



## Working for You

I am a mid-career IMG Rural Full-Service Family Medicine Specialist. I have practiced in the Comox Valley for 10 years and am grateful to be able to work and live on the unceded traditional territory of the K'ómoks First Nations, the traditional keepers of the land. I am married to Emma, who works as a child and adolescent psychotherapist with whom I share two teen boys. I have served on the board of Doctors of BC for 2 years, and am honoured that my Director colleagues elected me to the role of Vice-Chair on the current board. I have served in various medical leadership roles in BC for 9 years, within Divisions of Family Practice (DoFP); DoFP GPSC representative; Primary Care Network Co-Chair; as well as local, regional and provincial COVID-19 leadership.

### **My Philosophy**

I believe the Board of Directors are there to serve all of our members by devising strategy through empowering and listening to the Representative Assembly (RA). I am confident in challenging the status quo to deliver the change we need in healthcare. A lot of healthcare is in crisis and we are facing a challenging PMA; we need leaders prepared and able to push for change while standing up for you through the PMA negotiations. I believe change and improvement comes through a diversity of physician voices working through respectful disagreement and agreement to develop unified values and approach.

**I believe I am a physician leader who can deliver for you.**

### *RELATIONSHIP WITH THE REPRESENTATIVE ASSEMBLY*

I have petitioned for greater engagement of the RA to inform the board's strategy and to build up your time speaking rather than listening. I was a lead voice in bringing forward the recent discussions on business autonomy.

**It is important that the RA continues to grow its voice as the body which informs the board in developing strategy; if elected I commit to continuing this journey with you.**

### *COMPENSATION MODELS*

I served on the Compensation Model Consultation Committee (CMCC) to review a new Primary Care contract put forward by government. The CMCC has not yet delivered - we need a plurality of payment models to suit the needs of different physicians and diverse patient populations. The contract launched uplifts some Family Medicine Specialists and for that it is a success, but we are not yet in a place of widespread payment modality reform. I have pushed for and received assurance that other payment modalities will be discussed. I will continue this push for all areas of physician healthcare including in-facility, obstetric, mental health and community.

**If elected I commit to continually driving forward the need for alternate payment modalities both to improve and respect the varied working lives of all physicians and to improve the care of our diverse patient groups.**

### *PHYSICIAN MASTER AGREEMENT (PMA)*

This PMA is going to be a challenge. Not only because of government budgetary issues, but because healthcare delivery is changing through the pandemic. We must ensure that our board recommends a PMA to members that will have broad support. By maintaining consistent dialogue with physicians; through being a DoBC Director, through being a grassroots physician working in community and in-hospital care, through Medical Staff Associations and Divisions of Family Practice colleagues and through having lived the PMA process to date, I believe I am well positioned to ensure that my voice at the board will push for a PMA that you will want. We need uplift of physician remuneration and new mechanisms to empower change in both the fee schedule, and payment modalities to address pay inequities. We need this PMA to reduce your burden – administrative, psychological and financial.

**If elected I commit to push for a PMA that is not only representative of the needs of all physicians but that begins the process of change we desperately need to improve our working lives and our ability to deliver safe, effective and equitable care.**

### *PHYSICIAN WELLNESS*

Physician burnout was high prior to the pandemic. It has been exacerbated as we've seen with record numbers of physicians accessing the Physician Health Program. As with any illness we need both effective treatments and primary prevention measures to reduce incidence and severity. As we work to transform healthcare delivery, we need to ensure we embed structure and process to reduce burnout. We need to ensure that PHP is effective at supporting all and any physician who is suffering, and is readily accessible.

**If elected I commit to petitioning for physician wellness structures to be implemented in our systems of care, and to ensure board oversight to deliver an effective Physician Health Program**

**Dr Adam Thompson - Working for You**

**www.adam4board.com**

# Dr Adam Thompson MBBS, CCFP Board Director – Family Practice

## *REPRESENTATION OF MEMBERS*

I have supported members who have brought their challenges to me to assist having their voice heard by the board. I have assisted others in navigating through issues within Doctors of BC.

**If elected I commit to remaining available to all RA representatives and members to support the concerns you bring to me within Doctors of BC.**

## *RELATIONSHIP WITH GOVERNMENT*

Maintaining an effective relationship with government remains an important factor in our ability to drive healthcare reform. In recent years it has felt like we have spent our time responding to and nudging the implementation of government initiatives. We have talented individuals working in the collaborative space with government. I want to empower them to bring forward your ideas for healthcare reform with the confidence the government will listen. We must maintain a relationship with government, but ensure it is an equal one.

**If elected I commit to pushing for a culture and system change to improve our ability to stand up for you in the relationship with government, and bring forward our ideas for healthcare reform.**

## *COVID-19 PANDEMIC*

At the start of the pandemic, I returned to local Division of Family Practice leadership. I led a team to support our community of local Family Physicians. By working alongside local and regional Medical Leaders, Specialists and Family Physicians, the Ministry of Health, First Nations, we were able to deliver a Centralized Community Examination Clinic for Family Physicians and Community Specialists. Through collaboration and advocacy, we were able to effect policy change within Island Health.

I was on the Provincial working group that devised the re-opening plan for Community Physician offices "Doctor is In" to support all community physicians in returning safely to Face to Face care.

The pandemic has demonstrated that Virtual Care is safe and effective. It has also shown that delivering Virtual Care is as complex and time consuming as Face to Face care. We know that a hybrid of face to face and virtual care is wanted by our patients.

**If elected I will push for ongoing continuation of Virtual Care Codes for Consultant Specialists and Longitudinal Care Family Medicine Specialists.**

## *EQUITY, DIVERSITY AND INCLUSION (EDI) and CULTURAL SENSITIVITY*

To effect true EDI I believe in structural change. We can increase plurality of representation by breaking down hierarchy and leveling up leadership.

We must put in place policies to ensure that EDI is embedded in all that we do. I petitioned for the implementation of Diversity and Equity Impact Assessment tools to be applied to the internal work of DoBC as well as any changes we make as a profession. I support rectification of the gender pay gap for all specialties. I petitioned DoBC to recognize and promote Diversity in Leadership during Pride Month. I have undertaken Cultural Sensitivity training and Unconscious Bias training. As a parent I can only begin to imagine the pain of our First Nations who lost their children to a genocide – we must continue the journey to reconciliation and listen. I hold a lifelong personal commitment to transformation of society, DoBC and healthcare through the EDI lens, alongside my own personal development to address my own biases.

**If elected I will petition for a wider rollout of EDI training to all physicians; governance change to ensure our leaders at DoBC are representative of all of our members; continued work on rectification of the gender pay gap and implementation of the DoBC Barrier Assessment's recommendations. I will petition to ensure Doctors of BC takes an active role in addressing Anti-Indigenous Racism in the healthcare system, and continues its own journey of meaningful reconciliation with all Nations.**

## *BETTER TOGETHER – CONSULTANT SPECIALISTS AND FAMILY MEDICINE SPECIALISTS*

I am there to represent all physicians, and to work hard to ensure Consultant Specialists and Family Medicine Specialists are united. We are more powerful when we work together. As we see the Government focus on Primary Care reform, particularly in terms of the development of Primary Care Networks, it is crucial we work to ensure Consultant Specialists are brought along in terms of infrastructure support and to network physicians such that we're working together for a common goal. By working together on reform and understanding its impact on all physicians, we speak with a louder voice if we are unified in our values, and understand each other's' needs.

Working in hospital as well as community I understand the challenges facing ERPs and consultant specialists who work in facilities.

**If elected I commit to listening to all physician specialists, and to consider how any change we effect in healthcare can be leveraged for the good of every physician in BC, with no one group left behind.**

**Thank you for reading, if you wish to learn more about my leadership ideology please visit my website,**



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**[www.adam4board.com](http://www.adam4board.com)**