

Highlights of the Physician Master Agreement

Features

The new Physician Master Agreement (PMA) provides:

- A long-term agreement in effect until 2012
- A consolidated agreement structure
- New administrative committees with health authority representation
- Increased recognition of health authorities' role in managing health care delivery
- Mechanisms to lessen the likelihood of interruptions in services
- Service contract clarifications

Agreement Structure

The structure of agreements between Government and the BCMA is integrated by:

- Replacing the existing structure of a Master, Working and Subsidiary Agreements with a Master and Subsidiary Agreements that incorporate the current Working Agreement and the 2006 Letter of Agreement.
- Maintaining key elements negotiated in the 2006 Letter of Agreement such as:
 - Funding and Compensation levels
 - Programs (e.g. MOCAP, Rural Programs)
 - Benefits
 - Information Technology Initiatives
 - System Redesign Initiatives
 - Existing Constituent Committees (GP, Specialist, Alternative Payments and Rural Committees) and PITO Steering Committee
- Reducing the number of separate subsidiary agreements to five:
 1. General Practitioners Subsidiary Agreement;
 2. Specialists Subsidiary Agreement;
 3. Rural Practice Subsidiary Agreement;
 4. Alternative Payments Subsidiary Agreement (replaces the Salary, Service and Sessional subsidiary agreements); and
 5. Benefits Subsidiary Agreement (incorporates provisions from previous agreements).

New Committees

The following committees were created with health authority representation:

- Physicians Services Committee (PSC) oversees the relationship between the parties and the implementation and administration of their agreements. The PSC is the primary vehicle for cooperation and consultation on major issues related to the provision of medical care.
- Collaboration Committee (CC) facilitates involvement of physicians in identifying and implementing cost effective and sustainable innovation and constructive change through developing recommendations for change in the health care system.
- Joint Agreement Administration Group (JAAG) provides oversight of implementation of the agreements and implementation of the Benefits Administration Contract between Government and the BCMA. It also manages the dispute and conflict resolution provisions of the agreements.
- Joint Committees: A new Benefits Committee replaces four existing separate benefit oversight committees. Other existing joint committees continue their roles including the Specialist Services Committee, General Practitioners Services Committee, Alternative Payments Committee, Physician Information Technology Office Steering Committee, Joint Standing Committee on Rural Issues, Emergency Medicine Committee (to continue only until current work completed), and Shared Care Committee (to continue only until March 31, 2009).

Health Authorities Roles

Health authorities' roles in health service planning and delivery are reinforced through provisions stating that:

- At least one Government representative on most committees comes from a health authority.
- Health authorities will continue to manage service contracts with physicians.
- Health authorities are the first point of contact for all local disputes and interest issues.

New Conflict Resolution Framework

The PMA establishes conflict resolution processes for the following disputes:

- Provincial Disputes: Disputes over interpretation and application of PMA and subsidiary agreements.
- Local Disputes:
 - o MOCAP Distribution Disputes – where physicians believe the evaluation criteria have been incorrectly applied.
 - o Physician Placement System Disputes – where a physician believes the Physician Placement System has been incorrectly applied.
 - o Contract Dispute - over interpretation and application.
 - o Local Range Placement Disputes – where the local parties are unable reach agreement on the application of the physician placement system.
 - o Mode of Compensation Disputes – where physicians believe that the assessment criteria have been incorrectly applied.
- Local Interest Issues: other issues may be brought forward through issue management processes and may be raised to the PSC.

Service Continuity Provisions

The continuity of services delivery is enhanced by provisions stating that:

- Where there is access to binding arbitration, there will be no service withdrawals by physicians.
- Service withdrawals by physicians are restricted and require a minimum 90 days notice.

Service Contracts

The PMA enhances physician contract management through:

- Processes to develop criteria for:
 - o Physician Placement System – to determine Service Contract range placement.
 - o Hours in a Service Contract – to establish number of hours per year that constitute an FTE for a Service Contract.
- A rational, cyclical process to initiate service contracts based on HA needs and Ministry priorities.
- Access to dispute resolution processes for specific types of disputes related to the renewal or negotiation of service contracts.