oversees and allocates 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, including the Quarantine Income Replacement benefit.

For 2023–2024, the Contributory Professional Retirement Savings Plan increased its maximum basic and length-of-service benefits to \$6,900 and \$5,700, 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 2023–2024 increased to \$3,500. 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 increased to \$1,300 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 2023–2024 provided a 100% rebate of fees to all eligible physicians.

The Physicians' Disability Insurance (PDI) plan 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 (QIR) benefit compensates physicians required by the provincial health officer to undergo a period of quarantine due to exposure to a communicable disease while providing insured medical services in BC. The QIR benefit has now been formally adopted into the PDI contract for those with PDI coverage. Compensation is paid at a rate equal to the maximum benefit available under the PDI, for a period of up to two weeks.

The table below outlines benefit levels over recent years.

Sanjay Khandelwal, MD, Co-Chair

PROGRAM	2021–22	2022–23	2023–24	COMMENTS
Contributory Professional Retirement Savings Plan	\$9,000	\$11,100	\$12,600	Benefit maximum
Continuing Medical Education Fund benefit	\$2,200	\$2,200	\$3,500	Benefit maximum
Parental Leave Program	\$1,000 / week	\$1,000 / week	\$1,300 / week	Benefit maximum
Canadian Medical Protective Association rebate program	\$60.3 million	\$52.9 million	\$52.9 million	Program funding
Physicians' Disability Insurance plan	\$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

NOMINATING COMMITTEE

The Nominating Committee is a statutory committee that reports directly to the Board of Directors. 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 the strategic aims of Doctors of BC: membership involvement and engagement with the organization. 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 time. Decisions are based on the mandate and needs of the committee, the skills and qualifications of current members, the 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 five times in 2024, discussing more than 135 applications to fill approximately 35 positions for member, chair, and co-chair roles. Meetings were a mixture of virtual and in person, with a hybrid option for the in-person meetings.

Among its many accomplishments in 2024, the Nominating Committee interviewed for and recommended a successor chair for the Tariff Committee. Also notable was the task of recommending six members to comprise the newly created Physician Business Services Oversight Committee.

The committee is grateful for the support of the Doctors of BC staff who make this important work possible.

Gregory Deans, MD, Chair



PATIENT SUMMARY STEERING COMMITTEE

The Patient Summary Steering Committee provides strategic guidance and oversight to the provincial Patient Summary Project. This project seeks to improve the efficiency and effectiveness of sharing patient information between providers to support transitions in care. The project will provide an integrated data-sharing solution that will enable community primary care physicians to share key contextual information about a patient's health and treatment with providers working in facilities. This will help streamline processes, reduce time gathering collateral information, and improve patient care. The solution will be designed to become available provincially through integration with major electronic medical record systems and provincial platforms.

The provincial Patient Summary Project builds on Shared Care Committee project work in Victoria and aligns with the Pan-Canadian Patient Summary – Fast Healthcare Interoperability Resources Implementation Guide to support interoperability between systems. The steering committee seeks to advance the functionality and design of the provincial Patient Summary to ensure the provincial solution meets the needs of users. The steering committee works to align efforts with provincial strategic mandates and support effective project implementation, while promoting clinical best practices and supporting patient safety.

Throughout 2024, the steering committee initiated and maintained considerable physician engagement and worked closely with the Patient Summary Clinical Advisory Group to gather feedback and validate clinical requirements important for both senders and receivers of the Patient Summary.

This work will continue into 2025, alongside user testing and pilot use of the Patient Summary in practice. The committee continues to seek physician feedback on the Patient Summary as this work progresses. Please contact digitalhealth@doctorsofbc.ca for more information or to get involved.

Laura Phillips, MD, Lisa Veres, MD, Co-Chairs

PATTERNS OF PRACTICE COMMITTEE

The Patterns of Practice Committee (POPC) is an advisory committee of the Medical Services Commission (MSC). On behalf of the MSC, POPC reviews audits and educates physicians regarding billing and audits. POPC also provides education to individual physicians, as well as general billing education regarding appropriate billing practices related to anonymized audit findings.

POPC has seven physician members: four nominated by Doctors of BC, one nominated by the College of Physicians and Surgeons of BC, one appointed by the MSC, and one appointed by the Compensation and Policy Branch of the Ministry of Health.

IN 2024, POPC CONTINUED TO FOCUS ON PHYSICIAN EDUCATION. POPC SENT OUT 587 EDUCATIONAL LETTERS TO PHYSICIANS ACROSS TWO EDUCATIONAL PROJECTS:

- In collaboration with the Guidelines and Protocols Advisory Committee, POPC sent 159 letters to physicians identified as ordering high volumes of vitamin B12 tests, as a result of an 87% increase in vitamin B12 ordering from 2013 to 2020. Physicians were also provided with the 2023 updated BC Guideline Cobalamin (Vitamin B12) and Folate Deficiency. POPC will review and compare vitamin B12 ordering data in 2025 to evaluate the impact of the educational letters in reducing vitamin B12 ordering.
- The second project was regarding select Family Practice Services Committee (FPSC) incentive fee items often found to be in error in family physician audits. POPC sent 428 educational letters to practitioners who billed FPSC planning fees in higher proportions compared with their peer group in 2022, for one or more of the seven FPSC planning fees (14033, 14043, and 14075) and chronic disease management fees (14050, 14051, 14052, and 14053). Providing educational letters to physicians regarding their outlier status allows physicians to review their billing patterns to ensure all requirements of fee items are met and helps reduce the risk of errors in the event of an audit.

The Mini Practice Profile Working Group completed the final phases of the redesign of a new interactive Mini Practice Profile (MPP) for both specialists and family physicians who bill from the MSC Payment Schedule. The updated MPP will improve the display and interpretation of the MPP data to help physicians identify billing patterns that may increase their risk of a billing audit.

POPC COLLABORATED WITH BUSINESS PATHWAYS TO PRESENT TWO CONTINUING MEDICAL EDUCATION ACCREDITED AUDIT AND BILLING SESSIONS FOR DOCTORS OF BC MEMBERS:

- An Introduction to Understanding Your Mini Practice Profile.
- Why a Billing Audit? The Process Explained.

Attendance and feedback have been excellent, and POPC will continue to provide this educational series annually.

Janet Evans, MD, Chair

PHYSICIAN BUSINESS SERVICES OVERSIGHT COMMITTEE

As part of Doctors of BC's five-year strategic plan, one area identified as a priority is an expansion of support and resources to physicians in areas of practice management. To that end, the Physician Business Services team was created to curate, design, and roll out business services and tools for physicians. The busy advisors also engage in crafting personalized guidance where required.

Following this successful launch, the Physician Business Services Oversight Committee (PBSOC) was struck in 2024 and came together for the first time in August 2024. Seven committee members were appointed, including three specialists, Drs Pamela Jee, Gilbert Lam, and Noa Mallek, and three family physicians, Drs Meera Anand, Mandy Manak, and Julie Wilson. The seventh physician member on the committee is filled by the president-elect. Previously welcoming Dr Charlene Lui in that role, PBSOC looks forward to working with Dr Adam Thompson in 2025. PBSOC's role going forward is to identify emerging trends in the business needs of BC physicians and offer guidance to the Physician Business Services team on existing gaps in support. It will also act as a voice and representative of the Physician Business Services team to physician members when required. This ensures physicians are consulted and their voices are heard.

PBSOC looks forward to a busy 2025, including reviewing current materials, such as the Business Planning Toolkit, the Human Resources Toolkit, and the Contingency Planning Toolkit. A further key initiative will be outreach through different physician avenues to promote awareness of the Physician Business Services team. The Physician Business Services team will also conduct another business needs gap analysis of the BC-specific landscape, aiming to be completed by May 2025. We hope that by fall 2025, physicians will have even more choice and access to tools to implement.

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

The Physician Health Program (PHP) helps physicians and their families by providing confidential and personalized support with a variety of issues, including physical health, mental health, addictions, and navigating difficult relationships. The Physician Health Program Steering Committee is tasked with producing a multi-year strategic plan for the program that aligns with the priorities of the funders. It also approves 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 2024, the steering committee met three times. We provided guidance and oversight to support the PHP in meeting its four strategic priorities: enhance support provisions, grow as a culturally safe program, proactively educate and engage, and build community and partnerships.

The steering committee also approved the new PHP brand alignment under the Doctors of BC vision.

PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

The Provincial Laboratory Physician Workload Model Committee (LPWMC) 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 currently being assessed by a recently established advisory subcommittee to determine how the model will be used in or related to local laboratory physician contracts. The subcommittee will be testing the model, making necessary modifications, collecting data across the province, assessing the model's operationalization, and reporting back to the LPWMC.

The clinical pathology workload model is undergoing a feasibility assessment for how the model could be used with provincial electronic laboratory test data to provide ongoing data-driven future full-time-equivalent allocation. Additionally, the committee recognizes the importance of adding infection prevention and control workload to the medical microbiology workload model.

The committee will continue to meet over the next year to track progress on the testing of the anatomical pathology model and to make further progress on determining how best to refine and use the clinical pathology workload models.

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

PROVINCIAL MOCAP REVIEW COMMITTEE

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

In 2024, the PMRC undertook an evaluation of the MOCAP redesign, conducted by Mr Rod Frechette. A report has been distributed to the Ministry of Health and Doctors of BC. Overall, there was a positive response to the redesign, while at the same time, many comments, suggestions, and concerns were noted from various groups about various aspects of MOCAP. These could be reviewed once a process is established for doing so.

As this is a year for negotiating the Physician Master Agreement, it may be an opportune time to look at the role of the PMRC.

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

The PHP's core operational funding comes entirely from the Ministry of Health. Use of the program's services remained elevated in 2024, with 1,757 new cases. The PHP matched 658 physicians and medical learners with their own family doctor, a core service that continues to ensure our physician population has access to the longitudinal care they need. Virtual peer support and learning groups, developed in collaboration with relevant partners and stakeholders, were offered to all BC physicians. In 2024, ongoing support groups included the BIPOC Peer Support Group, Executive Function Skills groups, Cognitive Behavioural Therapy Skills groups, and quarterly Speaker Series learning sessions, serving approximately 620 physicians in group-based sessions.

The PHP also provides services to members of the Newfoundland and Labrador Medical Association, the BC Dental Association, and the Medical Society of Prince Edward Island, similar to the support provided to BC physicians, and maintained agreements with those organizations.

The PHP received 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 has supported 14 BC organizations in developing local peer support programs and has trained 90 physician peer supporters to deliver non-clinical peer support. So far, 362 peer support conversations have been facilitated through this initiative. The PHP also hosted two gatherings of the Physician Wellness Network, an initiative that brings together non-profit organizations from across the province that are leaders in physician wellness to facilitate knowledge sharing, provincial collaboration, and alignment. We would like to thank the members and staff of the steering committee for their ongoing collaboration, care, and leadership in supporting the health of physicians in BC. The PHP will continue to focus on providing high-quality, responsive support to BC physicians by engaging in continuous quality improvement, strengthening our partnerships, and continuing physician wellness initiatives.

Mandy Manak, MD, Doctors of BC, and **Jess Bossert**, Ministry of Health, Co-Chairs

REFERENCE COMMITTEE

The Reference Committee acts in an advisory capacity to the Medical Services Commission (MSC). It reviews fee-for-service disagreements between the Medical Services Plan (MSP) and fee-for-service 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.

The Reference Committee met once in the fall of 2024 and reviewed three cases for adjudication: two orthopedic cases and one plastic surgery case.

