2026 Budget Submission from the Consultant Specialists of BC (cSBC)

Improving Access to Specialist Care in British Columbia:

A Proposal for Waitlist Reduction and System Renewal

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Introduction

Patients in British Columbia face an unprecedented and growing crisis in access to Specialty Care, the costs of which we cannot afford. In 2022, an estimated 1,000,000 British Columbians were on a waitlist for a consultation with a Specialist Physician. By 2024, this number had grown to 1,200,000, **an increase of 20% in just two years** (https://specialistsofbc.org/wp-content/uploads/2025/10/2024_specialist_waitlist_survey_results-3.pdf). B.C. patients now report the **highest dissatisfaction** with their ability to access Specialty Care when needed compared to any other province in Canada (https://www150.statcan.gc.ca/n1/daily-quotidien/250729/t002a-eng.htm). **These are not just numbers; these are patients whose lives have been put on hold as they wait for a Specialist to explain the cause of their painful and frightening symptoms, to bring stability to their chronic conditions, and to deliver the care they urgently need.**

Specialty Care is provided by highly-trained Specialist Physicians who have undergone extensive in-depth training in a focused field of medicine or surgery. They care for British Columbia's sickest, most complex and vulnerable patients. As the ultimate source of expertise in caring for these complicated patients, they serve as a knowledge resource and support system for primary care providers. **But right now, their waitlists are growing at an alarming rate, and they have not been equipped with the resources to effectively manage this increased demand**. Every week, **new media stories are emerging**, revealing the regional collapse of Specialty Care across all Health Authorities and a wide range of Specialties in the province:

Vancouver Sun,
February 26, 2025

B.C. man's lung transplant cancelled last-minute due to specialist shortage at VGH

Today In BC,
July 9, 2025

Nearly 1,600 patients died on Interior Health waitlists last year

Global News,
August 21, 2025

Victoria pediatric urgent care clinic to close amid staff burnout

CBC News,
October 15, 2025

All ob-gyns at Kamloops, B.C., hospital announce resignations

Specialist Physicians are reporting increasing levels of burnout and moral distress as they struggle to meet rising demand for high-intensity care in a system that lacks the structures and supports needed to manage growing waitlists. There are few effective mechanisms for Specialists to collaborate with Primary Care providers on patient management, and limited capacity or resources to support the complex, ongoing work of triaging referrals and maintaining waitlists.

Delayed or inadequate access to Specialty Care carries far-reaching consequences and leads to exponentially higher costs across the health care system. **In British Columbia, the average timely Specialist consultation costs $188, compared to $400–$500 for an avoidable Emergency Department visit and $8,321 for an avoidable hospitalization** (https://www.cihi.ca/en/indicators/cost-of-a-standard-hospital-stay).

In addition to the rapidly escalating costs associated with delayed Specialty care, patients with undiagnosed symptoms or complex conditions experience avoidable harm, increased stress, and poorer health outcomes, often resulting in preventable hospitalizations.

As British Columbia's population continues to age and grow, pressure on Specialty Care will intensify, worsening this urgent crisis. Already, many Specialists are closing their waitlists to non-urgent consults in order to preserve access for patients in greatest need, a trend that is expected to accelerate in the months and years ahead.

Decisive action, both immediate and sustained, is needed to address Specialist Physician waitlists and reduce wait times for Specialty Care across all communities and Specialties in British Columbia, ensuring that patients can access the complex and critical treatments they require. Without intervention, growing delays will continue to erode confidence in the health system and increase costs across every level of care.

This proposal outlines a multipronged approach to address these problems, beginning with a Waitlist Management Funding Proposal for immediate inclusion in the 2026 Provincial Budget. This proposal also provides critical tools to empower Specialist Physicians to immediately improve access to Specialty Care, while also setting the province's health care system up for robust, intelligent and data-informed Specialist Care Health Human Resource (HHR) planning for decades to come.

Organization Background

Consultant Specialists of BC (cSBC) is an independent organization representing 34 specialties, working to ensure timely, effective Specialist Care for everyone in British Columbia. cSBC represents the B.C. Specialist Physician perspective in advocating for critical issues to health stakeholders, including the B.C. Government, Doctors of BC, BC Family Doctors, the College of Physicians and Surgeons of BC and the Joint Collaborative Committees. Our Council of Specialists brings together all 34 Specialty Groups to meet quarterly to discuss challenges and opportunities in our healthcare system, and the economic and political interests of Specialists.

cSBC is the only organization that is focused on collectively representing all B.C. Specialists and advocating for improvements in the Specialty Care system. As the single organization in the province focused solely on the interests of Specialists and their patients, we have the intimate knowledge and expertise to offer an immediate, effective, and high-impact proposal for urgent and long-term change to improve access to Specialty Care for patients in the province.

We are excited by the prospect of working with the Ministry of Health to take immediate steps to address the Specialist waitlist crisis in our health care system. Together, we can make a generational impact on Specialty Care in British Columbia and ensure all patients have timely access to care when they need it most.

What Are Specialists

A Specialist is a physician with deep expertise in one organ system, body region, or disease domain. Specialists diagnose, treat, and help patients manage the most complex and debilitating health conditions. They are among the most highly trained physicians in the health system, with expertise developed through extensive postgraduate training, typically an additional five to eight years of residency and fellowship training after medical school. Specialist training is rigorous, highly competitive, and requires supervised mentorship and tutelage from experienced Specialists currently working in the field.

Some examples of Specialists include neurologists, emergency physicians, endocrinologists, urologists, and cardiologists, among many others. **As of October 2025, there are only 7,767 Specialists currently serving the entire population of British Columbia.** As such, it is critically important that our health care system ensures that we are using these Specialists in the most effective manner.

Snapshot of the Waitlist Crisis in British Columbia

1,200,000+

The Number of British Columbians on a waitlist to see a Specialist Physician

20%

The increase in number of patients on a waitlist in the past TWO years

44.3%

British Columbia is ranked LAST among provinces in patient satisfaction with wait times

$8,321

The average cost of an avoidable hospitalization in B.C.

$400-500

The cost of the average avoidable Emergency room visit

$188

The cost of a timely Specialist Consultation

Improving Access To Specialist Care In British Columbia

The waitlist crisis in B.C. is growing at an unsustainable rate. The longer patients wait, the greater the impact on their health, leading to higher levels of anxiety and pain, greater strain on primary care providers, overcrowded emergency departments and urgent care centres, and worsening conditions that often lead to preventable hospitalizations. Extended time on a waitlist translates to real-time impacts on patients, prolonging absences from work and taking away time from loved ones. **With wait times for initial consultations among the longest in Canada, the B.C. government must take decisive action to address this crisis: Patients simply can't afford to wait any longer.**

In order to begin addressing the widespread problems impacting patients access to Specialty Care, **both immediate and long-term** decisive actions are required. In this proposal, we have outlined immediate steps that the province can take to begin addressing this crisis through our Specialist Waitlist Management Proposal. Moving forward, a resilient and robust Specialist Care system can be built for decades to come. This will require an intelligent, data-informed multi-pronged intermediate and longer-term strategy, developed from critical data derived from the Waitlist Management Initiative.

Our Proposal

In the 2026 Budget, British Columbians need a commitment from the Government to fully fund the **Specialist Waitlist Management Proposal.** This proposal was developed over a two-year collaborative process between Consultant Specialists of BC, Doctors of BC and the Ministry of Health.

The Specialist Waitlist Management Proposal consists of 2 essential components:

1

Build a reliable, centralized, and continuously updated Specialist Waitlist Database

- Build a centralized database that connects physicians Specialty-wide and across the province, to provide physicians with a clear and accurate understanding of:
  - **i.** Practice demographics
  - **ii.** Current waitlist size
  - **iii.** Wait time data
- This will allow physicians, administrators, and government officials to have a reliable, real-time and data-informed understanding of Specialist Care access across the province.
- This data will then inform critical Specialist HHR and infrastructure investment decisions to ensure a healthy and robust Specialist care system for current & future generations of British Columbians

2

Create complementary waitlist management mechanisms to help Specialists bring down their waitlists immediately.

- Provide remuneration to Specialists for the time required to review new referrals, triage, and optimize waitlists, allowing this work to be integrated into their regular practice workflow.
- Improve support to patients in the Primary & Community Care setting by enabling more direct and quicker communication between Primary and Specialist Care providers.
- Limit the growth of Specialist waitlists by allowing Specialists to provide real-time updates on the status of their practice.

Solution 1: Build A Reliable, Centralized, And Continuously Updated Specialist Waitlist Database

Currently there is no central reliable database on Specialist waitlist sizes nor wait times. The scant data that does exist is self-reported. Furthermore, there is no standardized vetting protocol, which makes the validity of the data questionable and susceptible to reporting biases.

There is zero high-level line-of-sight on Specialist waitlists and wait times. This limits our understanding of capacity across the province and makes it impossible to coordinate across different geographic regions. Existing provincial databases are simply outdated and it is not possible to derive reliable waitlist and wait time data.

The good news is that this data does already exist in individual Specialist Physician private office Electronic Medical Records (EMRs). By leveraging existing EMRs, this data could be uploaded from Specialist Physician offices to a centralized database. This would standardize waitlist size and wait time data metrics, while creating a complete picture of Specialist access across the province.

The foundation of effective, efficient, and reliable Specialist access lies in a clear understanding of both the challenges and opportunities across the system—made possible only through comprehensive data. **A centralized database would provide physicians, health authorities, and the provincial government with a reliable, real-time, data-informed view of Specialist access across British Columbia.** This initiative would deliver immediate, tangible benefits for both physicians and patients—for example, facilitating real-time visibility into local Specialist wait times—while also laying the groundwork for broader system transformation and long-term improvement in Specialist Care delivery.

Government Benefit

- Enable government to understand shortages in certain specialties and proactively address these through training and recruitment
- Data-informed approach to HHR and infrastructure planning
- Maximize current health care resources and future investments through a data-driven approach

Patient Benefit

- Referring practitioners can make data-informed decisions on where to direct referrals based on reliable wait time data
- Cut down or eliminate simultaneous referrals to multiple Specialists
- Decrease anxiety and increase confidence in the system by providing patients with a reliable waittime

Physician Benefit

- Inform Specialists of the current state of their waitlist and its evolution over time
- Allow Specialists to build capacity for waitlist management into their work schedules
- Provide the critical feedback loop that is required for successful change management

Solution 2: Creating New Mechanisms So Specialists Can Immediately Begin Bringing Down Their Waitlists

The centralized database will lay a strong foundation for long-term system renewal, but its success depends on giving Specialists the means to actively manage their waitlists in real time. To achieve this, two complementary mechanisms are required: one administrative and one clinical. Together, these mechanisms will empower Specialists to manage referrals more effectively, improve patient flow, and ensure the database delivers meaningful, actionable insights across the health system.

On the administrative front, Specialists do not receive compensation for time spent managing waitlists. **Creating a mechanism for remuneration would allow Specialists to build capacity into their busy schedules for the substantial indirect care involved in active waitlist triage and management.** The cost of remuneration would be easily offset by a more efficient referral-consultation process, including:

- Minimizing unnecessary follow-up appointments by thoroughly reviewing referral packages upon receipt and ensuring all necessary information is obtained and additional required tests are completed before the initial consultation.
- Streamlining Specialist office procedures for referral management and appointment scheduling, leading to earlier consultations, preventing health deterioration and avoiding the escalating system costs associated with delayed access to care.

In addition to administrative reform, a clinical mechanism is needed to help Specialists address the growing imbalance between urgent and non-urgent cases. Many Specialists are consumed by the increasing volume of complex, time-sensitive consultations, leaving patients with lower acuity needs waiting months or even years for care. In many instances, issues for which patients are referred could be managed at the Primary Care level with assistance from, but not formal consultation by, a Specialist.

However, without a mechanism that allows Specialists to respond to a referral without initiating a full consultation, patients with less urgent concerns remain on waitlists indefinitely without the expert Specialist input they need. Over time, these manageable conditions worsen and evolve, requiring more serious and complex intervention. Establishing a formal mechanism for immediate assistance would help ensure that all patients receive timely, appropriate care.

Remuneration for indirect care involved in active waitlist management

- Efficient waitlist management is critically dependent on thorough review and triaging of referral packages at the time of receipt.
- To optimize waitlist management, private Specialist offices, physicians, and their staff must also develop new policies and practices.
- Through the introduction of appropriate remuneration for the indirect care involved in these activities, Specialists would be able to build capacity for these processes into their standard practice.
- **We formally request government funding to cover a maximum of three hours per week per specialist, specifically allocated for the indirect care essential to actively managing specialist waitlists.**

Remuneration for Specialist Written Advice, without formal consultation

- Specialists need to be able to provide written advice to physicians and allied care providers, and to support referring practitioners **in lieu of formal consultation and placing the patient on their waitlist.**
- As a result, patients who don't need formal consultation would now receive **immediate Specialist support** within days of the referral, instead of having to languish for months or years on a waitlist.
- This would also mean that Primary Care practitioners would receive immediate support when they have concerns without leaving them in a lengthy limbo, uncertain how to best manage their patient.
- This approach will naturally enhance patient management within Primary & Community Care, preventing illness progression and reducing the need for many Specialist consultations.
- **We formally request the government provide ongoing funding for logistical support and a "written advice fee code" to enable immediate Specialist support for patients who do not require a formal consultation.**

Interdependency Of The Specialist Waitlist Management Proposals

The Specialist Waitlist Management Proposal represents a comprehensive and interdependent strategy to **immediately** address the Specialist Care access crisis while **laying the groundwork** to build a revitalized, resilient, and strong Specialist Care system. The two components of this proposal, the centralized waitlist database and the accompanying administrative and clinical mechanisms, are mutually dependent.

The database cannot function effectively without these mechanisms, which enable Specialists to actively maintain and update their waitlists. These measures are critical to ensuring the proposal's long-term viability and to realizing its full potential in optimizing Specialist access across British Columbia. Together, they will create the foundation for a modern, data-informed approach to managing patient access to Specialist care across British Columbia.

The total estimated budget required for the above Specialist Waitlist Management Proposal is summarized below:

1. Specialist Waitlist Database - $13.3M annually (after an initial startup cost of $25M)	**2.** Indirect care for active Specialist waitlist management - $110M annually	**3.** Written advice in lieu of consultation - $35M annually

TOTAL Budget Request - **$158.3M annually**

Specialists Ask To Government

The Consultant Specialists of BC, on behalf of 34 Specialty Sections representing Specialists across the province, formally requests that the government take immediate and decisive action to address the growing waitlist crisis in the province. Our Waitlist Management Proposal would equip Specialists with the essential tools to address their waitlists effectively. Moreover, it would guarantee that the entire Specialists Care System is informed by comprehensive and reliable, real-time data.

We also seek a commitment from the government to continue our collaboration to drive a generational change in Specialist Care. By taking decisive action and executing a long-term, multipronged strategy, we can build a resilient Specialty care system that provides the highest quality of care in the country, getting patients off the waitlist and back to their daily lives.

Additional Intermediate & Long-Term Strategies Required

The Specialist Waitlist Management Proposal will provide the data required to accurately measure access to Specialty care in the province for decades to come. The tools provided to Specialists as part of this initiative will allow them to **immediately** begin getting control of their spiraling waitlists. After implementation of the Specialist Waitlist Management Proposal detailed above, further work will be required and informed by a reliable database that captures the status of Specialty care access across the province in real time.

Multipronged Intermediate & Long-term Strategy to ensure access to Specialty care for all British Columbians:

1. Create a scalable model of Consultant Specialist Team Care through the existing fee-for-service system – so our existing Specialist workforce can care for more British Columbians
2. Increase Specialist rural outreach - so all British Columbians have equitable access to Specialist Care no matter where they live
3. Develop a blended payment model for Specialists – that rewards productivity and patient care time, supports physician choice, values all care provided, and aids in retaining and recruiting Specialists to B.C
4. Increase training and teaching – to build the long-term Specialist workforce we need to serve British Columbians for decades to come
5. Address major Specialist burdens – to help avert early retirements and create an attractive practice environment for Specialist recruitment
6. Increase point-of-care investigations – to create more comprehensive 'single-touch' consultations by decreasing outpatient investigations and consequent necessary follow-up visits (which decrease capacity for seeing new patients).

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Appendix – Waitlist Management Proposal Costing Methodology

Costing of this proposal was performed by the Doctors of BC Economics Department in collaboration with Consultant Specialists of BC.

Specialist Waitlist Database: $13.3M annually (after initial startup cost of $25M)

- Drawing upon the model employed in the Longitudinal Family Practice (LFP) plan, Specialist Physicians paid through the fee-for-service system would be incentivized to join the Waitlist Management Initiative and share their private EMR waitlist data through a standardized report.
- This report would be uploaded initially upon joining the initiative and then every 6 months to provide real-time continuously updated data on the status of their waitlists.
- As with the LFP plan, an initial 'sign up incentive' would be provided to encourage physicians to join the Waitlist Management Initiative. An equivalent single payment sign-up incentive to the LFP payment plan (which provided both an individual physician and a clinic payment) is $7000 per physician.
- Thereafter, Specialist Physicians would be compensated for the work involved and, therefore, incorporate into their workflow regular EMR-generated data updates regarding their private clinic waitlists every 6 months with a $2000 payment after data has been uploaded to a central system.
- The total number of eligible fee-for-service Specialist Physicians providing outpatient consultative services in British Columbia is approximately 3,700. Assuming a maximum participation rate of 90% (3,330 physicians), this equates to an initial start-up cost of $23.3 million (rounded up to $25 million to include a contingency buffer*), followed by ongoing costs of approximately $13.3 million annually to support twice-yearly data updates.

