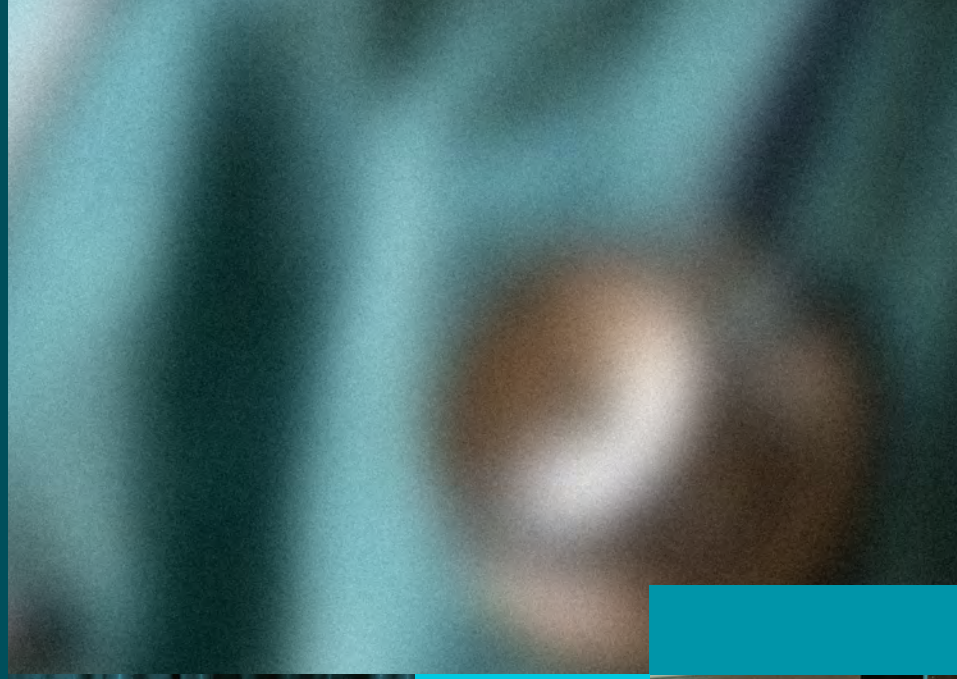
doctors of bc

2026 Physician Health and Safety Summit Summary Report



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Overview

The annual two-day Physician Health and Safety Summit brought together front-line physicians, medical and occupational health and safety leaders, and staff from organizations across the province. The summit focused on promoting physician wellness through systems change and collaborative solutions to prevent workplace violence, addressing gaps in creating healthier, safer workplaces, and fostering connections that enhance communication and engagement. The keynote speaker, Dr Alika Lafontaine, offered insights into the emotional progression from anger to outrage and indifference that is shaping our health care system today. Over the two days, presentations from collaborative partners were complemented by deep dives into projects led by the Regional Physician Health and Safety Working Groups. The summit's interactive format allowed attendees to build connections and establish meaningful relationships that lead to shared purpose and collaborative solutions towards positive change in physical and psychological health and safety.

Who attended

PRIMARY ROLE	# OF ATTENDEES
Physicians	29
Physician Health Program	3
Health Authority Representatives, OHS	30
Health Authorities Representatives, Medical Affairs	16
Doctors of BC staff	21
Switch BC staff	11
Resident Doctors of BC staff	2
Canadian Medical Association Staff	3
Consultants/ facilitators/ presenters	4
Other (MOH, HQBC, UBC)	9
TOTAL	**124**

Presentation highlights

AUTHENTIC CONVERSATIONS: LEANING INTO VALUE-DRIVEN COMMUNICATION – DR SIMON PULFREY

> *"Values are your heart's deepest desires on how you want to behave as a human."*
> **– Dr Russ Harris, ACT**

Dr Simon Pulfrey, UBC Associate Head of Emergency Medicine and a leadership coach at Carry Water Coaching, shared insights on integrating values (authentic self) into the work and on understanding common communication pitfalls (or barriers) to avoid dysfunctional communication that leads to burnout. The Experience Cube, which combines observations, thoughts, wants, and emotions, shows that effective communication is the distinction between what is happening and what we, as cognitive, social, and meaning-making beings, think is happening. In other words, authentic conversations can resolve organizational and interpersonal conflicts by finding common ground and shared intention and purpose.

> *"Without authentic insight and awareness of one's genuine self, responsible and effective leadership of anything of value is essentially impossible."*
> **– Dr Simon Pulfrey, Carry Water Coaching**

HIGHLIGHTS

- Developing awareness, acceptance, agency, and compassion for the self is the first step towards having authentic conversations that can resolve conflict by finding common ground and shared intention and purpose.

