JCC Joint Collaborative Committees

JCC Interprofessional Team Members (ITM) and Medical Office Staff Engagement
Compensation FAQs

The Joint Collaborative Committees (JCCs) value collaborative engagement with health system partners, including Interprofessional Team Members (ITMs), e.g. Registered Nurses, Midwives, and other Allied Health Professionals, as well as with Medical Office Staff, e.g. Medical Office Assistants (MOAs), Office Managers, and MOA Peer Mentors. This document includes frequently asked questions (FAQs) regarding compensation for these health system partners and should be viewed alongside the JCC ITM and MOA Payment Principles and Compensation Rates.

1. How were the JCC ITM and Medical Office Staff compensation rates determined?

   JCC compensation offered to health system partners is drawn from physician funding negotiated through the Physician Main Agreement. The JCC ITM and Medical Office staff rates were established within JCC budgets to provide an incentive for health system partners to engage with physicians through JCC-funded activities, and to recognize their contribution. JCC compensation is not intended to replicate or replace income paid at clinical sessional rates.

2. How often are the JCC ITM and Medical Office Staff compensation rates reviewed?

   All JCC compensation rates are reviewed periodically. Reviews take into consideration JCC funding principles, available budgets, engagement and market data, and the wider health system context. A review does not always mean rates will be increased. The JCC ITM and Medical Office Staff rates were last reviewed in 2024 and will be reviewed again in 2027.

3. Why can't salaried professionals claim JCC compensation?

   JCC sessional payments are intended to recognize time away from clinical practice to participate in JCC activities. JCC compensation provides a contribution toward lost income and is not intended to supplement income. Any participant who receives a salary is ineligible for JCC compensation, since they are not foregoing income to participate in JCC activities. This principle also applies to engagements outside of the participant's salaried hours, since no income is lost.

4. Can part-time/contracted health care professionals receive JCC sessional pay?

   JCC sessional pay may be available for part-time or contracted health care professionals on a case-by-case basis. As per the above, the JCC sessional pay is intended to compensate for time away from clinical practice. If a physician, ITM, or Medical Office Staff member has a part-time salaried role and a part-time non-salaried clinic position, the JCCs can compensate them for the missed clinical practice time at the relevant JCC compensation rates.

5. Why is the JCC ITM rate cap of $75/hour lower than the clinical sessional rates paid to some ITMs, such as Nurse Practitioners and Registered Midwives, by their own member organizations?

   The JCC ITM rate is not intended to replace or replicate the income that ITMs earn from their own member organizations or from clinical practice. JCC compensation recognizes contribution for participating in JCC-funded activities.

6. Why is the JCC ITM rate cap lower than the physician JCC sessional rate?

   The JCCs are a partnership between the Doctors of BC and the BC Government, as laid out in the Physician Main Agreement (PMA). The funds in the PMA are negotiated by these two parties. The JCC physician sessional rate is not related to physician clinical rates, and the JCC ITM rate is not related to ITM member organization rates or union rates; it is recognition for engaging with physicians at shared tables and through collaborative activities.

7. What is the process for ITMs to access top-up funding from their associations?

   Funds negotiated through other ITM professional associations and/or their organization's main agreements with the Government may be used to top up JCC sessional payment rates, if available. However, there is no formal shared funding agreement or pathway in place for JCC engagements. Should ITMs wish to seek top-up funding, it is the responsibility of the participating partner to contact their association to discuss available options. JCCs are not responsible for identifying, coordinating or securing additional top-up funding on behalf of participating partners.

8. Why is a single rate cap, and not tiered rates based on engagement level, applied to ITMs and Medical Office Staff when engagement from these groups is essential for collaboration and strategic planning activities?

   The ITM rate is recognition for participation and does not reflect the ITM's role or level of engagement. This principle is applied to all health care professionals who engage with the JCCs, including physicians.

9. How is the JCC ITM rate cap of 'up to a maximum of $75/hour' applied? Are ITMs receiving different engagement rates across the JCCs?

   Currently, the majority of JCC teams pay ITMs the maximum JCC rate of $75/hour for most engagements. However, ITM payment rates at or below $75/hour were established by some of the individual JCCs before the central cross-JCC rate cap of $75/hour was approved and implemented. Some JCC-funded activities use a rate structure that compensates ITMs at different rates based on profession, up to a maximum of $75/hour.

10. Are there JCC-funded activities currently paying ITMs more through other contracts or agreements?

    Contracts cannot be used to circumnavigate the JCC Co-Chair ITM rate cap decision. The JCCs do engage professional consultants, some of whom may also have clinical qualifications or experience, at consultant rates; however, these engagements are for consultant services, not for participation at collaborative tables with physicians.

Additional Questions

Additional questions regarding compensation for JCC Interprofessional Team Members and Medical Office Staff can be directed to JCC@doctorsofbc.ca.