Highlights of the Renewed Physician Master Agreement

The 2012 Physician Master Agreement (PMA) is a formal agreement signed by the Government, the British Columbia Medical Association (BCMA), and the Medical Services Commission (MSC). The agreement covers the period April 1, 2012 to March 31, 2016.

The PMA continues to give the BCMA exclusive right to represent the interests of all physicians who receive payment for services provided to persons insured through the Medical Services Plan.

Agreement Structure

The PMA provides the framework for managing the ongoing relationship between the government, health authorities, physicians, and the BCMA. The PMA includes Subsidiary Agreements and Appendices. The Subsidiary Agreements provide additional details related to.

- Programs specific to General Practitioners (General Practitioner Subsidiary Agreement)
- Programs specific to specialists (Specialist Subsidiary Agreement)
- Rural programs (the Rural Practice Subsidiary Agreement) – provide financial incentives for physicians to locate to and establish practice in rural and remote communities
- Alternative payment programs (The Alternative Payments Subsidiary Agreement) – outlines the specific terms and conditions applicable to alternative payment agreements
- Physician benefits (the Benefits Subsidiary Agreement) – programs that provide contractually negotiated benefits

Appendices to the PMA contain language related to:

- Specific adjustments to compensation rates for fee-for-service and alternative payment modalities
- The medical on-call availability program (MOCAP)
- The Physician Information Technology Office (PITO)

Key Provisions

The agreement has a four year term from April 1/12 to March 31/16 with a general reopener for last 2 years. It provides funding of $49 million for the first year and $51 million for the second year.

Funding for the first two years of the agreement includes:

- $27M for a 0.5% lift each year for the increased costs of providing insured services
- $18M to continue improvements in access to primary care

- $18M to enhance access to specialty medical services
- $10M to address difficulties recruiting/retaining specific specialties
- $14M to respond to recruitment/retention issues for physicians on service and salary contracts
- $10M for access to physician services in rural/remote communities
- $2M to support new fees
- $0.7M to extend call back for surgical assists
- $0.5M to support shared care between specialists and GPs

The agreement also provides for:

- A New Clinical Support Services Committee to monitor utilization and advise on service delivery for diagnostic services.
- A redesign panel for Medical on-Call Availability Program.
- Continuation of the Alternative Payments Committee to address outstanding service contract issues.
- A new working group to develop recommendations regarding a hybrid funding model for physicians.
- Extension of the Physician Information Technology Office for 2 years to support physician adoption of electronic medical records.

The PMA includes the Laboratory Medicine Fee Agreement that will continue with a process of managing laboratory expenditures until March 31, 2014. A new Laboratory Reform Committee is established to develop a plan to achieve additional savings from outpatient lab services and integration of inpatient lab services.