In 2024, the committee welcomed two new members: a vascular surgery representative and a plastic surgery representative. We would like to thank our outgoing vascular surgery representative for serving on the committee for the last 20 years. In addition, we would like to thank Doctors of BC staff members Dr Sam Bugis and Ms 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.

Facilitate collaborative change and innovation

The SCC has continued to approve and fund innovative, collaborative, physician-led solutions that make a measurable impact in addressing gaps in local care in BC communities. In 2024, 35 physician-led patient care improvement projects were completed, including 14 focused on the key Physician Services Committee priorities of addictions and seniors' care. The program continues to emphasize sustainability and spread, with several projects extending their reach regionally and/or provincially. For example, the North Shore Division of Family Practice's Care in Custody project, which helped patients with opioid addiction receive appropriate medical care while in short-term custody, will expand to several other custody facilities in BC.

Increasing impact

In 2024, the SCC adopted a new approach to project support. In late 2024, the SCC received 45 expressions of interest through a call for proposals on cancer care to support physician-led initiatives aligned with the BC Cancer Action Plan. From the available budget, an advisory committee of cancer care subject matter experts selected 18 projects for funding.

The highly successful Shared Care: Partners in Care event, held October 16–18, welcomed over 200 participants. The event focused on measurable impact on patient care and physician practice and included rapid fire presentations where attendees could hear about SCC projects and ask questions. Strong collaboration across the Joint Collaborative Committees continues through partnership with the Specialist Services Committee, which supports the SCC's Surgical Patient Optimization Collaborative; Perioperative Clinical Action Network; and Physician Quality Improvement Initiative, including the Alum Hub and the Spreading Quality Improvement initiative.

Platforms for leadership and impact

The Communities of Practice have been advancing and expanding their work in two key areas of care: perinatal care and child and youth mental health and substance use.

Developed with the leadership and expertise of the Child and Youth Mental Health and Substance Use Community of Practice and UBC CPD, the Child and Youth Substance Pathway Overview was published in late 2024. The associated webinar is available through UBC CPD. This enhanced care pathway provides key guidance and resources for physicians about how to assess and support conversations with children and youth on identifying and managing problematic substance use.

The Perinatal Community of Practice collaborated with Perinatal Services BC and the Midwives Association of BC to publish the Team-Based Perinatal Care Snapshots summary report. This report includes case studies and resources to support team-based care delivery and will allow the Community of Practice to understand and act on system gaps.



PICTURED:

Dr Suzanne Campbell and other participants applaud during the Perinatal Community of Practice (CoP)'s inaugural annual engagement event on March 1, 2024. This event united physicians, nurses, midwives, Ministry staff, and others to discuss perinatal care in British Columbia and strengthen professional relationships.

Several long-term representatives left the SCC in 2024, including Ministry of Health co-chair Shana Ooms, who is now co-chair of the Specialist Services Committee, and Dr Cole Stanley, who completed his six-year term as Doctors of BC family practice representative alternate in October. Eugene Johnson joined as the new Ministry of Health co-chair in June 2024. We thank them all for their work on the SCC.

Ian Schokking, MD, Eugene Johnson, and Shana Ooms, Co-Chairs

SPECIALIST SERVICES COMMITTEE

The Specialist Services Committee (SSC) supports BC specialists in addressing clinical and health system challenges with innovative solutions. The SSC achieved the following in 2024, organized under three pillars.

Supporting specialist care innovation

In 2024, 10 clinics established a team-based care model through the Specialist Team Care Collaborative, surpassing their goals. The patient experience improved for 95% of patients (target 90%), provider satisfaction improved for 93% of providers (target 90%), clinical capacity increased by 53% (target 50%), and acute care reliance decreased by 26% (target 25%). Building on this success, a new Consultant Specialist Team Care cohort was launched in June 2024.

The Enhancing Access Initiative improved patient access through supports like single-entry models and waitlist management systems. A standardized provincial gastroenterology referral form was also developed, streamlining processes and improving communication. The Artus Health Centre project integrated five electronic medical record databases, providing 10 physicians and locums access to 70,625 shared patient records.

Surgical care in 2024 focused on surgical prehabilitation, enhanced recovery, cancer care, equitable access, and the Perioperative Clinical Action Network Summit, which connected 154 attendees. Twelve physician-led innovation projects also launched this year.

The SSC's AI Contextual Charting pilot engaged 10 community-based specialists to assess AI scribe software versus traditional documentation. Results showed a 33% increase in physician engagement and a 12% decrease in consult time. The pilot's success led to the AI Scribe Burdens pilot, which explored potential time savings and reduced administrative and cognitive burdens.

An inquiry of the Advanced Access/Office Efficiency pilot evaluated solutions to improve office efficiencies and patient care for community-based specialists, with proposed next steps to develop a tailored support program.

Enabling specialists to be change leaders in the health care system

The Facility Engagement initiative's 2022–2024 Provincial Evaluation highlighted enhanced medical staff association (MSA) capacity, local engagement forums,

cross-MSA collaboration, and connections with health authority partners. It also supported MSA activities that improved patient care and addressed the dimensions of quality care. Member knowledge sharing grew, with increased content on the provincial website, peer round tables, workshops, and the first Facility Engagement Provincial Summit. Regional engagement between health authorities and MSAs included presidents' tables in five health authorities.

Helping specialists provide quality care

Over 300 specialist and family physicians participated in the Physician Quality Improvement (PQI) Initiative, with 182 completing advanced PQI level 3 training. These projects improved patient outcomes and experiences, increased health equity, and reduced system costs. The Provincial Physician QI Coaching Program also supported physicians in Joint Clinical Committee-funded initiatives. Through the Spreading Quality Improvement initiative, the Penicillin Allergy De-Labeling sprint project (Provincial Health Services Authority) expanded to all health authorities and developed a robust change package for sustainability. The Joy in Work Project (Interior Health Authority) and the Kudos Project (Northern Health Authority) closed, with 11 more projects from cohort 1 expected to close this spring.

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

STATUTORY NEGOTIATING COMMITTEE

The Statutory Negotiating Committee (SNC) represents physicians in negotiations with the Government of BC for the Physician Master Agreement (PMA). It pursues a mandate set by the Board of Directors, which is based on extensive consultation with members and member groups as well as a review by the Negotiations Coordinating Group and the Negotiations Forum.

The current PMA expires on March 31, 2025, and remains in force until it is replaced with a renewal agreement.

The members of the SNC met once in early 2024 to review the overall negotiations process and again to consider the negotiating plan as ex officio members of the Negotiations Coordinating Group.

The Board approved a mandate for the PMA negotiations at its meeting on December 13, 2024, which constitutes a direction to the SNC to proceed with PMA negotiations.

To date, the parties have signed a protocol agreement with government, which sets out the process by which PMA negotiations are to be conducted. However, substantive PMA negotiations have been delayed as a result of the provincial election last fall and will begin in April 2025.

Cathy Clelland, MD, Chair

TARIFF COMMITTEE

The Tariff Committee is a statutory committee mandated to advise the Board on medical economics matters, specifically relating to fee-for-service physician compensation. We review and recommend approval of fee guide changes submitted by the sections and societies; provide information, clarification, and direction to groups and members on Medical Services Plan (MSP) billing matters and policy; and maintain the processes and protocols for modifying the fee guide. We are supported by staff from the Economics team within the Economics, Negotiation and Advocacy Department.

There are eight meetings per year, attended by Tariff Committee members as well as MSP guests and Doctors of BC staff. We frequently welcome guests to our meetings, including representatives from sections and societies and other stakeholder organizations, as well as individual physicians. Working groups are often established to review and report on a specific topic and make recommendations to the Tariff Committee based on the findings.

The Tariff Committee continues to support priorities identified in the 2022 Physician Master Agreement, such as virtual care fees and the Business Cost Premium. The joint Tariff Committee–Ministry of Health Collaborative Gender Based Fee Review Working Group continues to meet, tasked with identifying fees that may be improved when considered through a gender equity lens. The Consultation Working Group, on hiatus since 2022, will reconvene in early 2025.

This work is in addition to the Tariff Committee's ongoing role in general fee increases, disparity funding, and new fee item funding approvals, along with issues brought to us by sections, societies, subsections, and individual physicians.

We would also like to express our gratitude and well wishes to Dr Brian Gregory. Dr Gregory was appointed to the committee in 2016 and served as chair from 2019 to 2024. The Tariff Committee looks forward to continuing to foster collaborative relationships to support our work on behalf of members.

K. Oona Hayes, MD, Chair

WORKSAFEBC LIAISON COMMITTEE

The WorkSafeBC Liaison Committee's mandate is to review issues and consult with physicians and applicable 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 2024, the committee focused primarily on the implementation of the 2022–2025 Physician and Surgeons' WorkSafeBC Services Agreement. This includes at least \$6,022,000/year in new funding by the final year of agreement, an overall 14.5% increase over the compensation base for WorkSafeBC-managed fees by the end of the contract, and another 1% in the third year if the BC inflation rate is high.

In the new agreement, WorkSafeBC continues to provide Doctors of BC with detailed quarterly data reports, including information on WorkSafeBC 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 area of focus related to the new agreement includes working with WorkSafeBC to better integrate billings into the Longitudinal Family Physician Payment Model. WorkSafeBC has committed to working with Doctors of BC to address this issue. The committee has also focused on top-priority issues for various physician specialties, including improving expedited surgery premium billing processes and WorkSafeBC referral mechanisms.

Finally, the committee continues to focus 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 continue work on agreement implementation and start preparations for the next set of negotiations.

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, FRCPC, Co-Chair

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. These agreements will expire on March 31, 2025.

These negotiations typically begin only after completion of the Physician Master Agreement (PMA) negotiations, which set a precedent for the WorkSafeBC agreements. As negotiations for the PMA are scheduled to begin only in the spring of 2025, the WorkSafeBC negotiations are not likely to begin prior to the fall of 2025.

Elliott Weiss, MD, FRCPC, Chair





Feature Story

We focus on supporting your practice so you can focus on patient care

The Family Practice Services Committee's (FPSC's) Practice Support Program (PSP) and Doctors Technology Office (DTO) help family physicians run their practices more efficiently, optimize their use of health care technology, and effectively manage their patient panels to provide proactive and preventive care.

In 2024, the PSP launched panel management group learning sessions focused on supporting family physicians through the three phases of panel management. Paired with one-to-one support from a PSP coach, the sessions aim to help physicians and team members improve patient care and workflow efficiency through improved electronic medical record (EMR) processes to identify resource needs, inform and plan proactive and preventive care, and explore opportunities for team-based care.

The DTO was also busy in 2024, publishing new guidance for physicians on the use of AI scribes in practice. This resource outlines practical considerations for choosing and implementing an AI scribe solution and provides an end-to-end implementation road map. It also includes an overview of privacy, security, regulatory, and ethical considerations and limitations for physicians.

A new initiative from the DTO was EMR Skill Building Sessions, which help physicians, medical office assistants, nurse practitioners, and other practice team members expand their expertise in using their

EMR system. The hour-long sessions offer time-saving tips and tricks, tackle common EMR challenges, and address "hot topics" specific to emerging initiatives for primary care providers.

To improve the spread and consistency of screening rates within the province, FPSC staff collaborated with the Ministry of Health's Healthy Living and Health Promotion Branch on the Lifetime Prevention Schedule project. The objectives were to identify and promote key screening and prevention mechanisms for diabetes, hypertension, and cardiovascular disease, as well as for colorectal, cervical, and breast cancer.

Comprehensive guides were also created for three EMR systems, including data entry guidelines, report examples, how-to documentation, and examples of quality improvement projects to help physicians more easily identify and implement clinical prevention services using their EMR data.

The Patient Experience Tool, launched in 2017, now includes questions specifically tailored to physicians supporting Indigenous communities and patients from diverse cultural backgrounds. These questions, and the patient experience of culturally safe care, mark a significant step forward in understanding the health care experiences of individuals from diverse backgrounds. For support with your practice needs, [submit a service request](#).



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Coordinating Groups and Working Groups

ADMINISTRATIVE BURDENS WORKING GROUP

This creation of the Administrative Burdens Working Group was negotiated as part of the 2022 Physician Master Agreement (PMA) to address the impact of administrative burdens on physicians. This joint working group has representatives from both Doctors of BC and the Ministry of Health. Much of the work is being conducted by Health Quality BC and was funded through the PMA.

Our focus over the past year has been on the burdens that were negotiated as part of the PMA with the Ministry of Health, the health authorities, and Doctors of BC. Initial focus areas include reducing burdens related to Special Authority forms, having health authorities take on responsibility for medical imaging appointment bookings made through them, and making improvements at BC Cancer.

Over the past year, work on medical imaging bookings has progressed well, with agreement that the responsibility for patient notification should lie with the health authorities. Recommendations for medical imaging bookings will save physicians approximately 180,000 hours per year. In the coming year, focus will shift to implementation of the recommendations. Much work has also been completed on Special Authority forms and improvements at BC Cancer, with the creation of sub-working groups dedicated to making recommendations to the Administrative Burdens Working Group.

Over the coming year, we hope to carry on with implementation for medical imaging bookings, while developing and finalizing recommendations for Special Authority forms and improvements at 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 administrative burdens are encouraged to email advocacy@doctorsofbc.ca.

Lisa Gaede, MD, Gordon Jung, MD, Physician Representatives

COLLABORATIVE GENDER BASED FEE REVIEW WORKING GROUP

Doctors of BC and the Government of British Columbia established a joint Collaborative Gender Based Fee Review Working Group to assess potential gender-based inequities within the fee-for-service system.

THE RESPONSIBILITIES OF THE WORKING GROUP, AS OUTLINED IN THE PHYSICIAN MASTER AGREEMENT, ARE AS FOLLOWS:

- The working group will develop principles and a methodology to assess whether gender-based inequities in fees for services exist.
- The working group will focus on:
 - Inequities in fees for services provided to patients who are women or gender diverse relative to those provided to patients who are men.
 - Inequities in fees for services provided predominately by physicians who are women or gender diverse relative to those provided predominately by physicians who are men.
- The working group will look at a number of ways to assess whether gender-based inequities in fees for services exist, including the relative fees and the impact on the practice patterns of physicians providing the service. Reasonable efforts will be made to appropriately control or account for other variables.
- The working group will determine the scope of the initial review—that is, which fees or sections of the Medical Services Commission Payment Schedule to review first. For example, the working group may decide to start with a review of the most commonly used fee items.
- The working group will use principles and methodology to undertake the initial review.

The working group met four times during 2024 and sought input from all sections and individual physicians, in addition to reviewing articles and other work related to gender-based inequities. Initial data reviews have also been undertaken and shared with sections for additional input.

The working group did find evidence of gender-based inequity, details of which will be included in the preliminary report expected to be completed by spring 2025.

Robert Anderson, MD, FRCSC, Co-Chair

COMMUNITY PHYSICIAN HEALTH AND SAFETY OVERSIGHT WORKING GROUP

The Community Physician Health and Safety Oversight Working Group was established in 2023 under the 2022 renewed memorandum of agreement on physician health and safety. The purpose of the group is to oversee the development of workplace health and safety enhancements and supports for community physicians and their staff. Led and supported by SWITCH BC, a Community Physician Health and Safety Program has been established under this group.

In 2024, the program gained momentum with the development of a few different projects and services. The first, a health and safety guide for community physicians, was completed in spring 2024. This resource outlines all legislative and regulatory requirements for community physicians, their co-workers, and their employees in BC.

IN THE SPRING, FREE, VOLUNTARY, AND CONFIDENTIAL HEALTH AND SAFETY CLINIC ASSESSMENTS WERE LAUNCHED. THIS SERVICE INCLUDES THREE PHASES:

- An initial consultation with community clinics to assess their current state.
- On-site health and safety assessments and support.
- Post-assessment follow-up, with specific recommendations provided.

In 2024, 20 clinics received an in-clinic assessment. Common themes on gaps that arise from these assessments will be used to develop future tools and resources to expand the program for community physicians.

A new Community Physician Health and Safety Web Portal was also developed. This portal provides comprehensive physician-specific resources to simplify the process of building a tailored health and safety program for a clinic, reducing administrative burdens. The portal is an interactive site with accessible checklists, comprehensive templates, learning resources, and progress tracking to create and maintain safer practices on your own timeline.

In addition to these resources, the Community Physician Health and Safety Task Group was struck to support the review and growth of the program through facilitated discussions. This group includes community physicians and specialists with varying backgrounds and demographics to ensure diversity, equity, and inclusion in the development of this work across the province.

In 2025, the focus of this group will be to expand the utility of existing resources within the program and identify, prioritize, and address additional community physician health and safety concerns.

I would like to thank the members and staff supporting this work for their dedication, collaboration, and participation. If you have any questions or concerns about this work, you are invited to contact advocacy@doctorsofbc.ca.

Kathy Lee, MD, Co-Chair

INSURANCE CORPORATION OF BC LIAISON WORKING GROUP

The purpose of the 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 for ICBC patients.

In 2024, Doctors of BC launched a formal review of the Enhanced Care model. This includes conducting physician interviews and questionnaires to identify pain points and areas that are working well with the model. Doctors of BC will be making recommendations to ICBC once the review is complete and will share the results with members over the next few months. Recommendations are tied to central themes stemming from the review, including improved communication, reduced administrative burdens, and compensation.

Other areas of focus over the past year were communication and education. As a result, we developed regular articles to streamline the information related to ICBC that goes out to members. The articles are being communicated to members through various sections.

In the coming year, we will be working with ICBC to implement recommendations made through the ICBC Enhanced Care model review. Communication and education will remain a large area of focus as we develop a multi-pronged strategic communication and education plan.

The working group looks forward to continuing to serve physician members by improving workflow processes and enhancing their ability to manage the care and recovery of patients who have been injured. Members can find updates on this work on the Doctors of BC website.

Liz Zubek, MD, Co-Chair

NEGOTIATIONS COORDINATING GROUP

The Negotiations Coordinating Group (NCG) is responsible for making a recommendation to the Negotiations Forum on the mandate—including strategic plan, core objective, and proposals—for all provincial negotiations and for supporting communication between the Statutory Negotiating Committee and the subsidiary negotiating committees during provincial negotiations.

The current Physician Master Agreement (PMA) expires on March 31, 2025, and remains in force until it is replaced with a renewal agreement.

The NCG met four times over the summer and early fall to review input from members, consider the negotiations environment, and recommend a negotiations plan for the 2025 PMA negotiations. The NCG approved a negotiations plan and forwarded its recommendation to the Negotiations Forum for further consideration. The Board approved a mandate for the PMA negotiations at its meeting on December 13, 2024.

Cathy Clelland, MD, Chair

NEGOTIATIONS FORUM

The mandate of the Negotiations Forum is to review the Negotiating Coordinating Group's recommendations on the 2025 Physician Master Agreement negotiations plan and mandate and to make its own recommendation to the Board of Directors. In making its decision, the Negotiations Forum considers member and sectional input, member survey results, priorities set by the Representative Assembly, and factors in the external environment affecting negotiations.

The Negotiations Forum met on three days in 2024: October 7, October 18, and October 28. Details of the Negotiating Coordinating Group recommendations were reviewed closely in the context of addressing the membership's most imperative concerns, meeting core objectives, and ensuring representation of all physician members. The Negotiations Forum members were in agreement with the negotiation direction proposal as presented, with few amendments. The final objectives and priorities were subsequently presented to the Doctors of BC Board for approval.

We anticipate that this plan will provide the Statutory Negotiating Committee with a solid platform for its negotiations with the government.

Karen E. Forgie, MD, Chair

PROVINCIAL PHYSICIAN HEALTH AND SAFETY WORKING GROUP

The Provincial Physician Health and Safety Working Group (PPHSWG) connects the Ministry of Health, the 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 the health authorities. The PPHSWG was established as part of the Physician Master Agreement (PMA) through the 2019 memorandum of agreement on physical and psychological health and safety, and resources were expanded under the 2022 PMA.

Under the PPHSWG, each health authority has a regional working group that consists of members from medical affairs departments, occupational health and safety departments, and Doctors of BC. These regional groups operationalize support for physicians by funding projects. Various regional projects have focused on building reporting pathways for blood and body fluid exposures, preventing workplace violence, and providing psychological safety training for medical leaders.

Additionally, the PPHSWG has partnered with SWITCH BC in its revamp of the provincial workplace violence training. We have assembled a task group of physicians from across the province to co-create a physician-specific curriculum that equips doctors in high-risk areas with the necessary skills to protect themselves. The online component of this training will be available in 2025, and we are optimistic that the new version of the hands-on in-person training and the team-based training will quickly follow.

In April 2024, the PPHSWG hosted the second annual Physician Health and Safety Summit, which brought together the regional working groups from across the province in person. Over two days, each group was able to collectively strategize on ways to make health care environments safer for physicians. Over 90 people attended; of the 49 who completed the evaluation survey, 96% were satisfied with the event and thought it was a valuable use of time. Attendees agreed that violence prevention, incident reporting and follow-up, change management, and physician onboarding need to continue to be areas of focus at the provincial level. We look forward to building upon the success of this gathering in April 2025.

Our working group would like to sincerely thank our outgoing physician representative, J. MacLeod, for their commitment to making emergency departments safer. We welcome and look forward to hearing the perspectives of our new representative, S. Chakrabarti. Other current members include E. Fukushima, C. Kim, S. Khan, N. Sidhu, J. Williams, and A. Wilmer.

Erin Fukushima, MD, and Christopher Clemence, Ministry of Health, Co-Chairs

Feature Story

The Community Physician Health and Safety Program: SWITCH to a safer practice



Managing a medical practice involves significant operational challenges beyond patient care. Physicians are increasingly burdened with performing administrative tasks, managing human resources, ensuring legal compliance, and providing a healthy and safe work environment. These responsibilities add to the already demanding work of providing quality patient care.

Recognizing these challenges, Doctors of BC and the Ministry of Health partnered to create the Community Physician Health and Safety Oversight Working Group, following the 2022 Physician Master Agreement. In 2023, the working group developed the Community Physician Health and Safety program, with significant support from SWITCH BC, an organization dedicated to the safety and well-being of BC health care professionals. SWITCH BC brings expertise in occupational health and safety, offering evidence-informed resources and practical support tailored to the unique needs of community-based physicians.

Throughout 2024, the Community Physician Health and Safety program offered comprehensive resources to help physicians create safer and more efficient practices. These resources include a guide outlining legislative and regulatory occupational health and safety requirements, encompassing areas such

as workplace violence prevention, working alone, and emergency preparedness and response. Free and confidential clinic health and safety assessments provide personalized recommendations based on best practices, and the web portal offers ongoing support and customizable tools to help implement recommendations and create a health and safety program. These ready-to-use tools are particularly valuable for new graduates navigating the complexities of practice management and health and safety compliance; however, they benefit physicians in all career stages. The program also offers access to subject matter experts who can provide guidance on specific health and safety challenges.

The program helps physicians proactively manage risks and maintain compliance with requirements such as WorkSafeBC regulations and provincial legislation. Physicians can use these resources to create healthier and safer work environments, allowing them to focus on providing excellent patient care.