Category	Initial	Ongoing
Total number of eligible fee-for-service Specialists in BC	3,700	3,700
Total number of anticipated participating Specialist Physicians (assuming 90% participation rate of eligible Specialists)	3,330	3,330
Cost per participating eligible and participating Specialist	$7000 sign-up incentive	$2000 twice-yearly
TOTAL	**$25M* start-up cost**	**$13.3M annually**

It should be noted that this represents the maximum projected cost. Actual costs would be lower if participation falls below 90% of eligible physicians. However, achieving broad participation is essential to ensure robust and comprehensive data, and we are hopeful for high engagement across all Specialties.

Funding for Indirect Care for active Specialist waitlist management: $110M annually

- To further encourage Specialists to sign-up for the waitlist management data initiative, only Specialists who agreed to participate in the initiative would have access to a billing code to bill for the indirect care associated with active waitlist management. This would further incentivize participation and sharing of private EMR waitlist data.
- Using the estimated 90% participation rate and resultant 3330 physicians, with a maximum cap of 3 hours of billable indirect care per week, and with a reasonable payment rate of $200/hr for indirect care by a Specialist physician, this equates to a total **maximum cost** of $104M (we've rounded the budget up to $110M to create a buffer, but the cost could be less than this depending on participation).

Category	Estimate	Notes
Total number of Specialists (based upon assumed 90% participation in waitlist management initiative)	3,330	
Maximum hours cap for billable indirect care per week	3 hours per week per specialist	
Payment rate for indirect care	$200/hr	
TOTAL	**$110M**	**Actual estimated total is $104M**

It should be noted that this cost also does not factor in the substantial system savings realized by a more efficient consultation-referral process that will result from incentivized waitlist management including more rapid visits, decreased follow-up visits, and decreased utilization of other healthcare resources that occurs when patients are waiting for consultation as a result of an inefficient system.

Written advice in lieu of consultation

- The total number of eligible fee-for-service Specialist physicians who run outpatient consultative practices was calculated to be 3689 Specialists. We would encourage all Specialists to participate in a written advice code, regardless of participation in the waitlist data initiative. The alternate strategy of restricting this code to physicians who have agreed to participate in the waitlist management initiative (3330 Specialists) would result in lower cost but with the consequence of ongoing delayed access to care for Specialists who choose not to participate in the initiative.
- Based on clinical experience, it is estimated that the average Specialist would encounter the opportunity to provide written advice (in lieu of consultation) to a physician or nurse practitioner on 50% of days worked and 20% of days worked to an Allied Care Provider.
- The average number of days worked for a Specialist is 174 days per year (this includes both part-time and full-time physicians).
- With a remuneration rate of $75 for written advice to a physician or nurse practitioner and $50 for written advice to an allied care provider, this results in a total cost of written advice of $30.5M per year (we've rounded to $35M for a buffer)

Category	Estimate/ Assumption	Notes
Eligible fee-for-service Specialists	3,700	Calculated total number of eligible Specialists in BC, rounded to nearest 100
Average annual work days per Specialist	174 days	This includes both full- and part time
Frequency of written advice - to Physicians/Nurse Practitioners	50% of days worked	
Frequency of written advice - to Allied Care Providers	20% of days worked	
Remuneration rate - Physician/Nurse Practitioner	75 per written advice	
Remuneration rate - Allied Care Provider	$50 per written advice	
TOTAL	**$35M**	**Actual estimated total is $30.5M**

It should be noted we anticipate the actual cost of this initiative will be lower. Physicians will incorporate a portion of this written advice work into their daily workflow, which will result in decreased billings from other services. The costs of written advice will be further offset by the cost efficiencies realized by patients receiving Specialist advice earlier, thereby leading to fewer visits to their family physicians, improved health, and decreased utilization of other healthcare resources.

Total Initial and Ongoing Cost of the Waitlist Management Proposal

Category	2026/27 Budget	Ongoing
Specialist Waitlist Database	$25M	$13.3M
Funding for Indirect Care for active Specialist waitlist management	$110M	$110M
Written advice in lieu of consultation	$35M	$35M
TOTAL	**$170M**	**$158.3M annually**

Consultant Specialists of BC