

What the new Physician Master Agreement means to you

The original Master Agreement was a complex document between the BCMA and provincial government, first entered into in 1993, that provided the parameters of the working relationship between physicians and government. It brought together essential components to ensure a balance existed between the needs of physicians who provide care and services to the people of British Columbia and the government that is responsible for managing the terms under which they acquire those services.

The Letter of Agreement, ratified by the membership a year and a half ago in spring 2006, laid out a new structure for the Physician Master Agreement and its Subsidiary Agreements. The membership voted on the new Physician Master Agreement in

May of this year, with 95% of those who voted voting in favor of it.

The ink is only just dry on the new Physician Master Agreement, which includes five subsidiary agreements:

- General Practice Agreement
- Specialist Agreement
- Rural Agreement
- Alternative Payments Agreement
- Benefits Agreement

The initial term of the Physician Master Agreement and the subsidiary agreements is from 1 April 2006 to 31 March 2012. The Physician Master Agreement supersedes the Amended Second Master Agreement, the Working Agreement, the 2002 Memorandum of Agreement, the 2003 Memorandum of Understanding, the 2006 Letter of Agreement, and the 1993 Contributory Professional Retirement Savings Plan Agreement.

A number of principles in the Physician Master Agreement outline the relationship and the roles of government, health authorities, the MSC, and the BCMA, and are as follows:

- A multilateral relationship built upon transparency, collaboration, and mutual respect.
- Evidence-based quality care will be provided through an integrated, sustainable, accountable, efficient, and effective health care system.
- Patient focused and physician supportive, and accountable by all parties.
- Sets out the government's obligation to improve and maintain the health of the population, to create health legislation, and allocate funding.
- Recognizes that health authorities are responsible for regional planning, operations, and allocation of resources to service its residents.
- Recognizes the BCMA's goals of maximizing physicians' professional satisfaction and achieving fair economic compensation.

- Will contain a new conflict resolution framework.
- Recognizes and gives effect to measures that support compliance by all parties with the terms of the Agreement.

With these principles in mind, the Physician Master Agreement provides for:

- Compensation issues—including general increases, compensation re-opener parameters, funding of new fees, and the available amount, among others.
- Disputes—describes local disputes and provincial disputes, conflict resolution teams, and defines general principles for dispute resolution.
- Information technology—e-health and Physician Information Technology Office.
- Joint committees
- Medical On-call Availability Program—payment for coverage, levels, regional distribution, and challenges to that distribution.
- Renegotiation of the agreements.
- Withdrawal of services.

Included in the polybag with this month's issue of the *BC Medical Journal* is a *Membership Guide to the New BCMA Agreements* that identifies provisions from the agreements that are most likely to affect individual physicians and provides a brief description of them. I hope you have the opportunity to review it. It is broken down into key sections designed for clarity and ease of use.

With the new Physician Master Agreement now in place, I hope the next 5 years will be relatively calm on the negotiations front. My thanks go out to the entire negotiations team, who worked tirelessly to bring this Agreement to fruition.

—Geoffrey Appleton, MB
BCMA President

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