- Establishing conversation rules, such as seeing through another person's eyes and acknowledging emotions without mirroring, are among the effective practices for building constructive conversations

COLLABORATIVE SOLUTIONS: LEARNINGS AND OPPORTUNITIES FROM THE ADMINISTRATIVE BURDENS WORKING GROUP

Dr Lisa Gaede and Kate McCammon of the Administrative Burden Working Group (ABWG), a partnership between the Ministry of Health, Doctors of BC, and Health Quality BC, discussed the drivers of administrative burden, including referral requirements, integration gaps (e.g., EMR), human resource challenges, and privacy and regulatory requirements. The administrative burden's impact extends beyond physician time and hours; its cumulative effect diminishes work-life balance, job satisfaction, and morale, while increasing burnout. The collaborative solutions and opportunities for prevention were also addressed.

> *"Every strength overextended can be a weakness."* **– Dr Lisa Gaede and Kate McCammon**

HIGHLIGHTS

- Building trust, transparency, and relationships between process owners and clinicians can significantly reduce the administrative burden.
- Reducing administrative burden not only enhances continuity of care but also lifts the moral burden and improves patient care and quality.
- Removing unnecessary administrative work could free up capacity equivalent to 9,093 full-time physicians.

BURNOUT AND BOUNDARIES – DR MAUREEN MAYHEW, PHP

Dr Maureen Mayhew, the program physician for Doctors of BC's Physician Health Program (PHP), outlined the current services available to support physician wellness, including a 24/7 helpline, counselling, return-to-work or school support, and referrals to coaches, therapists, and other community specialists. Potential organizational opportunities to further enhance physician health and safety province-wide were also discussed.

> *"Daring to set boundaries is about having the courage to love ourselves, even when we risk disappointing others."*
> **– Brene Brown**

HIGHLIGHTS

- Occupational stress or burnout is among the top 5 reasons physicians seek help and consultation from the PHP team.
- The Physician Health Program has supported 2,685 cases in 2025. PHP services are free, confidential, and anonymous.

Project deep dives

MEDICAL STAFF WELLBEING AND WORK EXPERIENCE SURVEY – PROVINCIAL HEALTH SERVICES AUTHORITY

The themes and priorities, as identified by the PHSA Medical Staff Wellbeing and Work Experience survey conducted in 2023 and again in 2025 by the OSWELL (Office for Medical Staff Safety and Wellbeing) team at PHSA, include shifting away from administrative cumulative workload, enhancing staff voice and leadership engagement, creating a culture of violence prevention and psychological safety, addressing recognition gaps, and prioritizing wellness initiatives and programs.

VIRTUAL REALITY VIOLENCE PREVENTION TRAINING FOR MEDICAL STAFF – PROVIDENCE HEALTH CARE

A virtual reality de-escalation violence-prevention training for health care workers in high-risk departments, developed in collaboration among Doctors of BC, Providence Health Care, and UBC, was piloted with a 6-minute simulation involving 27 physician participants. The post-training survey, which evaluated its efficacy using a mixed-methods approach, found that most participants reported improved confidence in handling violent or harmful situations, increased knowledge of verbal de-escalation techniques, and greater engagement than with traditional learning methods.

PHYSICIAN WELLNESS THROUGH SYSTEMS CHANGE: PHASES 1 AND 2 – PROVIDENCE HEALTH CARE

The Physician wellness through systems change, led by Dr Nadia Khan, General Internist at St. Paul's Hospital and UBC Division Head, General Internal Medicine, includes the Maslach Burnout Inventory (MBI) surveys, focus groups, interviews, and consultations with physicians and medical and operational leaders to identify system-level factors that contribute to physician burnout.

The contributing factors identified in Phase 1 (2021–2024) were heavy workload, physical and psychological safety, work culture, and communication and engagement. This led to the implementation of wellness as a core organizational strategy, focusing on cultivating well-being and preventing occupational distress rather than simply reducing burnout.

Phase 2 (2026–2029) focuses on prioritizing support for the most at-risk clinical groups, identifying interconnected system-level issues affecting physician wellness, and sustaining the change efforts from Phase 1 while monitoring progress, risks, and engagement across all departments at PHC.

CULTURE CONFERENCE: PSYCHOLOGICAL SAFETY IN THE WORKPLACE – ISLAND HEALTH

Dr Maria Kang, Medical Director for Workforce Stabilization and Recruitment, and Jennie Aikken, Director for Medical Staff Quality and Improvement, used a cooking show metaphor to share insights from the cultural conference. The key to fostering psychological safety is a balanced approach that elevates local expertise, embraces tough conversations, and dismantles outdated narratives. This process begins by identifying which core narrative needs to be disrupted and by finding ways to discuss and express it openly. Such efforts can include Q&A sessions, webinars, social events, initiatives such as 'walk with me,' or even art in medicine. These activities help transform the culture into the community we aspire to live and work in.

WORKPLACE VIOLENCE, PROVINCIAL VIOLENCE PREVENTION CURRICULUM

SWITCH BC demonstrated scenarios reflecting real-world situations, drawn from the UBC-accredited violence-prevention e-learning curriculum for physicians, to highlight the importance of de-escalation techniques. These skills can help prevent violence towards physicians arising from patient frustration, aggression, and other factors.

