

APPENDIX K

EMC MEMORANDUM OF AGREEMENT

Memorandum of Agreement

THIS AGREEMENT made as of the 1 day of OCTOBER, 2007,

Between:

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF
BRITISH COLUMBIA**, as represented by the Minister of Health

(the "Government")

And:

BRITISH COLUMBIA MEDICAL ASSOCIATION

(the "BCMA")

WITNESSES THAT WHEREAS:

A. In section 9.2 of the Physician Master Agreement among the Government, the BCMA and the Medical Services Commission (the "MSC") dated ~~November 1, 2007~~ it was agreed that the Emergency Medicine Committee (the "EMC") would develop recommendations on a new emergency medicine workload model; and

B. While the EMC has made considerable progress in developing recommendations on a new emergency medicine workload model, the EMC requires additional time to complete those recommendations;

NOW THEREFORE, in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

1. Words used in this agreement that are defined in the Physician Master Agreement have the same meaning as in the Physician Master Agreement unless otherwise defined in this agreement.
2. Effective October 1, 2007 the Government will provide additional funding to permit the relevant Health Authorities to expand the total number of physicians included under Service Contracts at the hospital sites identified in Appendix A ("the Sites") by an additional 16 full-time equivalent emergency physicians (the "FTEs") subject to and in accordance with sections 3 and 4 below.

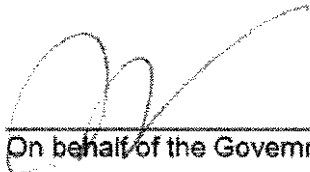
3. The FTE allocation to the Sites effective October 1, 2007 is described in Appendix A.
4. The funding for additional FTEs that are allocated to any Site will be provided to the relevant Health Authority by the Ministry after:
 - a) demonstration to the Ministry that the FTEs will be resourced with new emergency physicians (that is, emergency physicians not previously providing services at the Site); or
 - b) demonstration to the Ministry that the emergency physicians currently providing services at the Site are able to cover the newly allocated FTEs without increasing their scheduled workloads beyond one full time equivalent; or
 - c) a consensus decision of the EMC to permit the emergency physicians currently providing services at the Site to increase their scheduled workloads beyond one full time equivalent for a period of 6 months, but only upon demonstration to the Ministry that an active recruitment process with the objective of recruiting new emergency physicians to resource the newly allocated FTEs has been initiated, and will continue until a sufficient number of new emergency physicians have been recruited to permit the reduction of each emergency physician's scheduled workload to a maximum of one full time equivalent. Such allocations will be subject to review by the EMC every 6 months.
5. On April 1 each year, the EMC will review the allocation of the FTEs and may re-allocate them by consensus decision. The review and allocation decisions will take into consideration:
 - a) the most up to date forecasts of the number of medical students and residents to flow through each emergency department at each Site;
 - b) the accuracy and validity of reported CTAS scores and patient volumes for each emergency department at each Site; and
 - c) the "on time rate" and "average patient wait time" for each emergency department at each Site .
6. The funding for any FTEs that are re-allocated in accordance with section 5 will be re-allocated to the relevant Health Authority by the Ministry in accordance with section 4 above.

7. The parties acknowledge that pursuant to the Physician Master Agreement and the Alternative Payment Subsidiary Agreement, the compensation for Physician Services provided under the Service Contracts includes compensation for the provision of all clinical teaching required of emergency physicians under the Service Contract.
8. At those Sites where emergency physicians provide code coverage and/or tower services under their Service Contract they will continue to provide those services for the term of this agreement.
9. Emergency physicians under Service Contracts will engage with their respective Health Authority and will participate in the identification and implementation of innovations with respect to the delivery of emergency medical services to patients within the relevant emergency department aimed at relieving patient congestion. Such innovations will include but not be limited to emergency physicians attending to patients in the emergency department waiting room, where supported by the hospital, and the adoption of protocols and guidelines developed by the Guidelines and Protocols Advisory Committee and approved by the MSC for the management of patients with various common presenting conditions including but not limited to asthma, COPD, heart disease and stroke.
10. The EMC will continue its work developing recommendations on a new Emergency Medicine workload model until, at the latest, March 31, 2009. This may include consideration of variables (e.g. availability of stretchers and code coverage/tower services) in addition to those already considered that might affect the workload model.
11. If, by March 31, 2009, the EMC has not reached a consensus decision on recommendations to the Government and the BCMA for a new workload model either the Government or the BCMA may call for the appointment of an conciliator to assist the process. The conciliator will have knowledge in the methodologies and areas that the EMC is addressing. If the Government and the BCMA are unable to agree upon the conciliator either of them may request the Chief Justice of the Supreme Court of British Columbia to make the appointment and the person so appointed will be the conciliator;
12. The conciliator will provide recommendations to the Government and the BCMA on the outstanding issues by September 30, 2009;
13. Following receipt of the recommendations, the Government and the BCMA will meet and attempt agreement on a new Emergency Medicine workload model. In the event that the parties are unable to reach agreement with respect to this issue by December 31, 2009 either party may refer the issue to the Adjudication Committee, except that the

Adjudication Committee's authority in this regard will be limited to making non-binding recommendations.

14. In the event that the EMC is unable to reach a consensus decision on any matter that it is required to determine, either the BCMA or the Government may refer the matter to the PSC which will determine a process for resolving the dispute.
15. During the term of this agreement there will be no withdrawal of services by emergency physicians at any Sites.
16. The term of this agreement begins on October 1, 2007 and expires on March 31, 2010.

Agreed to the 26 day of October 2007



On behalf of the Government



On behalf of the BCMA