For more information on the program or to schedule a free clinic assessment, visit [SWITCH BC](#) or contact Jennifer Zadorozniak at jennifer.zadorozniak@switchbc.ca.



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Reports of Sections and Societies

ALLERGY/IMMUNOLOGY (BC SOCIETY OF ALLERGY AND IMMUNOLOGY)

The BC Society of Allergy and Immunology (BCSAI) remains committed to fostering a strong community that advocates for and represents the interests of allergists and immunologists across British Columbia. We strive to promote the delivery of compassionate, high-quality care to individuals throughout the province.

Executive committee update

The BCSAI executive committee saw several changes this year. We extend our heartfelt gratitude to Dr Bahar Torabi (past president), Dr Siobhan Perkins (former vice-president), Dr Hasan Kular (former secretary), and Dr Stephanie Erdle (former treasurer) for their remarkable contributions and dedicated service to the BCSAI. In 2024, these leaders stepped down from their roles after years of hard work and support.

WE WARMLY WELCOME OUR NEW EXECUTIVE MEMBERS:

- Dr Angeliki Barlas (president)
- Dr Kevin Lee (treasurer)
- Dr Ryan Lo (secretary)
- Dr Arun Dhir (resident representative)

We look forward to their leadership and vision in guiding the BCSAI into 2025.

Professional initiatives

Thanks to the efforts of our economics representative, Dr Raymond Mak, the Tariff Committee granted two new temporary fee codes for delegated and non-delegated allergy provocation testing. This significant achievement increases compensation for prolonged patient observation during allergy challenges.

Additionally, members voted to allocate a greater proportion of disparity correction funding to adult and pediatric consultation fees. As we move forward, we anticipate approval from the Tariff Committee for proposed changes that aim to improve compensation for allergy skin testing.

Member engagement and education

The BCSAI hosted a successful annual general meeting from April 26 to 28, 2024, at the Pan Pacific Hotel in Vancouver. The event included updates on asthma management, rhinitis treatment, and angioedema workup, as well as hands-on sessions for contact dermatitis and patch testing. Members appreciated the opportunity to network and engage with colleagues, contributing to the event's resounding success.

Our members have voiced ongoing concerns regarding anaphylaxis management and patient education. To address this, allergists in the Lower Mainland and on Vancouver Island have begun providing targeted education to health care professionals. In addition, the BCSAI plans to launch a province-wide initiative to standardize subcutaneous immunotherapy administration, with a subcommittee to be established in the new year.

We also emphasized the importance of joining Consultant Specialists of BC, an organization dedicated to representing the interests of specialists across the province.

Health policy

Access to PharmaCare coverage for essential medications, such as biologic therapies, continues to present challenges for patients in BC with allergic conditions, such as chronic spontaneous urticaria. As allergy specialists, we witness the profound impact of this condition on patients' lives.

In late 2024, the BCSAI began lobbying the provincial government for expanded access to omalizumab. We submitted a formal advocacy letter to the minister of health, supported by compelling patient testimonials highlighting the struggles associated with limited coverage.

Looking ahead

As we look forward to 2025, the BCSAI remains steadfast in our commitment to advocating for our members and their patients.

WE WILL CONTINUE TO FOCUS ON:

- Advancing education initiatives
- Ensuring equitable fee allocation
- Expanding PharmaCare coverage for critical medications

We are dedicated to maintaining collaboration with physicians, sections, the Representative Assembly, and other provincial and health authority leaders to address the challenges and opportunities that lie ahead.

It has been an honour to serve as your president over the past year. I am excited for the opportunities that 2025 holds for the BCSAI. I extend my heartfelt thanks to the executive committee and our members for their unwavering support and contributions to another successful year. Together, we will continue to strengthen our community and enhance the care we provide to patients across British Columbia.

Angeliki Barlas, MD, President

ANESTHESIOLOGY (BC ANESTHESIOLOGISTS' SOCIETY)

Since its inception in 1955, the BC Anesthesiologists' Society (BCAS) has been the elected voice of anesthesiologists across BC, focusing on four core areas: advocacy, member engagement, professional education, and fair compensation. Our efforts aim to enhance patient safety and care and the profession as a whole.

Board of Directors update

We thank Drs A. Wong, C. Phillips, E. Hindle, and L. Lee for completing their Board terms in 2024. Their contributions have paved the way for newly elected Board members, whose fresh perspectives will enrich BCAS's strategy and governance. Our deepest gratitude goes to Dr K. Seligman for her many years of exceptional service as the organization's vice-president and to Drs C. Mattheus, L. Thibodeau, and V. Varshney for their dedicated years on the Board. Their leadership and advocacy have left an enduring impact on our community.

Advocacy

BCAS continues to address surgical access issues, patient safety, drug and equipment shortages, and human resource challenges, in collaboration with the Ministry of Health, Doctors of BC, the Canadian Anesthesiologists' Society, and the British Columbia Society of Anesthesia Assistants. BCAS also continues to focus on the Anesthesia Care Team model during discussions, which integrates physicians and anesthesia assistants to improve surgical access, patient safety, and resource management.

In 2024, BCAS submitted our Physician Master Agreement (PMA) proposal, emphasizing collaboration with other sections to align priorities. This partnership highlights the shared challenges faced by medical specialists in BC and reinforces a collective commitment to improving health care quality. BCAS also continues our work with Consultant Specialists of BC and the Representative Assembly to advocate for equitable perioperative care. Additionally, we continue to pursue the Provincial Anesthesia Locum Initiative Working Group, with over 40 stakeholders representing most BC health authorities.

Member engagement

With our 2024 membership growth, BCAS remains committed to enhancing member involvement and delivering relevant resources. Data from our 2024 member strategic priorities needs assessment have informed the development of our three-year strategic plan. Two new member-led special interest groups were also formed: pediatric anesthesia (led by Dr Heng Gan) and environmental practices (led by Dr Asim Iqbal). BCAS also updated our governance structures to ensure operational sustainability and enable greater member participation across the organization, including Board, committee, and partner opportunities.

Professional education

In 2024, BCAS hosted the 58th annual BCAS/WSSA Joint Scientific Meeting in Victoria (led by Dr A. Tung), alongside perioperative simulation workshops (led by Dr S. Hall), webinars (led by Drs J. Park and V. Varshney), and an obstetrics refresher (led by Dr Helen Parker). Our 2024 member education needs assessment identified future professional development priorities. To support residents, BCAS organized the Anesthesiology Residents' Academic Day at UBC and presented Dr Émilie Chan with the sixth annual BCAS Resident Award in Physician Leadership.

Fair compensation

BCAS had the rewarding challenge of allocating the significant funds gained in the 2022 PMA. This work was initiated by Dr Logan Lee in early 2024 and continued by Dr Adam McIntyre-Smith (economics chair), with mentorship from Dr Roland Orfaly. Equity in compensation across genders continues to be a recurring focus in our efforts. These achievements were made possible through collaboration between BCAS, Doctors of BC, and representatives from the contracted anesthesia groups and the Health Employers Association of BC.

Looking forward

In 2025, BCAS will sustain our governance, operations, and core portfolios while prioritizing member engagement. Strategic efforts will expand pediatric and environmental initiatives and maintain advocacy for patient safety and professional advancement.

Annika Vrana, MD, President

CHEST SURGERY

The Section of Chest Surgery works collaboratively with surgeons, centres of excellence, health authorities, the Ministry of Health, and allied health professionals to provide the highest level of care for British Columbians in a timely fashion.

The four centres of excellence are in Kelowna (Interior Health), Surrey (Fraser Health), Vancouver (Vancouver Coastal Health), and Victoria (Island Health). Our incoming section head is Dr Chuck Wen, president of the BC Chest Surgery Association.

We continue striving to meet our commitment to timely and excellent patient care and the increasing demands of our growing population. With the help of our respective health authorities and Doctors of BC, we have received funding for five additional surgeons, two in Victoria, two in Surrey, and one in Kelowna.

Each site is excited and in various stages of starting or preparing for robotic surgery, a much-needed and long-sought-after addition to our treatment armamentarium.



CONSULTANT SPECIALISTS OF BC

Consultant Specialists of British Columbia (cSBC) advocates for improved access to specialist care in BC's health care system.

Specialists are keenly aware of how specialist concerns in the health care crisis remain unaddressed. I implore specialists to support our work by joining cSBC when you renew your Doctors of BC membership. As your new cSBC president, I will continue the work of the prior presidents, Dr Dana Wong and Dr Chris Hoag, in advocating for specialists practising in BC.

Despite being a small organization, cSBC punches above its weight and has scored substantial wins for specialists, including the implicit repeat referral, which became effective in July 2023. We manage specialist fee codes and are making improvements such as the recently approved text message advice fee code. Many specialists are aware of cSBC's role in the disparity allocation process, but, as described above, we have a much broader mandate.

Specialists need robust and proactive representation. Under former presidents Drs Wong and Hoag, we have begun expanding our team, and we now have a new executive director, Dr Alan Low, and a new executive assistant, Emma Lizee. Former president Dr Hoag has assumed a new role, director of economics and negotiations, and has a defined role in administering agreements with the government. As we grow our membership, I am hoping to create more roles to motivate ongoing involvement of tomorrow's leaders.

We are also making new benefits available to members, including billing symposiums for section members and cSBC. Stay tuned for announcements on this and educational opportunities. We are also exploring offering a suite of negotiated benefits for members.

In the coming two years, the cSBC executive and I will expand cSBC's capabilities and member benefits. With your support, we will continue to successfully advocate for health care system reforms that will benefit British Columbians. We need member support in the form of cSBC membership. You may be shocked to learn that membership for the ONLY organization dedicated to specialists is currently 11%. Please do your part and encourage your colleagues to do the same. Last, we want to reach specialists directly.

If you want to hear from us from time to time and join our membership, please visit <https://consultant-specialists-of-bc.kit.com/77f6e17cb1>.

Robert Carruthers, MD, FRCPC, President

The Thoracic Surgery Residency Program at the University of British Columbia, under program director Dr James Bond, continues its success with the thoracic surgery resident graduating in June 2025.

The section also looks forward to the fourth BC Chest Surgery Association retreat, to be held in Victoria this spring.

Maurice Blitz, MD, FRCSC, Head

CLINICAL FACULTY

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

In 2024, there was implementation of important initial gains to improve support for clinical faculty. Through the Doctors of BC–University of British Columbia Clinical Faculty Working Group (CFWG), UBC increased the clinical faculty hourly rate to \$106.03, effective July 1, 2024. The CFWG also administered a clinical faculty survey in fall 2024, and the section looks forward to reviewing the results in early 2025.

The section held its annual general meeting (AGM) on April 16, 2024, 6–8 p.m., via Zoom. During the AGM, representatives from the UBC Faculty of Medicine and Doctors of BC provided updates. With the SFU School of Medicine expected to welcome its first class in 2026, the AGM approved revisions to the section's constitution and bylaws to expand membership to include clinical faculty appointed by any medical school in BC. Thus, SFU clinical faculty will be welcome to join and participate in the section.

The section will hold its 2024 AGM on April 16, 2025, 6–8 p.m., via Zoom. Clinical faculty members are invited and encouraged to attend.

