

VOTE LLOYD OPPEL

Board of Directors

Dear Colleagues,

I am seeking your support in the election for the DOBC Board.

Doctors are increasingly under-valued, and I understand the challenges that physicians face every day with the erosion of autonomy and diminishing control over their ability to deliver quality care.

I believe I have the mix of skills and extensive experience that will allow me to serve effectively as a Board Delegate.



Experience

For over 20 years I have worked for the Doctors of BC. This includes many years of service on our association's Board. I have served as Chair of Council for Specialists of BC, as Vice-Chair of CHEP, as chair of COHP and as Chair of Council for Specialists of BC. I have a broad experience in bringing diverse views together to meet common goals. With 25 years practicing in Emergency Medicine I have worked with the spectrum of our diverse profession.

Our Challenges

- **Autonomy:** We make great gains by championing collaboration and innovation. However, as we work with other players in Health Care, we must be wary of the potential for untested initiatives to bypass the leadership role that physicians must have in our system. Both clinical autonomy and business autonomy need to be preserved.
- **Diversity and Inclusion:** We must continue to increase input from all our members. This is essential if we are to define the kind of world, practice models, and payment modalities that will allow our members to flourish and lead in the health care system. I am proud to advocate for the implementation of the recommendations stemming from our Barrier Assessment. These will help to make much-needed progress on equity, diversity and inclusion.
- **Burnout:** Physician wellness is increasingly under threat. From endless hours of unpaid work, to over-regulation, to lack of control over our professional lives; the causes of burnout and early retirement are growing. Not only do we need to build a better future, we need to support one another while we do it.
- **Overhead Costs:** Physicians are not just providers of services, they are also providers of infrastructure. These costs were for the first time recognized in the last PMA. It is important for both Specialists in Family Medicine and for Consultant Specialists that we place further emphasis on this common issue.
- **Practice Models:** We need to expand efforts to define – on our terms - payment and practice models that work for doctors. With this we need to be sure that not only do we close systemic discriminatory gaps, but we also ensure that the same level of consideration in system planning is extended to Consultant Specialists as is offered to Specialists in Family Medicine. Our plans and vision for the path ahead will have to include all our members, and the successes seen through GPSC should be sought for Consultant Specialists as well.
- **The Lessons of COVID:** Our ability to pivot quickly and embrace new ways to deliver care is a welcome development both for patients and physicians. I am enthusiastic to work for preservation of the value of telemedicine fees. We also need to educate our members on not only the ways in which these new fees can be integrated into practice, but also on how to meet the challenges of pivotal career milestones. I am a strong advocate of the new Business Pathways program - a much needed part of our association that will assist members in areas such as: engaging in contracts, lowering overhead costs, and office management.

- **Our Partners:**

- **Representative Assembly** I am committed to the increasingly fruitful connection between the Board and the Representative Assembly (RA). Long in the making, the RA is more and more a place for important issues to be brought for consideration by a broad arc of the membership. From setting priorities for future work, to examining issues like professional autonomy, the RA offers tremendous value to our members.
- **The Societies and Sections** Sitting near the 'coal face', the work done by the sections in managing fee determinations, coupled with the ability of the societies to identify broader issues is work that needs the ear of the board. I have long been committed to strengthening the voice of the societies and sections.
- **Government** BC has fared much better than many other provinces because of our ability to work with Government and to focus on reaching common goals. As we continue our collaboration on joint projects we will want to be mindful that such partnerships should be truly bilateral and that both partners are on an equal footing.
- **Our Patients** Our professional lives are dedicated to our patients, and their trust and support is vital to our success. I will continue to work to advance our ability to advocate for the public and the best quality of health care. I worked for many years as chair of the Council on Health Promotion (COHP) to be sure that our association could speak on behalf of our patients in ways that transcended any financial interest. We need to keep the public on our side.

Service and Strategy

The Doctors of BC exists first and foremost for its members. It is my hope to continue to serve the members well. My career as an emergency physician has allowed me a unique viewpoint where issues important to both Family Physicians and Consultants intersect. I believe this perspective is important in an arena where professional unity is one of the keys to our ability to shape the future of healthcare.

Listening to the input of physicians and understanding the strategic interests of our profession is critical to our success.

Together we can build on our strengths and lead the way forward.



Dr. Lloyd Oppel (he/him/his)

**For more information about me
(and what I do when I'm not running for office),
please visit my website:
www.drLloydoppel.com**

I would like to acknowledge that I live and work on the unceded territory of the Coast Salish Peoples, including the territories of the xwməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and

Səlilwətaʔ/Selilwitulh (Tsleil- Waututh) Nation