

REPRESENTATIVE ASSEMBLY

Feedback into Doctors of BC
Member Engagement Process
on the Future of Primary Care
May 27, 2022

WHAT WE HEARD

What was the goal of this engagement?

Doctors of BC sought the guidance of the Representative Assembly on how the organization should approach a broad engagement effort with all members on the crisis in primary care, starting in June 2022.

The engagement proposes to validate and better understand the issues facing all members related to primary care, inform members of actions that are being taken, and provide an opportunity for input into solutions for burdens of practice and the future of primary care. Members will have an opportunity to engage through Zoom sessions and our Bang the Table online platform.

How did we seek Representative Assembly input?

Representative Assembly members discussed the proposed engagement approach and content in small groups for an hour, with input captured by facilitators and notetakers. Participants were also asked to respond individually on post-it notes on the table.

Who participated?

The Representative Assembly

The Representative Assembly includes a diverse representation of family physicians and specialists practising in rural and urban communities and in all stages

of their medical careers. Its 108 voting members are either elected by the membership or appointed by a Section or representative organization. [Read more>](#)

What did we ask?

- What do you like about this engagement approach?
- Suggestions for improvement?
- How do you think members will feel about having a dialogue on solutions to burdens of practice?
- What do you think is most valuable about a conversation on primary care of the future?
- What is needed to ensure effective roles for specialists in an ideal future primary care model?
- What tangible result would you like to see emerge from this engagement effort in response to the primary care crisis?
- Share one hope about how this engagement could improve your relationship with Doctors of BC.

WHAT DID WE HEAR?

Key actionable themes emerged from Representative Assembly input to inform the Doctors of BC upcoming engagement on primary care.

1. Emphasis on solutions and action.

- Participants strongly stated that physicians are fatigued and ready for action. Moving swiftly from input about issues to tangible action needs to be the aim of this engagement effort with near-term urgent action as a priority, followed by ongoing strategic solutions. This engagement process must be linked to the ongoing discussions with government.

2. Discussion topics.

- A number of specific topics were suggested including contracts and compensation, fee for service, the physician master agreement, nurse practitioners, and scope of practice.
- **Burdens topic.** A desire to explore the full range of burdens was identified. Members should have the opportunity to prioritize existing burdens, add new or different burdens, and propose and discuss solutions; with some specific solutions as a starting point.
- Burdens brought forward included resource needs, the desire to better understand compensation opportunities, rent costs, inflation, lack of business knowledge, forms, notifications, and difficulties securing locum supports.

- **Primary Care of the future topic.** Discussions need to reflect the changing needs of doctors as they move through stages of practice (new to practice, established, approaching retirement), be attractive to residents, increase transparency around work already accomplished, and consider models successfully used elsewhere.

3. Session design.

- Members will benefit from having the specific questions and topics ahead of time to think about, as well as the ability to see what colleagues are saying across different stakeholder groups and years of practise, and add new ideas.

4. Feedback to members / closing the loop.

- The engagement process must increase transparency and report back on all conversations about what members said, and how feedback will be used.

5. Flexible participation.

- An accessible and inclusive virtual approach is supported but organizers must also plan for additional touch points for member feedback, such as online tools, smaller local and/or group meetings, and options to choose from multiple dates and sessions not in their region.

6. Inclusive process.

- Process design needs to include groups such as divisions, medical staff associations, residents and others to leverage existing participation, diverse perspectives and trusted relationships. Responses were positive about having family physicians and specialists included together in this engagement.

PERSPECTIVES

"...multi-disciplinary, family physicians and specialists together, not siloed, two sides of the same coin."

"...fatigued with information collection, need to have deadline with forums with actionable items at the end."

"A clear path to renewing our profession - something concrete and hopeful to bring back to my colleagues who are mostly disillusioned."

115 - 1665 West Broadway
Vancouver BC V6J 5A4
doctorsofbc.ca

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Read the full report of what RA members shared:

www.doctorsofbc.ca/sites/default/files/dobc_whatweheard_raonmemberengagementfullreport.pdf

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