Elizabeth Wiley, 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 intensive care units 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 continue to work with Critical Care BC, a provincial Health Improvement Network that provides planning and coordination to address province-wide health care 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 continue our partnership with this network to ensure optimal delivery of critical care 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 2024, THE SECTION OF EMERGENCY MEDICINE (SEM) EXECUTIVE COMMITTEE ADDRESSED ISSUES FACING EMERGENCY PHYSICIANS PRACTISING ACROSS THE PROVINCE:

- Engaged with key stakeholders, such as emergency physician practice groups, Emergency Care BC, the Ministry of Health, Doctors of BC's leadership and legal teams, Consultant Specialists of BC, and local health authorities, to address the challenges posed by staffing shortages, hospitalist admission delays, and emergency department closures.
- Advocated to standardize remuneration and benefits for emergency department locum work across the province and worked to create a province-wide rural emergency department locum physician pool.
- Continued our work to promote equity, diversity, and inclusion (EDI) within emergency medicine through the EDI Subcommittee. Updates and discussions centred on ongoing initiatives to enhance representation and equitable practices within the field.
- Addressed resident concerns, including challenges with clinical associate licensure and the high cost of licensing exams.
- Consulted on the OceanMD referral platform to improve its integration and efficiency for emergency medicine providers.



AT ALTERNATIVE PAYMENT SITES, THE SEM IS:

- Working with Doctors of BC and the Ministry of Health to greatly increase annual funding for additional full-time equivalents to meet rising workload demands.
- Helping protect emergency physicians from pay cuts due to an erosion in payment per hour of clinical work by maintaining the current definition of an emergency medicine full-time equivalent (1,340 hours) during negotiations with health authorities and for the Physician Master Agreement.
- Advancing emergency medicine Alternative Payment physician concerns with the Doctors of BC Alternative Payment Physicians Issues Committee.

AT FEE-FOR-SERVICE SITES, THE SEM:

- Negotiated the creation and approval of a physician reassessment fee code (1882) and a telephone follow-up fee code (1880) to ensure that emergency physicians are appropriately compensated for reassessing and providing medically necessary telephone follow-ups for their patients.
- Negotiated the creation and approval of a telehealth fee code (1881) when requested by a physician or allied health provider.
- Maintained and updated the SEM Billing Guide to further simplify billing and serve as an interactive resource for emergency physicians within BC, whether new to practice or keeping up with changes to the fee schedule.
- Advocated for a trauma-informed comprehensive gynecologic assessment fee to encourage more emergency physicians to perform these important services and to reduce gender-based income disparity by appropriately compensating physicians for this assessment.

In 2024, SEM 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 SEM continues to grow. We aim to continue increasing our numbers to strengthen our ability to advocate and negotiate.

Jon Braunstein, MD, CCFP-EM, Garth Meckler, MD, FRCPC-Peds EM,
and **Benjamin Tuyp, MD, FRCPC-EM, Co-Presidents**

ENDOCRINOLOGY AND METABOLISM

The purpose of the Section of Endocrinology and Metabolism 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 College of Physicians and Surgeons of BC in the category of adult endocrinology. However, two of our valued members will have retired by the time this report is published, and we sincerely thank these individuals for their years of service and commitment to our profession.

Our remaining membership services many regions throughout BC, including the Lower Mainland, Vancouver Island, and the Okanagan, making access to endocrine specialist consultations more widely available. Furthermore, the endocrinologists associated with St. Paul's Hospital and Surrey Memorial Hospital provide valuable telehealth advice to physician colleagues through the RACE line.

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 services. In the last year, our in-person consultations surpassed our virtual consultations, whereas the majority of our follow-up visits remain virtual. Virtual care is something our patients have come to expect and in many cases prefer; therefore, we support the continuation of virtual care options under appropriate circumstances.

Initiatives

IN 2020, WE SUBMITTED TWO NEW FEE ITEMS TO THE TARIFF COMMITTEE FOR REVIEW AND APPROVAL:

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

This past year, we finally completed the review process with the Medical Services Plan, and the fee codes have been submitted for final approval to the Tariff Committee and will hopefully be approved shortly. Given the length of time required for our proposal to make it to the Tariff Committee for review, we have suggested that expediting the tariff review process, particularly when decisions made by the Ministry of Health directly impact a section's workload, be a priority for the upcoming Physician Master Agreement negotiations.

Health policy

PharmaCare coverage for medications continues to be a challenge for many BC patients with endocrine disorders. Therefore, 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 worked to improve PharmaCare coverage for osteoporosis therapies in BC, including access to anabolic therapy as a first-line treatment for very high-risk 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 sodium-glucose co-transporter-2 inhibitors and glucagon-like peptide-1 receptor agonists.

Finally, we would once more like to acknowledge Consultant Specialists of BC (cSPB) in representing specialists' interests. We strongly support cSPB's work, particularly around specialist waitlist management strategies, and we have encouraged our members to ensure they pay their dues to the organization.

Monika Pawlowska, MD, President

FAMILY MEDICINE (BC FAMILY DOCTORS)

For more than 30 years, BC Family Doctors has been the voice of family doctors in BC, advocating for their critical role in the health care system. We continue to expand our impact, growing as an organization to ensure family doctors are heard, valued, and supported, fostering an environment where they thrive.

Fair care everywhere

In 2024, we launched our "Fair Care Everywhere" campaign, focusing on equitable access to family doctors in every community across BC. The campaign highlights the urgent need for all patients to receive the care they deserve and strengthens our advocacy for fair and accessible family medicine.

New cabinet, renewed advocacy

After the successful launch of our election advocacy tool kit in partnership with the BC College of Family Physicians, we welcomed a new provincial cabinet and renewed our efforts to keep family medicine a top priority. We reached out to the new minister of health, the Honourable Josie Osborne, to represent the voices of our members. We are encouraged by Premier David Eby's commitment to expand access to family doctors.

Longitudinal Family Physician (LFP) Payment Model

In 2024, we built on the success of the LFP Payment Model, expanding it to include inpatient, maternity and newborn, long-term, and palliative care. We now have more than 4,000 family doctors enrolled in this model, which emphasizes comprehensive, relationship-based care, while reducing the complexities of billing. BC Family Doctors continues to develop resources, including the Simplified LFP Guide and the Billing Question Library, to support members and ensure smooth transitions to the new payment structure.

Progress on key priorities

IN 2024, BC FAMILY DOCTORS MADE SIGNIFICANT STRIDES ON SEVERAL FRONTS:

- Conducted a member survey to determine member priorities and needs.
- Continued advocacy for equitable funding and fair compensation for family doctors.
- Collaborated with stakeholders to address the administrative burdens faced by family physicians.
- Advocated to eliminate mandatory sick notes.
- Encouraged members to join committees to shape the future of family medicine.
- Expanded support for members transitioning to the LFP Payment Model.
- Continued support for members using the fee-for-service billing model.

Looking ahead

In 2024, we launched a member survey to gather input on key priorities. Members told us they want reduced administrative burdens, better income security, and enhanced benefits. This feedback will shape our advocacy work for the coming years.

BC Family Doctors is stronger than ever, with a growing membership of over 3,400 family doctors. Our accomplishments are a testament to the trust and support of our members. Together, we will continue to strengthen family medicine in BC.

Maryam Zeineddin, MD, President

GASTROENTEROLOGY (BC SOCIETY OF GASTROENTEROLOGY)

Executive

In 2024, the executive was greatly enriched with the addition of Dr Sunny Singh as our economics representative. Having a member of the executive dedicated to monitoring our economic portfolio is especially important with the upcoming Physician Master Agreement (PMA) negotiations, as well as several shared fee codes with general surgery. Dr Singh has also facilitated several excellent billing seminars, which have been rated highly by members. Additionally, to represent the section with a consistent voice across the various organizations (e.g., Doctors of BC, Consultant Specialists of BC, the Medical Services Plan [MSP]), the section head and presidential roles are now shared between Drs Nazira Chatur and Rohit Pai.



Membership update

To increase our reach to members, in addition to the annual general meeting in Whistler, this year saw the inauguration of a quarterly newsletter as well as a Zoom town hall.

AT THE WHISTLER ANNUAL GENERAL MEETING IN JUNE 2024, HIGHLIGHTS INCLUDED THE FOLLOWING:

- Dr Pai was introduced as co-section head. He updated members on the landscape of the role, pending new MSP fee item applications, and the value of membership to the section.
- Dr Singh provided an update on updated billing codes as well as PMA discussions with Doctors of BC's chief negotiator, Paul Straszak.
- Members highlighted the value of more connectivity on section matters, which led to the conception of the newsletter and town hall.

AT THE ZOOM TOWN HALL IN NOVEMBER 2024, THE THEME WAS "ON-CALL AND AFTER-HOURS CARE." HIGHLIGHTS INCLUDED THE FOLLOWING:

- Dr Singh provided helpful billing tips for on-call after-hours care.
- Mr Iqbal Sanghera, CA, provided a summary of helpful Canada Revenue Agency tips for gastrointestinal practice.
- Members voiced concerns regarding after-hours care, with themes including difficulty managing outpatient practice concurrently, rural sites having an insufficient number of providers to provide after-hours care, and urban sites having difficulty covering the volume of gastrointestinal referrals for large regions.

Ongoing initiatives

Numerous new fee items have been submitted on behalf of gastroenterology, including endoscopic submucosal dissection, small bowel ultrasound, FibroScan, and pancreatic necrosectomy. They are pending further review by the MSP. Peroral endoscopic myotomy was the latest accepted fee item. On the themes of after-hours care and increases for on-call fee codes and fee codes for procedures requiring therapeutic intervention (e.g., banding, percutaneous endoscopic gastrostomy), the executive hopes to further address member concerns through regular communication via town hall discussions and the newsletter.

Rohit Pai, MD, Nazira Chatur, MD, Co-Presidents and Co-Section Heads

GENERAL INTERNAL MEDICINE (SOCIETY OF GENERAL INTERNAL MEDICINE OF BC)

The role of the Society of General Internal Medicine of BC (SGIMBC) is to represent and advocate for the interests of general internal medicine (GIM) specialists as “specialists providing comprehensive value-based care to complex patients” across the province.

Summary

In 2024, SGIMBC continued our ongoing efforts toward fair remuneration for GIM specialists. We focused on ensuring appropriate access to our specialty-specific fee codes, inpatient contract negotiations, and society infrastructure. Work continues on clarifying our role to the public, our colleagues, and governing bodies.

Management

SGIMBC’s bylaws and constitution were substantially updated and formally approved by members. The executive committee also received approval from members to add a new role, vice-president/president-elect, to support long-term leadership continuity. Regional representatives (Rural, North, Island, and Interior) were confirmed as elected members of the executive. Roles, elected term lengths, and voting rules were also clarified.

Annual general meeting

The annual general meeting was held as a hybrid meeting on Saturday, November 30. Members from across the province discussed key issues impacting their colleagues and communities, with a focus on fair remuneration, support needed in underserved communities, and GIM specialists’ identity within the provincial medical community.

Advocacy

We continue to implement a fair and transparent process to access GIM-specific fee codes. We have raised concerns with the College of Physicians and Surgeons of BC regarding the after-hours access requirements that we feel provide an unnecessary burden on physicians’ time and with the Royal College of Physicians and Surgeons of Canada about GIM specialty certification.

Fair remuneration

Work continued on providing representation and advocacy to the Medical Services Plan and the Tariff Committee to ensure fair remuneration for GIM specialists in BC. After many years, the two-system complex fee codes were finally reinstated. Available funding was allocated to key fee codes that will support all internists. Contract negotiations for inpatient care are ongoing throughout the province. SGIMBC continues to support members and provide advice.

Future goals

SGIMBC is proud of the wide variety of practice types in GIM across the province. Attention will be given to strengthening the voice of GIM within governing bodies and advocacy of GIM as a complex care specialty that adds value to patient care.

