

**Consensus Decision of the Alternative Payments Committee (APC)
under section 4.6 (f) of the Alternative Payments Subsidiary
Agreement (APSA)**

1.0 Purpose and Effect

- 1.1 This document records the consensus decision of the APC, made in accordance with section 4.4 of the APSA, at its meeting of June 27, 2008, with respect to the responsibilities of the APC under section 4.6 (f) of the APSA.
- 1.2 The consensus decision is binding on the Government and the BCMA upon the parties satisfying the requirements for a consensus decision set out in section 1.2 of the Physician Master Agreement (PMA). The Government and the BCMA agree to execute and deliver any and all required documents and take any and all steps that may reasonably be required to carry out the consensus decision.
- 1.3 This document is subject to the terms of the PMA and the APSA. If there is any conflict or inconsistency between any terms of this document and any terms of the PMA or the APSA, the terms of those Agreements will prevail.

2.0 The Consensus Decision

2.1 Adjustments to Salary Agreement Ranges and Service Contract Ranges Effective April 1, 2006 to March 31, 2007

- 2.1.1 Subject to Article 2.3 below, Salary Agreement Ranges are adjusted effective April 1, 2006 based on the funding available under section 1.1(e) of Appendix F to the PMA and revisions to the practice categories, and these adjustments are reflected in Appendices A1 through A5 to this consensus decision (the "2006 Adjusted Salary Agreement Ranges"). Appendices A1 through A5 will replace Schedule "A" to the APSA for the Fiscal Year from April 1, 2006 to March 31, 2007.
- 2.1.2 Subject to Article 2.3 below, Service Contract Ranges are adjusted effective April 1, 2006 based on the funding available under section 1.1(e) of Appendix F to the PMA, and revisions to the practice categories, and these adjustments are reflected in Appendices B1 through B5 to this consensus decision (the "2006 Adjusted Service Contract Ranges"). Appendices B1 through B6 will replace Schedule "B" to the APSA for the Fiscal Year from April 1, 2006 to March 31, 2007.

2.2 Adjustments to Salary Agreement Ranges and Service Contract Ranges Effective April 1, 2007 to March 31, 2008

- 2.2.1** Subject to Article 2.3 below, the 2006 Adjusted Salary Agreement Ranges are further adjusted effective April 1, 2007 based on the funding available under section 1.2(b) of Appendix F to the PMA, and these adjustments are reflected in Appendices A1.1 through A5.1 to this consensus decision (the "2007 Adjusted Salary Agreement Ranges"). Appendices A1.1 through A5.1 will replace Schedule "A" to the APSA for the Fiscal Year from April 1, 2007 to March 31, 2008.
- 2.2.2** Subject to Article 2.3 below, the 2006 Adjusted Service Contract Ranges are further adjusted effective April 1, 2007 based on funding available under section 1.2(b) of Appendix F to the PMA, and these adjustments are reflected in Appendices B1.1 through B5.1 to this consensus decision (the "2007 Adjusted Service Contract Ranges"). Appendices B1.1 through B6.1 will replace Schedule "B" to the APSA for the Fiscal Year from April 1, 2007 to March 31, 2008.
- 2.2.3** Subject to Article 2.3 below, the 2007 Adjusted Salary Agreement Ranges and 2007 Adjusted Service Contract Ranges will constitute Service Contract Ranges and, Salary Agreement Ranges for the purpose of increases required by section 1.2(e) of Appendix F to the PMA.
- 2.2.4** The 2007 Adjusted Service Contract Ranges and the 2007 Adjusted Salary Agreement Ranges include the increases under sections 1.1c (ii) and 1.2(a) of Appendix F to the PMA.

2.3 Finalizing Range Adjustments

- 2.3.1** Prior to finalizing the Salary Agreement Range and Service Contract Range under Articles 2.1 and 2.2, the Physician Compensation Branch of the Ministry of Health will work with the Health Authorities and the BCMA to prepare detailed costing at the level of individual Salary Agreements and individual or group Service Contracts in order to determine the full cost of implementing the adjustments set out in Articles 2.1 and 2.2 and ensure that the funding limits in sections 1.1(e) and 1.2(b) of Appendix F to the PMA are not exceeded.
- 2.3.2** The 2006 Adjusted Salary Agreement Ranges and the 2006 Adjusted Service Contract Ranges (the "2006 Adjusted Ranges") will be revised downward by the APC in the manner it determines appropriate if they exceed the funding limit set out in section 1.1(e) of Appendix F to the PMA. If such funding limit is not exceeded

and there are excess funds available, the APC will apply those funds to the 2006 Adjusted Ranges in the manner it determines appropriate.

- 2.3.3 The 2007 Adjusted Salary Agreement Ranges and the 2007 Adjusted Service Contract Ranges (the "2007 Adjusted Ranges") will be revised downward by the APC in the manner it determines appropriate if they exceed the funding limit set out in section 1.2(b) of Appendix F to the PMA. If such funding limit is not exceeded and there are excess funds available, the APC will apply those excess funds to the 2007 Adjusted Ranges in the manner it determines appropriate.

2.4 Assignment to Practice Categories for both Salary Agreement Ranges and Service Contract Ranges

- 2.4.1 General Practitioners who do not provide Full Service Family Practice (as the term is used by the General Practice Services Committee) are assigned to the practice category "General Practice (Defined Scope)". This includes General Practitioners providing services at student health centres and those providing clinical assistant services in Intensive Care Units.
- 2.4.2 General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practice Service Committee) in the community or provide cancer treatment services in a hospital and in the community (commonly referred to as "GP Oncologists") under a contract with the BC Cancer Agency are assigned to the practice category "General Practice (Full Scope B)".
- 2.4.3 General Practitioners who provide a Full Service Family Practice (as the term is used by the General Practices Service Committee) in a rural community, as defined in the Rural Practice Subsidiary Agreement and provide one or more of anaesthesia, obstetrics, general surgery and emergency services in a hospital or designated D & T Centre, are assigned to the practice category "General Practice (Full Scope A)".
- 2.4.4 Paediatricians who work under the supervision of other Physicians are assigned to the practice category "General Paediatrics (Defined Scope)". This includes General Paediatricians who provide ICU, SCN, or oncology services.
- 2.4.5 General Paediatricians who do not work under the supervision of other physicians are assigned to the practice category "General Paediatrics".

3.0 Implementation

- 3.1 Pursuant to section 1.1 (e) of Appendix F of the PMA, those physicians working under a Service Contract or Salary Agreement during the 2006/07 Fiscal Year will be eligible to receive retroactive increases consistent with the 2006 Adjusted Salary Agreement Ranges and the 2006 Adjusted Service Contract Ranges, following their finalization in accordance with Article 2.3
- 3.2 Pursuant to section 1.2 (b) of Appendix F of the PMA, those physicians working under a Service Contract or Salary Agreement during the 2007/08 Fiscal Year will be eligible to receive retroactive increases consistent with the 2007 Adjusted Salary Agreement Ranges and the 2007 Adjusted Service Contract Ranges, following their finalization in accordance with Article 2.3.
- 3.3 The Service Contract Rates and Salary Agreement Rates resulting from the application of Article 3.2 above, shall constitute the Service Contract Rates and Salary Agreement Rates for the purpose of increases (including eligible retroactive payments from April 1, 2008 until the date of this consensus decision) required by section 1.2(e) of Appendix F to the PMA.

This consensus decision made by the APC at its meeting on the 27th day of June, 2008.

For the Government:



For the BCMA:

