

PHSA Medical Staff

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**denotes readers will need to be on-site or access the PHSA network remotely to view these pages.*

Updates and Reminders:

1. Special Town Hall: Artificial Intelligence Use in Health Care Settings at PHSA – Wednesday, October 2

Join us for a special town hall on **Wednesday, October 2 from 5:30 p.m. – 6:30 p.m.** where PHSA medical, clinical and research staff can ask questions about using Generative Artificial Intelligence (GenAI) in health care settings to support clinical and research activity across PHSA sites and programs.

Hosted by Dr. Sean A. Virani, the town hall will feature presentations from:

- Heather Findlay, chief strategy officer, PHSA and May Tuason, executive director, Clinical Architecture, Digital Experience & Innovation, Digital Health Innovation, Provincial Digital Health and Information Services (PDHIS)
- Dr. Angel Arnaout, chief medical information officer, PHSA
- Additional presenters may be added.

A panel of subject matter experts will be on hand to answer your questions about GenAI at PHSA via Slido. While GenAI offers opportunities to tackle health care challenges, it also presents risks and ethical issues. PHSA has formed an AI council to provide oversight in the development and maintenance of a draft GenAI interim direction and guidance document to ensure our use of GenAI tools in clinical and corporate settings is ethical, responsible and respectful of privacy risks.

Watch the town hall via this link:

<https://mediasite.phsa.ca/Mediasite/Play/68b781eec0ff4286b4af5758a188c66a1d>

The council values input from all medical, clinical and research staff, please send questions to Slido using the event code: [#Clinical GenAI](#)

Prior to joining the town hall, medical, clinical and research staff are encouraged to review the [GenAI interim direction and guidance document](#)* and guidance document accessible on the [Artificial Intelligence POD page](#)*.

2. Physician Master Agreement Final Rate Increases and Payments

The finalized physician service and salary contract rate increases for the 2022/23, 2023/24 and 2024/25 fiscal years have now been implemented by Physician Compensation. The service and salary rate increases are prescribed by the 2022 Physician Master Agreement (PMA) and include all increases resulting from the General Lift, the Allocation Committee (AC) increases, and Cost of Living Adjustments.

The final 2024/25 rates have been applied to new service contract arrangements and new salary offer letters papered on or after April 8, 2024.

For all previously existing APP arrangements, Physician Compensation have implemented the final rates according to the below timelines:

1. Service contractors paid via installment schedule and salaried physicians have been paid at their final 2024/25 compensation rate effective **July 5, 2024**. Physicians should have seen these new rates reflected on their **July 26, 2024** pay advice.
2. Service contractors paid via invoice or sessional system have been paid at their final 2024/25 compensation rate effective **July 1, 2024**.
3. Service contractor and salaried physicians have been paid a lump sum retroactive amount for all applicable lifts from April 1, 2022, to the 2024/25 compensation rate effective date (June 30, 2024 for service contractors paid via invoice or sessional system and July 4, 2024 for salaried and service contractor physicians paid via installment schedule). Physicians should have seen the retro payments reflected on their **September 6, 2024** pay advice.

For salaried physicians, the retro payments made to salaried physicians have been reflected on their September 6 pay advice as follows:

- a. "REG PayAdj" (negative \$ figure): The payments made at the interim rates for Q1 of the 2024/25 fiscal year (April 1, 2024 – July 4, 2024) will be reversed
- b. "REG PayAdj": The hours will be added back in for Q1 of the 2024/25 fiscal year (April 1, 2024 – July 4, 2024) and paid at the final 2024/25 rates
- c. "Retro": The retro related to the 2022/23 and 2023/24 fiscal years (April 1, 2022 – March 31, 2024) are reflected as a lump sum with no hours attached

Please note the 2024/25 sessional rate increases have been implemented for April 1, 2024, and there are no further adjustments to prior years.

As a reminder, in fiscal year 2023/24, Physician Compensation applied all 2022/23 and 2023/24 interim rate increases which were comprised of the 2022/23 and 2023/24 General Increase and Cost of Living Adjustments. The retro payments associated with these interim rate increases were paid to physicians on December 1, 2023.

Therefore, the fiscal year 2024/25 final rate increase recently implemented by Physician Compensation only includes the 2022/23, 2023/24 and 2024/25 AC increases, where applicable, and the 2024/25 General Increase and Cost of Living Adjustment. Furthermore, the physicians' practice category range placement to a maximum of 100% of the range, and full time equivalent (FTE) to maximum of 1.0 FTE, have been applied to the service/salary rate increases in calculating the physicians' final rate.

The Consensus Decision of the AC outlining the rate increases can be found here: [consensus decision of the allocation committee 2022-2025 dobc signed - mar 27 24.pdf \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/health/physician_compensation/consensus_decision_of_the_allocation_committee_2022-2025_dobc_signed_-_mar_27_24.pdf)

Physicians will receive a letter in the fall providing further details related to the rate increases. For any questions in the meantime, please email PhysicianComp@phsa.ca.

In the News:

3. New PSLS Process Launches at C&W for Reporting Safety Events Involving Racism and Discrimination

In alignment with PHSA's renewed purpose, vision, and values, we are committed to eliminating all forms of racism and discrimination, including Indigenous-specific racism and discrimination (ISRD) within our health-care system. As part of the [Quality & Safety Strategy](#)*, PHSA will introduce a new reporting process in the Patient Safety & Learning System (PSLS) to document ISRD incidents and other patient safety issues related to racism and discrimination. As medical staff, you have the power to make significant contributions to creating an equitable, anti-racist, and culturally safe environment where everyone thrives.

To support this commitment, the Quality & Safety teams have soft-launched a new question in the Patient Safety & Learning System (PSLS) to help staff report incidents of observed racism and discrimination, including ISRD. For medical staff based at BC Children's Hospital or BC Women's Hospital + Health Centre, the question, "Was racism or discrimination involved in the event?" will now appear on every PSLS reporting page. If the answer is "yes," additional questions will prompt the reporter to provide detailed information, which is crucial for addressing and resolving incidents. Reported events related to ISRD will be reviewed through an Indigenous-led resolution approach.

How to Report

- If a known or possible instance of racism, discrimination, stereotyping, or harassment, including ISRD, is observed or suspected, medical staff are **required to report** it through the PSLS. If you are unsure, please connect with your medical leader for guidance.
- To access the reporting page, visit the [PSLS page on POD](#)*.

As part of a learning health system approach, Quality and Safety teams at C&W and within PHSA will conduct an evaluation before the question is launched to other PHSA programs and services. [Look for more information and updates as it related to other clinical service delivery programs in Spring 2025.](#)

The eradication of ISRD and the integration of Indigenous cultural safety and humility must be understood, embraced, and practiced at all levels. As medical staff, it is vital to honour the Coast Salish teachings that were gifted to PHSA by being good medicine for our patients, their families, and one another. This involves standing strong against racism, discrimination, and harassment, even in moments when it can feel difficult, and showing what it means to be united in our efforts.

Help create a health-care environment where everyone is treated with respect and dignity. As medical staff, your role is crucial in reporting any observed incidents of Indigenous-specific racism and discrimination, helping to build a more inclusive and culturally safe health system for all.

For more information on how you can do your part to eradicate ISRD visit the [Indigenous-specific Anti-racism POD page*](#).

4. Child Health BC and BC Children's Hospital Launch Learning Platform for Interdisciplinary Health-Care Providers

Child Health BC and BC Children's Hospital have launched RIPPL: Resources for Interdisciplinary Pediatric Practice and Learning, a free, accessible online platform for health-care providers across the province who would like to develop and maintain their foundational pediatric competencies. Clinicians across the province have shared that it can often be challenging to access current, consistent pediatric education resources. RIPPL was developed to bridge this gap.

RIPPL is a self-directed learning platform that encourages new users to identify their role, area of practice (emergency, medicine or mental health) and service delivery level so they can self-assess their pediatric competencies, explore curated resources and create personal learning plans.

RIPPL has been built on a validated competency framework and is anchored in a commitment to Truth and Reconciliation. Users of RIPPL have access to a trusted collection of hundreds of existing foundational pediatric education and learning resources. Including resources related to the following domains:

- Child, Youth and Family Centered Care
- Diversity, Equity and Inclusion
- Clinical Practice
- Child, Youth and Family Education
- Interprofessional Collaboration and Communication
- Quality and Safety
- Leadership and Innovation

Visit ripppl.childhealthbc.ca to set up your account and begin your self-assessment. For any questions please contact ripppl.childhealthbc@phsa.ca.

5. Call for Proposals: Cancer Care Projects

Cancer care is complex and requires the full health system to support action. Cancer experts, including oncologists, general practitioners, nurse practitioners, allied health providers, as well as imaging and laboratory professionals, all have a role to play.

The Shared Care Committee, a joint collaborative committee representing a partnership between Doctors of BC and the Ministry of Health, is excited to launch a call for proposals whereby interested physicians working in cancer care can submit an expression of interest (EOI) outlining innovative project ideas to improve cancer care in their practice, community or facility.

Physicians can apply for up to \$25,000 in EOI funding to develop a full project proposal to help advance BC's 10-Year Cancer Action Plan. In addition to a physician, project teams may also include nurse practitioners or other medical staff members who provide cancer care through any PHSA program.

Applications are due by **October 4, 2024**, and will be reviewed by Shared Care, PHSA, Ministry of Health, and BC Cancer.

Visit the Shared Care [Call for Proposals webpage](#) for more information. If you need support to develop your EOI, email: medstaffquality@phsa.ca.

Upcoming Events and Courses:

6. Act Now: Complete San'yas and ARRT Indigenous-Specific Anti-Racism Training

Thank you to those who have already completed both the **San'yas Anti-Racism Indigenous Cultural Safety Training** and **Anti-Indigenous Racism Response Training (ARRT)**. All medical staff across all PHSA program and service areas must complete the [Anti-Indigenous Racism Response Training \(ARRT\)](#) and [San'yas Anti-racism Indigenous Cultural Safety \(ICS\) Program](#) either the [Core ICS Health](#) or [Core ICS Mental Health](#) options.

As a reminder, medical staff are **required** to complete *both* San'yas and ARRT **by March 31, 2025**. New medical staff are expected to complete the training within six months of their start date. Medical staff who are remunerated by fee-for-service, fee-based-service or sessional payments will be compensated for their time.

Time-limited funding is available to reimburse eligible medical staff for time spent on these courses, up to a maximum of 10 hours for San'yas and 4 hours for ARRT. Continuing professional development credits are also available. This training is part of our commitment to eradicate Indigenous-specific racism and completion is required under the [Indigenous-Specific Racism and Discrimination for PHSA Staff policy](#). Thank you for helping us work toward achieving our organizational vision: Boldly create an equitable, anti-racist and culturally safe health system where everyone thrives.

For more information, including information on compensation eligibility, and reimbursement submission instructions, please see the [Indigenous-Specific Anti-Racism Training](#) page of the medical staff website or contact Heather Paterson at Heather.Paterson@phsa.ca.

Indigenous medical staff can access Indigenous-only San'yas ICS Core Health and Core Mental Health courses; please email ics@phsa.ca to participate in an Indigenous-staff only cohort.

PHSA Operational & Leaders' Newss

- Read the latest [PHSA Operational News](#) and [Leaders' News](#)*:
 - [Consider how to acknowledge the National Day for Truth and Reconciliation on Sept. 30](#)
 - [New alters for IT incidents](#)
 - Unique PHSA stories this week
 - Jobs of the week

Ongoing Resources:

- Check out the [Medical Staff webpages](#) on phsa.ca for information and resources for dentists, midwives, nurse practitioners, clinical scientists and physicians.
- Learn about [health and wellness](#) resources to support you.
- Looking for past issues of the Medical Staff Newsletter? Visit our Communications [page](#).
- Visit [POD](#) for stories about our workforce and supporting resources*.