Community physician health and safety

The Community Physician Health and Safety Oversight Group (CPHSOG), a partnership among Doctors of BC, the Ministry of Health, and SWITCH BC, continues to advance efforts to promote the physical and psychological health and safety of community-based physicians across the province. The group met to reflect, celebrate successes, and identify solutions to the health and safety issues unique to physicians working in rural and remote areas.

HIGHLIGHTS

- As of April 2026, 34 clinics have been assessed, including 549 family physicians and specialists. The assessments provide actionable recommendations, business protection, compliance with WorkSafe BC regulations, and ongoing occupational health and safety support from experienced health and safety advisors.
- The Web Portal is a central hub that provides ready-to-use resources, checklists, policies, and templates covering all occupational health and safety topics.
- The Digital Reference Guide includes all occupational health and safety legislative and regulatory requirements for physician-employers.

Keynote speakers: Dr Alika Lafontaine and Dr Adam Thompson

DR ALIKA LAFONTAINE: ANGER, OUTRAGE, INDIFFERENCE: THE EMOTIONAL PROGRESSION SHAPING HEALTH SYSTEMS TODAY

Dr Alika Lafontaine, the first Indigenous President of the Canadian Medical Association, an award-winning physician, author, and speaker, delivered a profound keynote on how the emotional dynamics shaping health systems today affect physicians' health and well-being. The crisis arising from risks, a lack of safety and accountability, and physicians' exposure to harm at work can lead to anger, which, when combined with denial, resistance, and failure to change, becomes outrage. While outrage is destructive, anger can be constructive, helping people push for change and leading to a better, safer health care system.

HIGHLIGHTS

- Dr Lafontaine believes that as crises become more intense and frequent, people within systems start to break down. Failed change has a detrimental effect on people and systems, leading to outrage that is often perceived as both individual and systemic betrayal.
- People and leaders are discouraged from expressing outrage, and suppressing it can lead to more intense behaviour.
- Outrage is a call for reform. When it fails, rupture emerges, leading to indifference.

"We need to address anger by solving problems, mitigate betrayal by avoiding suppression, and unwind outrage through competence and credibility."
– Dr Alika Lafontaine

DR ADAM THOMPSON: PRESIDENT'S ADDRESS

Dr Adam Thompson, President of Doctors of BC, addressed burnout, workplace safety, and the challenging conditions within care systems that affect physicians' well-being. He emphasized the importance of relationships, culture, and collective action in creating safer environments for physicians and in building a stronger, more supportive health system.

HIGHLIGHTS

- Dr Thompson believes that physician wellness is a collective commitment that needs to be prioritized to ensure that those who care for others are also cared for.
- He emphasized amplifying the physician voice and influence in decision-making, which, in turn, will impact satisfaction, morale, and psychological safety.

> *"Physician wellness is the foundation of a well-functioning health care system. A system cannot be healthy if its people are not."*
>
> **– Dr Adam Thompson**

Challenges and opportunities

FOCUS: PHYSICIAN BURNOUT

CHALLENGES

- System-level factors contributing to physician burnout include heavy workload, poor work environment, lack of physical and psychological safety, and a sense of being unappreciated or undervalued.
- Administrative burdens are a major factor in physician burnout, not only affecting physician time but also cumulatively affecting work-life balance, job satisfaction, and morale.
- Physician burnout also impacts patient safety and the quality of care.

PROVINCIAL RECOMMENDATIONS

- Leading authentically, fostering connections among medical and operational leaders, and engaging physicians along the way can effectively bridge the communication gap and improve engagement across the system.
- Freeing physicians from unnecessary administrative burdens caused by referral requirements, duplicate requisitioning, integration gaps (e.g., EMR), and other privacy and regulatory requirements will increase clinical capacity.

REGIONAL RECOMMENDATIONS

- Learning de-escalation techniques can be effective in preventing workplace violence against physicians.
- Implementing sustained solutions to the factors that lead to physician burnout to prevent occupational distress is more effective and less of a strain on the system than reducing burnout when the system is already strained by limited clinical capacity.

Evaluation summary

RESPONSE RATE

29%

POSITIVE FEEDBACK QUOTES

"Dr Lafontaine's presentation shared practical and tangible ways to engage in change for physician health and safety."

"I enjoyed meeting new people and connecting. This really fosters organic growth and momentum.

"A fantastic mix of data, satires, personality, and effortless engagement."

"The presentations were amazing, and I loved how they focused on system change."

OPPORTUNITIES FOR IMPROVEMENT SHARED BY ATTENDEES:

A quiet or breakout room to step away and reflect as needed was suggested.

SATISFACTION METRICS

4.8/5

Overall, I am satisfied with this summit.

4.7/5

The summit was a valuable use of my time.

4.5/5

The summit increased my knowledge of strategies to elevate physicians' physical and/or psychological health and safety.

4.7/5

The summit helped me build and foster connections locally, regionally, and/or provincially around the topic of physician health and safety.

4.5/5

There were adequate opportunities to dialogue on strategies, activities, and generation of solutions to address physicians' health and safety.

4.7/5

There were adequate opportunities to interact with my peers.

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