Paul Hertz, MD, President

GENERAL PRACTITIONERS IN ONCOLOGY

The mandate of the Section of General Practitioners in Oncology is to support and unify general practitioners in oncology (GPOs) across BC by providing opportunities to meet and discuss issues, representing GPOs in meetings with physicians and administrative groups, and highlighting educational opportunities.

In April 2024, we submitted our proposal for the Physician Master Agreement negotiations. We highlighted the critical role GPOs play in the delivery of cancer care across BC and petitioned for better pay equity compared with our colleagues in the subspecialties of family practice. In September, we reviewed and updated our bylaws.

BC’s Cancer Care Action Plan seeks to improve cancer care across BC. One of its goals is to “enhance the Community Oncology Sites, and expand appropriate and safe delivery of systemic therapy.”

A GPO stabilization working group was formed at BC Cancer to identify and address issues raised by GPOs, and the section is a key partner in this group. At a special section meeting in November, we presented a summary of the working group’s goals and received feedback from our members. One of the current intentions is to increase GPO participation at the health authority administrative level.

In 2025, we look forward to continuing to work with the GPO stabilization working group, particularly increasing GPO representation within the health authorities. We value our ongoing partnership with the BC Cancer Family Practice Oncology Network, which provides educational opportunities to GPOs and primary care providers in BC and Yukon.

Mary Georgilas, MD, CCFP, President

GENERAL SURGERY (GENERAL SURGEONS OF BC)

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

Over the past year, the General Surgeons of BC has actively collaborated with the Tariff Committee to regularly update our fee guide, ensuring it reflects evidence-based surgical practices and the latest advancements. A significant highlight is the introduction of a new billing rule for breast cancer and melanoma procedures, with over \$1 million allocated from our fee increase funds for 2024–2025. This policy not only supports our members in providing comprehensive cancer care, but also underscores our commitment to addressing gender pay disparities among general surgeons.

We have closely collaborated with BC Family Doctors and various specialist sections to develop a comprehensive proposal for the upcoming Physician Master Agreement, a critical step toward enhancing working conditions and remuneration for all specialists.

Our executive has attended several meetings on behalf of members, including meetings sponsored by Doctors of BC, such as the Representative Assembly. We have also maintained a parallel presence through Consultant Specialists of BC, actively representing our members at the executive level as the voice of surgical specialties, as well as on the economics committee. Our shared interests as specialists align across many areas, and our collective strength lies in unified negotiation and advocacy.

We have maintained a pivotal role in the Digital Referrals and Orders program, providing clinical advisory input to ensure the modernization of care delivery aligns with the needs of both patients and our members. Similarly, we have engaged with the Wait One initiative, striving to support the development of reliable data to inform sound policy and planning decisions.

In partnership with Doctors of BC, we have also championed the promotion of opportunistic salpingectomy by general surgeons and other specialties across the province—an important initiative in reducing ovarian cancer within our population.

Last, we are thrilled to have taken ownership of the University of British Columbia's Reticulum website, a dynamic platform to connect, collaborate, and share resources, with over 400 users across BC.

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 residents at our annual general meeting. Retired members can stay in touch with the section for a \$100 fee.

For more details on new fees and economic updates, we invite our members to attend our annual general meeting, held in conjunction with the BC Surgical Society's 78th Annual Spring Meeting this April in Kelowna. Your participation is vital as we continue to advocate for a more equitable and supportive environment for general surgeons in British Columbia.

Scott Cowie, MD, President

INFECTIOUS DISEASES (BC INFECTIOUS DISEASES SOCIETY)

The Section of Infectious Diseases is represented by the BC Infectious Diseases Society (BCIDS). Our membership includes 53 regular, full voting members, made up of certified infectious diseases specialists practising in BC, and 25 associate, non-voting members, which includes retired members, trainees, and non-infectious-diseases-certified physicians.

Our 2024 annual general meeting was held virtually on November 19, 2024. Attendees listened to reports from the directors, including hearing about recent successes in increasing remuneration for some of the most used fee codes by applying funds from disparity arbitration and general fee increases. After a thorough discussion about the need to provide honoraria to support the work of the BCIDS, a motion was passed that BCIDS funds can be used to provide honoraria to BCIDS members for specific activities that meet criteria approved by the BCIDS Board of Directors. To ensure that the BCIDS remains financially viable, a motion was passed that BCIDS membership dues be changed to \$200 for regular members; \$100 for members in their first year of practice; and free for retired, trainee, and associate members.

With these changes in place, the BCIDS executive looks forward to engaging members in important work, including updating and revitalizing the infectious diseases fee guide and addressing gender disparity.

As of the annual general meeting, there were no changes in the executive. Dr Caitlyn Marek will be on parental leave from her role as secretary until November 2025 and has arranged for Dr Theresa Liu to cover her role.

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 Division of Infectious Diseases at the University of British Columbia.

Gregory Deans, MD, President

OBSTETRICS AND GYNECOLOGY

The Section of Obstetrics and Gynecology represents physicians across British Columbia in the specialty of obstetrics and gynecology. Our mandate is to advocate for the needs of our members, promote excellence in clinical care, and support the continued development and sustainability of obstetric and gynecologic services within the province.

The section has expressed growing concern over the state of emergency on-call hospital coverage in British Columbia, driven by a confluence of factors including physician burnout, workforce attrition, unsustainable work hours, and uncompensated or inadequately compensated work. This situation has placed increasing strain on both the health care system and the physicians providing critical obstetric and gynecological care.

ORTHOPAEDICS (BC ORTHOPAEDIC ASSOCIATION)

Representing not only orthopaedic surgeons, but also orthopaedic patients, the BC Orthopaedic Association (BCOA) advocates on behalf of our members through scientific, educational, and professional initiatives and alliances. Over the past year, the BCOA has remained committed to providing the best orthopaedic care for our patients and to advocating for high-quality care with our partners in health.

We have also continued our extensive work of studying the existing orthopaedic fee guide, with the goal of determining causes for intra-sectional disparity among orthopaedic subspecialties and deep-rooted causes for gender disparity within orthopaedics. We also identified specific subspecialties that are more female dominated and directly funnelled funds into these areas. We expect this work to continue with future fee allocations.

There have been requests for many years for orthopaedic surgeons to have access to modifier codes for patients with an elevated BMI. We have now developed and implemented a BMI modifier code, 51003, which helps mitigate the increased complexity and difficulty that obesity adds to orthopaedic procedures. The BCOA continues to help our members use the code appropriately. It has been a meaningful addition to orthopaedic fees.

Patient advocacy has remained a high priority over the last year, and the BCOA continues to work alongside Consultant Specialists of BC in meetings with the Ministry of Health to address access issues for patients and problems specifically affecting specialist care in the province.

A goal for the upcoming year is to improve communication with members in the form of a regular newsletter, with the goal of improving engagement. We are hoping to improve links between academic and community orthopaedic surgeons. Mentorship programs are being developed within the University of British Columbia Department of Orthopaedics, with the goal of linking orthopaedic surgeons in a variety of stages of their career to enhance professional satisfaction.

Education remains an important pillar of the BCOA's constitutional aims. This year, we hosted two separate grand rounds presentations, with a focus on patient and surgeon advocacy. In May 2024, we collaborated with the UBC Department of Orthopaedics in hosting the Orthopaedic Update and BCOA Annual Meeting.

We look forward to all of the growth that 2025 will bring.

David R. Nelson, MD, President

In light of these challenges, the section has worked closely with Doctors of BC over the past year to address these issues and find sustainable solutions that support the well-being of physicians and ensure patient care is not compromised. We are acutely aware of the growing obstetrics crisis in the province, where the ability to maintain adequate emergency on-call coverage is becoming more difficult as physicians leave the field or are forced to reduce their practice hours from burnout. Efforts are underway to engage in meaningful discussions to resolve these challenges and ensure a long-term, balanced approach for all parties.

During the 2023 specialist disparity meetings, our section was identified as one of the lowest paid in the province, a situation that exacerbates recruitment and retention issues. With our award, we have allocated funds fairly across obstetrics and gynecology, as well consultative versus procedural work. Our allocation aims to not only improve compensation fairness, but also reduce gender disparities.

Our goal moving forward is to continue collaborating with Doctors of BC to identify and implement sustainable solutions that balance the needs of physicians with the demands of a changing health care landscape. We remain hopeful that a framework can be developed that supports our members and ensures high-quality care for all patients across the province.

Michael Suen, MD, FRCSC, and Jennifer Kozic, MD, FRCSC, Co-Presidents

OPHTHALMOLOGY (BC SOCIETY OF EYE PHYSICIANS AND SURGEONS)

The BC Society of Eye Physicians and Surgeons (BCSEPS) focuses on the unified provision of medical and surgical ophthalmic care throughout the province. Our goals for 2025 include continuing to address intra-sectional disparity, recreating a sense of unity within our section, working toward a Physician Master Agreement that represents the interests of all specialists, and welcoming the Canadian Ophthalmological Society's Annual Meeting and Exhibition to BC in June.

In 2024, BCSEPS led a symposium at the World Ophthalmology Congress in Vancouver and refuted an optometric scope expansion challenge. The majority of our time and energy have been directed toward trying to overcome an intra-sectional tariff fee code dispute, including many meetings with all levels of government. Our economics committee and executive devoted themselves to finding solutions and working through possibilities for change. We hope to build bridges within the profession, and we continue to address growth and change in the field of eye care.

Glen Hoar, MD, President

PAIN MEDICINE (PAIN MEDICINE PHYSICIANS OF BRITISH COLUMBIA)

The Section of Pain Medicine, represented by the Pain Medicine Physicians of British Columbia, 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. Each background specialty brings its unique perspective to pain management, enriching and deepening the field. Our mandate is to advance the scientific, educational, professional, and economic well-being of pain medicine physicians while promoting the highest standard of care for the one in five British Columbians living with persistent pain. Pain medicine physicians play a vital role in combating the opioid crisis by reducing patient dependence on opioid analgesics through effective multidisciplinary, non-opioid pain management approaches.

ACCOMPLISHMENTS IN 2024:

- **Tariff Committee application:** A significant step forward was the submission of a request to the Tariff Committee for the establishment of specific fee codes for certified specialist in pain medicine consultations and follow-up appointments. This initiative aims to ensure fair and equitable remuneration for our members, reflecting the complexity and value of their specialized services.
- **Pacific Pain Forum sponsorship:** The section continued its strong support of the pain management community as a silver sponsor of the 2024 Pacific Pain Forum.
- **College of Physicians and Surgeons of British Columbia (CPSBC) engagement:** Ongoing dialogue with the CPSBC regarding procedural pain management regulations ensured that the concerns and perspectives of our members were effectively communicated and considered.

GOALS FOR THE COMING YEAR:

- **Diversity and inclusion:** The section will continue our efforts to minimize economic disparity among members from diverse backgrounds and in comparison to other provinces. We will continue to explore ways to strengthen collaboration among pain management physicians across communities.
- **Engagement:** The section will actively seek new opportunities to engage with and support our members, addressing their professional needs and enhancing their overall experience within the section. We will continue our support of the Pacific Pain Forum.
- **Collaboration:** Continued collaboration with key stakeholders, including Pain BC and the Canadian Pain Society, will be essential to advance shared goals and advocate for the highest-quality pain care.

- **Fee code refinement:** The section will investigate ways to further refine and improve consultation and follow-up fee codes, particularly in the following areas:
 - Establishing time-based fee codes for extended consultation and follow-up visits.
 - Recognizing and remunerating physicians for the countless hours spent on charting, forms, Special Authority requests, imaging study reviews, and so on.
 - Supporting the ever-increasing overhead associated with non-hospital-based practices.

