# News

**We welcome news items of less than 500 words; we may edit them for clarity and length. News items should be emailed to journal@doctorsofbc.ca and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.**

## Spotlight: Canadian Association of Physicians with Disabilities

The Canadian Association of Physicians with Disabilities (CAPD) is a not-for-profit social networking and support organization for physicians, residents, and medical students. Founded in 2000 by the late Dr Ashok Muzumdar, a physiatrist who lived with a visual impairment, the CAPD supports physicians with disabilities, provides a national forum for discussing related issues, influences clinical education and research, and more.

The CAPD strives to ensure that doctors and medical learners are not forced out of the medical profession due to disability. CAPD vice-president Dr Quinten Clarke says its organizational mandate has evolved since its establishment. At that time, the organization largely focused on supporting physicians in practice who were not permitted to continue working due to disability, medical reasons, or discriminatory policies. As the organization has evolved and the contemporary understanding of disability has changed, the CAPD has shifted its focus to removing barriers in medical training and practice that prevent individuals with disabilities from working or continuing their studies.

While the conversation around disability has transformed in recent years, Dr Clarke says there is still much work to do to make medicine an accessible career for people with disabilities, including prioritizing the active removal of accessibility barriers and implementing universal design principles. The CAPD is advocating for the needs of doctors with disabilities to be front and centre—not an afterthought.

In alignment with this work, the CAPD is developing a curriculum on disability in health care with patient partners and medical learners with disabilities from across Canada. This series of modules will establish a basic understanding of disability and accessibility that can help improve the competency of medical learners and physicians in working with and caring for people with disabilities, improving access to care, and creating a more inclusive medical culture.

The CAPD works closely with national and international organizations, including the Canadian Medical Association, the Canadian Federation of Medical Students, Resident Doctors of Canada, and the Docs with Disabilities Initiative. The CAPD Trainee Group has been highly engaged at the medical student and resident levels with organizations to ensure that decisions about medical learners with disabilities incorporate their input and lived experience.

To support physicians, residents, and students, the CAPD has created guides to help them access accommodations at various stages of medical training and hosts periodic support sessions for learners with disabilities. The CAPD Trainee Group offers a mentorship program that connects medical students with near-peer mentors—other students or residents who have navigated the same accommodation processes, faculty hurdles, and clinical challenges.

Visit the CAPD website (www.capd.ca) to learn about its work and how to get involved. ■

**—Ellen Tannam**
**Communications Specialist, Communications and Public Affairs, Doctors of BC**

## Support for physicians providing care under ICBC's Enhanced Care model

Throughout 2026, ICBC and Doctors of BC delivered a series of educational webinars for family physicians and specialists who provide care to patients injured in a motor vehicle accident. The sessions focused on billing, reporting, consent, and care pathways under ICBC's Enhanced Care model to help physicians navigate administrative processes while supporting timely patient care.

Enhanced Care, introduced on 1 May 2021, provides care and recovery benefits to British Columbians injured in a crash, regardless of who is at fault. Patients can access early rehabilitation services, including physiotherapy and other initial treatments, without prior approval during the first 12 weeks after injury. Treatment beyond this period requires ICBC approval. ICBC recovery specialists also provide patients with information about available benefits, including coverage for medications, mobility devices, and other medically necessary supports.

### Family physicians

Webinars for family physicians focused on updates to billing, patient consent, and communication with ICBC.

As of February 2026, family physicians can bill motor vehicle accident–related care through the Longitudinal Family Physician (LFP) Payment Model, simplifying billing by aligning motor vehicle accident care with other Medical Services Plan (MSP)–insured services. Physicians practising under both LFP and fee-for-service models continue to bill ICBC directly for physician reports, while care related to work-related motor vehicle accidents should be billed through WorkSafeBC.

After completing ICBC's physician forms (Family Physician Standard Medical Report, CL489; Family Physician Extended Medical Report, CL489A; or Family Physician Reassessment Medical Report, CL489B), physicians are encouraged to submit reports promptly once patient consent has been obtained. Consent is not required when ICBC requests information under Section 28(1) of the Insurance (Vehicle) Act. Doctors of BC also offers a consent-to-sharing-information form to support documentation (www.doctorsofbc.ca/sites/default/files/icbcconsentsharinginformation.pdf).

## Specialists

Webinars for specialists focused on reporting requirements and billing under Enhanced Care.

Specialists may complete the Physician Specialized Services Report (CL489S) after seeing a patient referred by a physician or nurse practitioner. The report may be submitted proactively following the initial consultation (with patient consent), when requested by ICBC, or when significant new clinical information becomes available. Follow-up reports are generally required only when there has been a material change in the patient's condition or treatment plan. Residents may also complete reports under physician supervision.

The CL489S functions as both the clinical report and invoice. Specialists are compensated $275 per report, billed directly to ICBC, while clinical visits continue to be billed separately through MSP.

## Billing and communication

For both family physicians and specialists, the physician conference fee (A94569) applies to interactive discussions with ICBC or other care providers regarding patient care planning or barriers to recovery. The fee does not apply to administrative tasks and requires prior ICBC approval and submission of an itemized invoice.

Physicians can contact ICBC's Health Care Inquiry Unit for claim information and contact details for recovery specialists. ICBC communicates funding decisions directly to patients and, when applicable, to physicians providing physician-administered services. Patients seeking a review of a benefits decision should first speak with their recovery specialist before escalating concerns through ICBC's review process.

Recordings of both webinars, along with additional billing resources, are available on the Doctors of BC website. Physician groups or clinics interested in a customized presentation on ICBC Enhanced Care billing can contact icbc@doctorsofbc.ca.

**—Rheanna Corpuz**
**Senior Coordinator, Physician Advocacy, Doctors of BC**

### ICBC resources

- **Enhanced Care**
  https://icbc.com/claims/enhanced-care
- **Health Care Inquiry Unit**
  https://partners.icbc.com/health-services/contact-health-services
- **Resources for physicians**
  https://partners.icbc.com/health-services/physicians



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evolving from gatekeeper to navigator. Algorithms may organize knowledge, and digital systems may streamline referrals, but they cannot replace the human work of a trusted clinician: listening carefully, understanding context, and helping patients navigate uncertainty and decide what to do next.

The future of medicine will bring more technology, more data, and more interconnected systems. For BC physicians, the real promise of digital medicine is not more data, but better navigation—for patients, for clinicians, and for the system itself. ■

**Generative artificial intelligence use**
The author used ChatGPT during manuscript preparation for editorial feedback and language refinement. The author reviewed and revised all content and takes responsibility for the final article.

**Competing interests**
Dr Lee serves as co-chair of Pathways BC. No financial competing interests have been declared.