



PHYSICIAN BURDENS

Identify.
Understand.
Inform.

PHASE 2: WHAT WE HEARD

What was the goal of this member engagement?

Earlier this year, you told us about increasing demands that impact you, your practice, and in many cases, your health and well-being. The issues you identified in the first phase of engagement were so significant, we needed to dive deeper.

Using findings from the first phase of member engagement, we developed proposed solutions in eight key areas. To understand if these accurately reflected your experiences and needs, we sought further input from you so that Doctors of BC can advocate on behalf of the profession for effective change.

How did we seek member input?

Phase One

In-person and interactive online engagement to confirm literature review findings, identify burdens specific to BC and their consequences, and begin to inform our solutions.



Phase Two

Online engagement with members to confirm that our proposed solutions reflect the experiences and needs of BC physicians.

What did we ask?

Phase Two of our online engagement sought member input in **two focus areas:**



Long-term solutions that require advocacy for systems-level change



Support for physicians and teams in managing burdens

Who participated in Phase Two?

350
surveys
completed

GP or Specialist
GP/Family physician: 60%
Specialist: 38%
Other: 2%

Practice setting
Community-based: 39%
Facility-based: 26%
Both: 32%

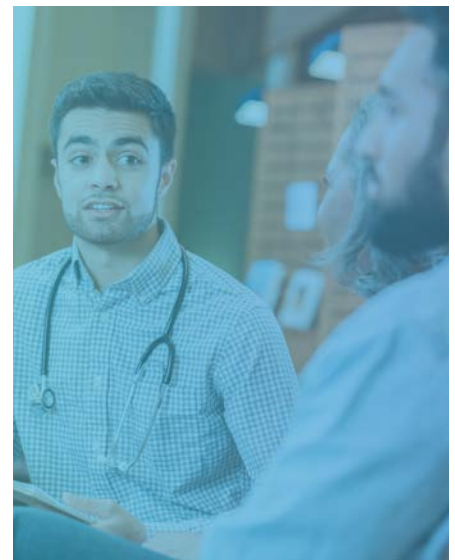
Geographic setting
Urban: 62%
Semi-urban: 18%
Rural: 20%

WHAT DID WE LEARN?

There was strong support for all of our proposed solutions, ranging from 72% to 89%, particularly that Doctors of BC should advocate for a range of systems-level changes to reduce or eliminate unnecessary demands on physicians that do not contribute to quality patient care. However, to ensure continued patient access to care and system sustainability, physicians also need ongoing support to help them manage increasing complexity.

Summary of Key Themes from Phase Two

- Prioritizing physician burden and emphasizing the 'big picture' to those creating demands on physicians is necessary to motivate change and to coordinate existing efforts to reduce burdens.
- Within the big picture, action is needed in various areas to have a noticeable difference in physician practice.
- Efforts should focus on reducing and/or eliminating demands on physicians that do not contribute to quality patient care.
- Due to increasing complexity, both clinical and in the structure of the health system, reducing and/or eliminating all burdens on physicians is not possible.
- Where demands cannot be reduced and/or eliminated, consideration of payment models and compensation to better support physicians in the provision of quality care is advised.
- Collaborating with key decision-makers, including the Ministry of Health, health authorities, the College of Physicians and Surgeons, and others is necessary to influence change.
- Patient-centred care and physician workflow should be key considerations in evaluation of demands on physicians.
- Caution is necessary to ensure none of the proposed solutions inadvertently result in further burdens on physicians.



WHAT'S NEXT?

Doctors of BC will use these findings to finalize our commitments and recommendations to government and stakeholders that we'll include in our upcoming policy paper. We will share the final policy paper in Spring 2020.

See key information and findings from:
[Phase One of our Physician Burdens member engagement](#)

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