We will also investigate ways to improve consultation and follow-up fee codes for family practice physicians with additional training in pain medicine.

Brent MacNicol, MD, Head

PEDIATRICS (BC PEDIATRIC SOCIETY)

The vision of the BC Pediatric Society (BCPS), operating as the Section of Pediatrics, is for all BC infants, children, and adolescents and their families to attain optimal physical, mental, and social health.

TO ACCOMPLISH THIS, THE BCPS WILL:

- Work with allied care providers; government; and regional, provincial, and national organizations.
- Support the professional needs of our members.

THE BCPS'S ADVOCACY WORK IS CENTRED ON THE FOLLOWING THEMES:

- **Economics:** We prepared a Physician Master Agreement negotiations submission and provided disparity allocation guidance.
- **Access and quality of mental health services for children and youth:** We are involved with the Shared Care Committee's Child and Youth Mental Health and Substance Use Community of Practice.
- **Autism assessment:** We are working to improve access and reduce waitlist 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 <https://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 conference in 2025 in partnership with the BC Children's Hospital's Division of Endocrinology.

Odion Kalaci, MD, President

PHYSICAL MEDICINE AND REHABILITATION

The Section of Physical Medicine and Rehabilitation meets four times per year, following the meetings of the University of British Columbia Division of Physical Medicine and Rehabilitation. Topics for discussion in 2024 included the Physician Master Agreement, OceanMD, waitlist management, and the provincial privileging dictionaries.

E. Weiss, MD, Head

RADIOLOGY (BC RADIOLOGICAL SOCIETY)

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 AS FOLLOWS:

- Advocate for improved patient access and reduced wait times for medical imaging.
- Promote the highest-quality and most 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 18 radiologists from across the province. The BCRS also has an economics committee and working groups for breast imaging, artificial intelligence, and sustainability.

Activities

The BCRS has been actively advocating for solutions to the crisis of long medical imaging wait times. In 2024, we worked extensively with the Ministry of Health and other stakeholders to advance specific recommendations for three key issues requiring urgent action:

- Critical shortage of medical imaging technologists.
- Financial sustainability of community imaging clinics.
- Specific actions to reduce long diagnostic breast imaging wait times.

We will continue to advocate strongly on these issues. We are also advocating for actions to address growing shortages of radiologists and a significant medical imaging equipment deficit in BC.

The BCRS continues to provide high-quality accredited CME for our members through both synchronous and asynchronous platforms, growing our library of online, on-demand courses available through our learning management system.

Brenda Farnquist, MD, President

RHEUMATOLOGY (BC SOCIETY OF RHEUMATOLOGISTS)

The BC Society of Rheumatologists (BCSR) continues to support and advocate for rheumatology care in the province. We are nearing 100 practising rheumatologists in BC, still not enough to meet the demands of the population, but a significant improvement from the 54 rheumatologists (32 full-time equivalents) that were documented in 2010. We continue to struggle with geographic access to rheumatology care, with challenges facing us in the Interior in the years ahead with expected retirements. However, there has been support and innovation from the University of British Columbia Division of Rheumatology. Rheumatology trainees will now experience rotations in either Nanaimo or Kelowna, in an increased effort to expose more trainees to different practice environments.

We have a very active gender disparity working group that has helped look at some of the fundamental reasons for pay disparity in our field and make initial attempts to rectify these gaps within the mechanisms at our disposal, notably a disparity award. We have been working on expanding time-based complex care consultations to further support the work of rheumatologists providing this type of intensive consultation. We are also adding a parental leave category for membership dues in 2026.

Our section continues to support members with our very popular annual billing seminars and a recent team-care nursing seminar focused on immunosuppression and vaccinations.

Section meetings take place twice a year, in spring and fall. The major meeting of the BCSR was held on November 22, 2024, via Zoom.

Our focus for 2025 will include finalizing complex care disparity codes and expanding physician mentorship in the province through a program supported by the Specialist Services Committee's Specialists Well-Being Pilot (SWELL).

Jason Kur, MD, President

SPORT AND EXERCISE MEDICINE

The Section of Sport and Exercise Medicine represents physicians who practise referral-based sport and exercise medicine in British Columbia. We advocate for the promotion of 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; 75% are College of Family Physicians of Canada-trained physicians. Most members have a designation of Certificate of Added Competence in Sport and Exercise Medicine to signify their expertise in this complex area of care, and many have completed a full-time one-year fellowship in sport and exercise medicine to achieve this enhanced designation.

Our expertise and additional sport and exercise medicine training have previously been achieved without a single dollar of financial recognition in the province of BC. When a family physician spends an additional full year learning to manage the complexities of sport and exercise medicine, there is no framework for financial compensation to recognize this additional learning or skill level in their practice. There are not yet any sport and exercise medicine fee codes in BC. Becoming a fellowship-trained sport and exercise medicine 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 aims to work toward changing this in 2025.

In the context of these drastic inequities within the Medical Services Commission Payment Schedule, 2024 saw the first fee code changes aimed at starting to balance these concerns. BC Family Doctors and the section worked together to enact the 2022 Physician Master Agreement (PMA) clause setting money aside specifically for creating and updating Medical Services Plan fee codes relevant to sport and exercise medicine. Together, we increased family practice consultation fee codes by 12% to 15%, directly increasing the fees for consultative sport and exercise medicine practitioners in the province. This was the first-ever fee code increase in BC aimed specifically at sport and exercise medicine and was a historic and pivotal step in the right direction. However, many additional steps will need to be taken if sport and exercise medicine in BC is going to remain a viable career for section members in the province, and the section executive looks forward to continuing to lead the push in 2025 toward the changes that are long overdue.

Rob Drapala, MD, President

SURGICAL ASSISTANTS

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

Update on surgical assistant fee code and initiatives

We are thrilled to announce that a new fee code, which we worked diligently on throughout 2023, has been successfully created for surgeries costing over \$869.00, with a fee of \$450.00. This fee code has been approved by the Tariff Committee, the Medical Services Plan, and BC Family Doctors, bringing us closer to its implementation. This milestone would not have been possible without the unwavering support of BC Family Doctors.

In 2024, our collaboration with BC Family Doctors has continued to strengthen. Its guidance has been invaluable as we strive to recruit new surgical assistants across the province.

Looking ahead to 2025

Negotiations for the 2025 Physician Master Agreement (PMA) have officially begun. We have submitted a comprehensive list of priorities to Doctors of BC, focusing on critical areas to improve support for surgical assistants:

- Better remuneration to reflect the value of our work.
- Payment for bilateral procedures to ensure fairness in compensation.
- Compensation for cancelled or delayed cases, addressing lost income due to schedule changes.
- Inclusion of fee code 00198 in the BMI surcharge for appropriate cases.
- Increased out-of-hours surcharges to better recognize the demands of after-hours work.

We also recognize the critical need for improved education and training. To support this, we will advocate for funding to establish an R3-style training program, which would provide specialized preparation for new surgical assistants.

The section remains committed to advancing the profession and ensuring that our needs are prioritized in the 2025 PMA.

Thank you for your continued dedication and support. Together, we can achieve meaningful improvements for our members and the patients we serve.

N. Barlow, MD, President

UROLOGY (BC UROLOGICAL SOCIETY)

The Section of Urology, represented by the BC Urological Society (BCUS), is committed to working on behalf of urologists in BC, while advocating for our members and patients.

We hosted our successful annual scientific and business meetings on October 5, 2024, in Vancouver. This was the largest BCUS annual meeting to date.

We reviewed the host of issues relevant to urologists in BC and outlined our goals and projects underway. Our BCUS executive is 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 section saw the implementation of several new fee codes this year.

Our next annual meeting will take place on Saturday, October 4, 2025, at the Fairmont Hotel Vancouver.

Nathan Hoag, MD, Head



Feature Story

The Physician Peer Support Initiative: Nonclinical support for physicians with work, life, and other issues

Developing and maintaining healthy workplace cultures for physicians and their teams is more important now than ever, as our health care system faces mounting challenges and pressures. The Physician Health Program (PHP) and the Joint Collaborative Committees partnered to launch the Physician Peer Support Initiative in 2022. It allows physicians to connect with a peer who can provide nonjudgmental, nonclinical, and emotional support with work issues and other life challenges. Since the program's inception, it has embraced its goal of developing, providing training for, and launching formal physician peer support programs across the province. The model provides resources for the Divisions of Family Practice, medical staff associations (MSAs), and physician organizations to build local peer support programs based on their strengths. It also provides opportunities to share knowledge and collaborate provincially.

Physician peer supporters are trained to create a safe space for peers to be heard, share experiences, and seek emotional support. They validate and empathize with their colleagues, empower them to recognize existing strengths and resources, and build coping strategies that work for them. If a physician needs support beyond the scope their peer supporter can provide, the peer supporter can connect them with PHP or other community resources.

Since the initiative's inception, PHP has supported 14 organizations to create local peer support programs and trained 90 physician peer supporters. In 2024, PHP selected four new sites (Elk Valley MSA and the Fraser Northwest, East Kootenay, and qathet Divisions of Family Practice) and trained 30 new peer supporters. Also in 2024, PHP developed its own peer support training curriculum with support from Dr Jo Shapiro, an international expert in peer support. PHP provides four initial hours of accredited training to all physician peer supporters and offers two debrief sessions throughout the year, where peer supporters can reconnect with our trainer to discuss challenges.

In 2025, PHP plans to recruit five more organizations to develop local peer support programs, develop an additional training refresher curriculum to continue supporting physician peer supporters, and host a leadership gathering to explore how to build long-term sustainability into the local programs.

[Learn more](#) about the Physician Peer Support Initiative and apply for the 2025 cohort.



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Ian Gillespie, MD and Ron Densmore, MD

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.

There was member turnover in 2024, as Bronwen Bossy replaced Woodrow Turnquist as director. The Ministry of Health members all turned over as well; the Ministry of Health is now represented by Haley Van Gylswyk (chair), Greg Cutforth, and Richele Shorter.

The committee addressed 84 applications during the year, 31 on behalf of public facilities and 53 from private sector applicants. Of the applications received, 52 were assessed by the full ACDF, and 32 were assessed by the chair.

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

There were eight electromyography applications, all of which were approved.

There were 20 new applications for polysomnography, of which seven were approved. Of the 13 denials, 10 were upheld by the MSC. There were two successful applications for relocation and two successful applications for extensions.

There were eight applications for new pulmonary function facilities, all of which were approved. There were two applications for relocation and 10 applications for expansion of services, all of which were approved.

There were eight applications for new diagnostic imaging services, five of which were approved by the ACDF and three of which were approved by the MSC. There was one application for relocation, which was approved. There were five applications for expansion of services, all of which were approved. There was one application for extension, which was approved.

There were 11 applications for ultrasound facilities, 10 of which were approved, and one of which was held in advance. There were five applications for expansion of services, all of which were approved. There was one application for distance reading, which was approved.

Jas Kambo, MBBS, MSc, FRCPC, Doctors of BC Representative

CREDENTIALING AND PRIVILEGING SYSTEM REPLACEMENT STEERING COMMITTEE

The Credentialing and Privileging System Replacement Steering Committee is a provincial committee supporting the pursuit of a replacement system for the Cactus credentialing and privileging platform.

The steering committee is working to ensure the new system supports the clinical and business needs of both physicians and health authorities, while reducing the administrative burden on physicians. The new system is expected to evolve as it integrates with other provincial assets in the digital health ecosystem. The steering committee met three times in 2024 to provide information for the development of a request for proposals and to highlight transformation considerations. Doctors of BC continues to emphasize the urgency of a highly functional credentialing and privileging system, including a deep understanding and consideration of impacts on physicians.

Sam Bugis, MD, FRCSC, FACS, Doctors of BC Representative

DRIVER MEDICAL FITNESS CONSULTATION GROUP

The Driver Medical Fitness Consultation Group (DMFCG) serves as a communication channel for sharing information between RoadSafetyBC, the medical community, and other health care providers who have a responsibility to report fitness-to-drive issues. 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 2024, Doctors of BC had two representatives on the DMFCG: Dr Rod Densmore, a family physician with an interest in patients with developmental disabilities, and Dr Ian Gillespie, a Victoria-based psychiatrist. Quarterly meetings are intended, but only two meetings were scheduled in 2024.

Key activities

The DMFCG continued providing input to RoadSafetyBC's Driver Medical Fitness Transformation project. This project includes 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, in particular to submit a digital Driver's Medical Examination Report (DMER), in compliance with RoadSafetyBC requirements. This is currently in the pilot test phase, and we have emphasized the need for a successful pilot and education to ease the transition. The user interface is well designed and will streamline the process of filling out DMERs for physicians and nurse practitioners and give drivers better access to the status of their licence.

The DMFCG has discussed new fitness-to-drive guidelines, which the Canadian Council of Motor Transport Administrators (CCMTA) is reviewing. Timely coordination between the CCMTA and provincial motor vehicle departments can be challenging when changes occur.

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 a collision. The DMFCG has been advised that updates to the CCMTA medical standards are forthcoming, and we continue to monitor these changes and provide medical expertise as requested.

Priorities for 2025 include continuing to provide physician feedback on the initiatives discussed above, considering the role of ADHD in driver medical fitness and road safety, vestibular issues, and other matters that we may be asked by members to address.

We thank Dr Densmore for his contributions to this committee. He has now resigned to devote more time to his work in one of only two clinics in BC that diagnose and support adults living with fetal alcohol spectrum disorder. We anticipate welcoming a new representative for family practice on the DMFCG in 2025.

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



Feature Story

Physician champions committed to anti-racism and cultural safety



Doctors of BC acknowledges the pervasive and ongoing harms of colonialism and racism faced by First Nations, Métis, and Inuit patients and health care staff. We also recognize with gratitude and respect the culture, knowledge, and achievements of the First Nations, Métis, and Inuit who have cared for and nurtured this land and whose presence continues to have an impact.

Truth and reconciliation have been embedded as a pillar of Doctors of BC's strategic plan, reinforcing our commitment to advancing cultural safety in medicine.

The Joint Collaborative Committee (JCC) physician champions are a group of Indigenous and non-Indigenous physicians committed to anti-racism and cultural safety in the health care system. They have met throughout the year to connect; identify, coordinate, and cultivate best practices; and explore the creation of a community of practice.

Additionally, in 2024, a group of Indigenous physicians and physicians practicing in Indigenous health care contexts gathered for the first time. This group focuses on pathways to developing sustainable Indigenous health care programs, empowering the next generation of Indigenous physicians, blending Western and traditional practices, and expanding outreach and accessibility.

THE JCCS CONTINUE TO OFFER SEVERAL STREAMS OF LEARNING AND EVENTS TO SUPPORT PHYSICIANS. IN 2024, THESE INCLUDED:

- Seven community-based experiential learning sessions for physicians throughout BC, in partnership with Len Pierre Consulting and local First Nations, including Quw'utsun (Cowichan Tribes), Skwxwú7mesh Úxwumixw, Shxw'ówhámél First Nation, Tumbler Ridge Medical Conference 2024, Wei Wai Kum First Nation, Port McNeill, and Tkémlúps te Secwépemc.
- Three webinars: Métis and Mental Health and Substance Use in British Columbia, Join the Conversation: Decolonizing Substance Use, and The Cultural Safety Standard & Unconscious Bias in Practice with Harley Eagle.
- Four sessions throughout the province, conducted in partnership with health authorities, to provide learning in facility-based settings, including urgent and primary care centres and hospitals.

PICTURED:

A xʷməθkʷəy̓əm (Musqueam) First Nation community-based experiential learning session.

Committees Members

Thank you to all of the members who participated as a member of a council, committee, society, section, or coordinating group in 2024.

Abelson, W.	Birinder N.	Chhabra, A.	Dawkin, D.	Gaede, L.	Harris, A.	Jeans, J.
Ackerman, E.	Bishop, J.	Chiu, L.	Deans, G.	Galanopoulos, P.	Harris, D.	Jenkin, D.
Adams, T.	Bissonnette, M.	Choi, H.	DeGirolamo, K.	Galanopoulos, T.	Harris, E.	Jetzer, S.
Al ed, T.	Blitz, M.	Clark, K.	Dhir, A.	Gan, H.	Harrison, A.	Johnston, B.
Ali, T.	Bossert, J.	Clelland, C.	Dielwart, L.	Garrard, M.	Hartwick, M.	Lee, L.
Amirault, W.	Brar, H.	Co, S.	Dodd, S.	Gerschman, T.	Hefford, B.	Mallek, N.
Anderson, R.	Braunstein, J.	Connors, W.	Drapala, R.	Gershony, S.	Hendry, J.	Moss, E.
Applegarth, O.	Brovender, A.	Cooley, J.	Dunne, C.	Ghesquiere, W.	Henneberry, R.	Scheepers, M.
Arcott, L.	Brown, K.	Cooper, S.	Eagle, E.	Gilks, B.	Hertz, P.	Johnston, E.
Ashwell, S.	Bugis, S.	Copley, M.	Easterbrook, J.	Gill, H.	Hiltz, M.	Jones, D.
Aslani, N.	Butterfield, M.	Costello, G.	Eeson, G.	Gill, S.	Ho, M.	Jones, R.
Avanthay, R.	Cadesky, E.	Covello, T.	Ehasoo, V.	Gillespie, I.	Hoag, N.	Joneson, D.
Ayala, G.	Card, J.	Cowie, S	Etheridge, JP.	Goodchild, S.	Hoar, G	Jordan Gaetz, S.
Bahl, G.	Carruthers, M.	Cox, K.	Evans, J.	Gramberg, C.	Hobson, B.	Jung, G.
Balfour, J.	Carson C.	Crow, T.	Evanson, C.	Gray, J.	Hodgson, B.	Kalaci, O.
Barlas, A.	Chahal, J.	Curry, M.	Ewart, L.	Greggain, J.	Holmes, D.	Kambo, J.
Barlow, N.	Chakrabarti, S.	Cutforth, G.	Farnquist, B.	Grégorie, MC.	How, A.	Kang, K.
Basseri, H.	Chan, C.	D'Souza, K.	Feng, X.	Gregory, B	Hubinette, M.	Kanji, H.
Beach, C.	Chan, J.	Dadachanji, S.	Fernando, L.	Grewal, S.	Huckell, V.	Karimuddin, A.
Bellamy, C.	Chan, V.	Dahl, M.	Finlayson, R.	Gunn, K.	Hwang, H.	Kelly, K.
Belle, R.	Chang, S.	Daicu, M.	Fishman, I.	Guo, M.	Iveny, C.	Kendler, D.
Bhui, R.	Chapman, D.	Daigle, D.	Fishman, M.	Hagen, R.	Jamieson, B.	Ketler, S.
Bicknell, S.	Chatur, N.	Davis, V	Forgie, K	Hale, I.	Jason K.	Khan, S.
Billingsley, I.	Chen, M.	Dawes, M.	Fukushima, E.	Hamilton, J.	Jassi, D.	Khandelwal, S.

Khatra, J.	Letwin, S.	McCarroll, K.	Nguyen, N.	Rau, N.	Stewart, J.	Weiss, E.
Khayambashi, S.	Leung, J.	McInnes, G.	Noseworthy, S.	Rebner, B.	Suen, M.	Wells, B.
Khorasani, S.	Lim, K.	McIntyre-Smith, A.	Nugent, J.	Rebner, C.	Sun, M.	Wen, C.
Khosa, F.	Liu, W.	McKeen, K.	O'Connell, J.	Retallack, J.	Sutmoller, R.	Wensley, D.
Khurana, R.	Lo, R.	McKenzie, M.	Ooms, S.	Richardson, A.	Swiggum, E.	Wignall, A.
Khurana, R.	Lochang, J.	McLaughlin, T.	Oppel, L.	Rizzardo, A.	Tan, K.	Wiley, E.
Kilpatrick, A.	Loken, S.	McLay, J.	Orenstein, M.	Ronco, J.	Teja, S.	Williams, D.
Kim Sing, C.	Lombard, W.	McQuillen, K.	Pai, R.	Russell, M.	Thompson, A.	Williams, J.
Kim, C.	Louie, B.	McTaggart, D.	Palmer, B.	Salmon, A.	Thompson, E.	Williamson, O.
Kirkpatrick, C.	Louie, K.	Mebel, D.	Palmer, K.	Sanghera, B.	Trepess, J.N.	Wilmer, A.
Kisch, I.	Lowden, K.	Meckler, G.	Panagiotopoulos, K.	Sanghera, S.	Tsai, S.	Wong, E.
Kohno, Y.	Lui, C.	Melia, P.	Pang, A.	Schmidt, T.	Tsang, C.	Wong, S.
Koopmans, J.	MacDonald, M.	Mendelsohn, D.	Pang, E.	Schokking, I.	Tseng, O.	Woo, E.
Kotha, V.	MacLean, B.	Kendler, D.	Parnell, T.	Schwandt, M.	Tung, A.	Workman, H.
Kozak, F.	MacNicol, B.	Din, F.	Patterson, T.	Scott, T.	Tuyp, B.	Yan, T.
Kozic, J.	MacPherson, C.	Merriman, B.	Pawlowska, M.	Sear, A.	Uchman, D.	Yap, W.
Krishnamoorthy, A.	Mah, E.	Miller, S.	Pawluk, A.	Segal, S.	Uh, M.	Yeung, T.
Kulla, S.	Mah, J.	Mills, D.	Pelletier, K.	Seland, K.	Van Gylswyk, H.	Yong-Hing, C.
Kurkjian, P.	Mahal, I.	Mitra, A.	Petrik, D.	Sherwood, M.	Veres, L.	Young, S
Lai, E.	Mak, R.	Mitra, G.	Phillips, J.	Shorter, R.	Verma, S.	Zeineddin, M.
Lail, V.	Malik, S.	Monk, T.	Phillips, L.	Sidhu, N.	Vestvik, S.	Zroback, C.
Lam, E.	Malks-Jjumba, L.	Moran, M.	Power, A.	Silver, L.	Voyer, S.	Zroback, T.
Lawrie, S.	Manjoo, P.	Nabi, S.	Poynter, A.	Sin, Y.	Vrana, A.	Zubek, E.
Lee, A.	Manoharan, S.	Nadwidny, L.	Proctor, D	Singh, S.	Vroom, R	Zubek, L.
Lee, E.	Marek, C.	Narang, B.	Puckett, K.	Siu, C.	Vu, E.	
Lee, J.	Marquis, E.	Naumann, T.	Pudwell, C.	Skippen, P.	Wade, JP.	
Lee, K	Martin, M.	Nelson, D	Raff, D.	Slatnik, M.	Wale, J.	
Lee, L.H.	Maxwell, D.	Nguan, C.	Rajala, J.	Smith, T.	Wang, E.	
Lee, S.	May, D.	Ngui, D.	Rampersaud, R.	Soles, J.	Watson, V.	
Leipsic, J.	McCallan, T.	Nguyen, J.	Rankin, A.	Stevens, E.	Webb, C.	

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